

DAF FCC EXTENDED DUTY CARE

Select from the care types

☐ Extended Duty ☐ 24/7

I purchase regular care (CDC, FCC SUB, School Age Care, or IT FITS) from:

☐ CDC ☐ FCC ☐ SAC ☐ Other \_\_\_\_\_ (provide program contract)

☐ I am required to work in support of mission requirements and there is no one else in my home available to provide care during the hours that I am required to work.

I meet the requirements to use the following program. (select program)

|                                                                    |                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Home Community Care                       | I am an ANG/AFR member in Inactive Duty Training (IDT) drill period status (AFR 40A or ANG 150S) performing a regularly scheduled or properly rescheduled IDT. There is no one else in my home available to provide care. (Max 12 hours per day) |
| <input type="checkbox"/> Deployment Child Care                     | I (or my Spouse) will be deployed 30 days or more supporting a contingency operation and have attached a copy of orders. (Max 16 hours per month, pre and post deployment)                                                                       |
| <input type="checkbox"/> Remote Child Care                         | I have a permanent change of station to a remote assignment and have attached a copy of orders. (Max 16 hours per assignment)                                                                                                                    |
| <input type="checkbox"/> Military Spouse Appointment Child Care    | I am a military spouse and have no one else in my home available to provide care during my appointments. I have attached appointment documentation. (Max 16 hours per month)                                                                     |
| <input type="checkbox"/> Contingency/Emergency Care                | I am affected by a real world contingency or emergency operation. I understand care will be provided for a maximum of 3 months. (Max 16 hours month)                                                                                             |
| <input type="checkbox"/> Provider Orientation/Annual Training Care | I am attending orientation or annual FCC training and have no one else in my home available to provide care. (Max 32 hours initial certification, 12 hours annual requirements training)                                                         |
| <input type="checkbox"/> Emergency Medical Care                    | I am experiencing an immediate medical emergency for a family member and have no one else in my home available to provide care. (Max 48 hours or Subsidy)                                                                                        |
| <input type="checkbox"/> Transition Assistance Care                | I am retiring or separating from the Department of the Air Force and have no one else in my home available to provide care during my appointments. I have attached appointment documentation. (Max 12 hrs.)                                      |
| <input type="checkbox"/> Wounded Warrior Care                      | I am a wounded warrior and have no one else in my home available to provide care during my appointments. I have attached appointment documentation.                                                                                              |
| <input type="checkbox"/> Child Care Support for Fallen Warriors    | I have a fallen military family member and require hourly child care for appointments.                                                                                                                                                           |

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent e-mail address \_\_\_\_\_ Duty Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Duty Phone \_\_\_\_\_ Date \_\_\_\_\_

|                    |                  |
|--------------------|------------------|
| Child's Name _____ | Birth Date _____ |
| Child's Name _____ | Birth Date _____ |
| Child's Name _____ | Birth Date _____ |

Specific Dates and Times

