## 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
AF FCC 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 S	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 deployed for 30 days or more. Provide a copy of orders with request.		
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/Year	
	Month/	Day/Year
CHILD'S NAME:	BIRTHDATE: Month/	Day/Year
DATES AND TIMES NEEDED		