| DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM | OMB No. OMB approval expires May 31, 2017 |
| REQUEST FOR CARE RECORD | 0704-0515 |
| (Read Privacy Act Statement and instructions on back before completing form.) | |

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Office of the Secretary, Information Management Division, 4000 Mark Center Drive, Alexandria, VA 22350-1700 (DHS-0515). Respondents are not required to respond to any collection of information unless the form displays a currently valid OMB number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE CHILD AND YOUTH PROGRAM REPRESENTATIVE.

1. DATE OF REQUEST (YYYYMMDD) | 2. EXPIRATION DATE (YYYYMMDD) (To be completed by Facility)

3. FAMILY INFORMATION
   a. SPONSOR'S NAME (Last, First, Middle Initial) | b. SPOUSE'S NAME (Last, First, Middle Initial) | c. CHILD'S NAME (Last, First, Middle Initial) | d. CHILD'S DATE OF BIRTH (YYYYMMDD) | e. CHILD'S AGE
   e. HOME ADDRESS (Street, City, State, Zip Code) | g. SPONSOR'S BRANCH OF SERVICE | h. DUTY ORGANIZATION
   i. HOME TELEPHONE NUMBER (Include Area Code) | j. DUTY TELEPHONE NUMBER (Include Area Code)

4. PROGRAM(S) DESIRED (X as applicable)
   a. FULL-DAY CARE | b. PART-DAY CARE | c. SCHOOL-AGE
   d. FAMILY DAY CARE (FDC) | e. PART-DAY ENRICHMENT | f. PRE-SCHOOL
   g. Sibling Care
   (1) NAME (Last, First, Middle Initial) | (2) DATE OF BIRTH (YYYYMMDD)

5. AGE GROUP (X one)
   a. INFANTS (0 - 12 months) | b. TODDLERS (13 - 36 months)
   c. PRESCHOOL (3 - 5 years) | d. SCHOOL AGE (6+ years)

6. SPONSOR STATUS (X one)
   a. SINGLE MILITARY | b. DUAL MILITARY | c. MILITARY/DOD SPouse
   d. SINGLE DOD CIVILIAN | e. RETIRED MILITARY | f. MILITARY/OTHER THAN DOD SPouse
   g. MILITARY RESERVE | h. NATIONAL GUARD | i. OTHER (Specify)

7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)
   a. FCC ON-INSTALLATION | b. FCC OFF-INSTALLATION | c. MILITARY ALTERNATE CARE
   d. CIVILIAN CDC | e. MILITARY ALTERNATE CARE | f. NO PRESENT CARE
   g. IN-HOME CARE | h. NON-MILITARY ALTERNATE CARE | i. OTHER (Specify)

8. GENERAL INFORMATION (X and complete as applicable)
   YES NO a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE IMPACTED? (If Yes, estimate average annual income lost)
   YES NO b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE?
   YES NO c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation) | d. CURRENT COST OF CARE PER WEEK (If child is currently in care)

9. ACCOMMODATION UPDATES/REVERIFICATION (For Office Use Only)
   YES NO
   a. DATE CALLED (YYYYMMDD)
   b. DECLINED/PLACED
   c. COMMENTS/INITIALS
   d. PLACEMENT TIME (in months)

DD FORM 2606, MAY 2014  PREVIOUS EDITION IS OBSOLETE