

Applicant's Date of Birth: _____

FAMILY CHILD CARE LICENSE/AFFILIATION APPLICATION

Print Form

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, Secretary of the Air Force: Powers and duties; delegation by E.O. 9397; implemented by DODI 6060.2 and AFPD 34-7.
 PURPOSE: To record essential information on prospective Family Child Care (FCC) Providers and to be used in conjunction with background checks
 ROUTINE USE: None
 DISCLOSURE IS VOLUNTARY: Furnishing the information is voluntary; not providing all of the information will prevent issuing of a FCC License/Affiliation

APPLICANT AND SPONSOR'S INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE)	FORMER SURNAME(S)	SOCIAL SECURITY NUMBER (SSN)		HOME PHONE
ADDRESS	CITY	STATE	ZIP CODE	CELL PHONE
SPONSOR'S NAME (LAST, FIRST, MIDDLE)	RANK	SPONSOR'S DUTY SECTION	SPONSOR'S SSN	DUTY PHONE

HOUSEHOLD MEMBERS' INFORMATION - OTHER THAN APPLICANT AND SPONSOR

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	AGE	RELATIONSHIP	SCHOOL	SSN

PREVIOUS HOME ADDRESS(ES) OF LAST 2 YEARS IF DIFFERENT FROM CURRENT

ADDRESS	CITY	STATE	ZIP CODE	INSTALLATION
ADDRESS	CITY	STATE	ZIP CODE	INSTALLATION

REFERENCES - PLEASE DO NOT USE RELATIVES

1 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE
2 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP CODE
1 REFERENCE EMAIL ADDRESS	HOME PHONE	2 REFERENCE EMAIL ADDRESS	HOME PHONE		

EDUCATION AND CHILD CARE EXPERIENCE/TRAINING

Attach a copy of your High School or General Education Development (GED) Credential		Date Received
PREVIOUS EXPERIENCE - MAY ATTACH A RESUME	PREVIOUS TRAINING - MAY ATTACH A RESUME	

We understand by signing this application, we are authorizing the United States Air Force to conduct background investigations for initial licensing/affiliation. This may include previous installation(s) and continued licensing/affiliation on ourselves and all household members ages 12 and up.

An Installation Records Check (IRC) on the current installation and previous installation(s), if applicable, to include: Security Forces, Housing, Life Skills, Substance Abuse, and Family Advocacy with a check of the Air Force Central Services Registry - Initially; annually; and when a child turns 12 years old

A Defense Central Index of Investigations (DCII) - Initially; every 5 years; and when a household member turns 18 years old

A written statement from the Sponsor's Supervisor or Commander - Initially

A statement(s) from the School Principal/Guidance Counselor for child(ren) ages 12 years and up - Initially; annually; and when a child turns 12 years old

An IRC and DCII will be conducted on anyone, 12 years and up, who joins and remains in the household for more than 30 days

APPLICANT'S SIGNATURE	DATE
SPONSOR'S SIGNATURE	DATE
SIGNATURE OF ANY HOUSEHOLD MEMBER OVER 18 YEARS OLD	DATE



Air Force Family Child Care License Application Continuation Statement of Conviction

In accordance with Department of Defense Instruction (DODI) 1402.5, *Criminal History Background on Individuals in Child Care Services*, paragraph E7.4.1, Family Child Care (FCC) Provider Applicants, all adults, and all children 12 years and older, who reside in the household will answer the questions listed below.

FCC Applicant's Name _____	Spouse's Name _____
Household Member #1's Name _____	Household Member #2's Name _____
Household Member #3's Name _____	Household Member #4's Name _____

1. Have you ever been arrested for or charged with a crime involving a child?

Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Member #2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member #3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Member #4	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Have you ever been asked to resign because of or been decertified for a sexual offense?

Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member #1	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Member #2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household Member #3	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household Member #4	<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLOSURE: In accordance with DODI 1402.5, paragraph E7.4.2, we understand by signing below we are signing under penalty of perjury. In addition, a false statement rendered may result in adverse action up to and including removal as a FCC Provider.

Applicant's Signature _____	Date _____
Spouse's Signature _____	Date _____
#1 Household Signature _____	Date _____
#2 Household Signature _____	Date _____
#3 Household Signature _____	Date _____
#4 Household Signature _____	Date _____

In accordance with Air Force Instruction 34-276, *Family Child Care Program*, paragraph, A5.36.4, "There is no evidence of illegal drug use, child abuse, or domestic violence current or past in the household. The provider reports any such incidents to the FCC Coordinator." My signature below verifies there has been no current or past illegal drug use, child abuse, or domestic violence in our household. I agree to report any such incidents or knowledge of previous and/or future incidents to the FCC Coordinator.

Applicant's Signature _____ Date _____

If you answered yes to either question #1 or #2 above, please provide a description of the case disposition below. If there is a current or past incident of illegal drug use, child abuse or domestic violence, please provide a brief description of below: