Pre-Deployment, Deployment & Return Home Care Programs



Free Child Care Available

The Expanded Child Care Program Provides Military Families With 16 Hours of Pre-Deployment, 16 Hours Each Month During Deployment, and 16 Hours of Post-Deployment Care per Child.





Air Force Family Child Care Expanded Child Care (AF FCC ECC)

AF FCC Subsidy - complete only if applicable -

I am requesting enrollment in the AF FCC Subsidy Program. I understand I am required to be on the waiting list for either the CDC or SA Program (if applicable). If I am offered a full-time space in the CDC or SA Program and I decline the space and there is no active waiting list (meaning another child/youth to take the space), then AF FCC Subsidy is discontinued.

Parent Signature		Date
	CC EDC	
I am required to work in support of mission requirements. There is no one else in my home available to provide care during the hours that I am required to work. For Missile and Supplemental Care, provide a copy of your monthly work schedule(s). Extended Duty Care Missile Care Supplemental Care		
I purchase regular child care from: CDC FCC	SA Program Other:	
I meet the requirements to use the following program:		
☐ Home Community Care – I am required to work my primary UTA weekend and there is no one else in my home available to provide care during the hours I am required to work.		
☐ Returning Home Care - I am returning from a deployment of 30 days or more.		
☐ PLAYpass Pre-Deployment Child Care - I am scheduled to deploy within 30 days. Provide a copy of orders with request.		
☐ PLAYpass Deployment Child Care – My spouse is owith request.	deployed for 30 days or more	. Provide a copy of orders
☐ Medical Care - I am experiencing a medical emergency for a family member. Approval required by AFPC/SVPYC.		
☐ Wounded Warrior Care - I am a Wounded Warrior and I require hourly child care to attend appointments. Approval required by AFPC/SVPYC.		
☐ Child Care for Fallen Warriors - I have a fallen military family member and require hourly child care for appointments. Approval required by AFPC/SVPYC.		
☐ Permanent Change of Station Child Care – I am an Army, Marine, or Navy member assigned to an active duty AF Installation and I am requesting 20 hours of child care during my PCS move.		
☐ OCONUS Respite Care – I have an Exceptional Family Member (EFM) Child and I am requesting respite care. Approval required by AFPC/SVPYC – available only at select OCONUS installations.		
Parent Signature		Date
Parent's e-mail address	Duty Number	Home/Phone Number
Supervisor's Signature/Duty Phone		Date
CHILD'S NAME:	BIRTHDATE:	
CHILD'S NAME:	Month /Day	
CHILD'S NAME:	Month/Day/ BIRTHDATE: Month/Day/	
DATES AND TIMES NEEDED	мопп/дау/	i eai