

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 <input type="checkbox"/>	ZIP CODE <input type="checkbox"/>
SPONSOR'S NAME (LAST, FIRST, MIDDLE)		RANK <input type="checkbox"/>	SPONSOR'S DUTY SECTION	SPONSOR'S SSN DUTY PHONE

HOUSEHOLD MEMBERS' INFORMATION - OTHER THAN APPLICANT AND SPONSOR

NAME (LAST, FIRST, MIDDLE)	BIRTHDATE	AGE <input type="checkbox"/>	RELATIONSHIP <input type="checkbox"/>	SCHOOL	SSN
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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

ADDRESS	CITY	STATE <input type="checkbox"/>	ZIP CODE	INSTALLATION
ADDRESS	CITY	STATE <input type="checkbox"/>	ZIP CODE	INSTALLATION

REFERENCES - PLEASE DO NOT USE RELATIVES

1 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP <input type="checkbox"/>	ADDRESS	CITY	STATE <input type="checkbox"/>	ZIP CODE
2 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP <input type="checkbox"/>	ADDRESS	CITY	STATE <input type="checkbox"/>	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