DEPARTMENT OF THE AIR FORCE
FCC
FAMILY CHILD CARE

Department of Air Force
Family Child Care Expanded Child Care (FCC ECC)

https://www.dafchildandyouth.com

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)	
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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)
☐ 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.)
☐ 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.
☐ 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

SCAN ME