

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
REQUEST FOR CARE RECORD**

(Read Privacy Act Statement and Instructions on back before completing form.)

OMB No. 0704-0515
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May 31, 2017

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 Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0515). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control 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) <i>(To be completed by Facility)</i> |
|-------------------------------|--|

3. FAMILY INFORMATION

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

k. SIBLING CARE

| (1) NAME <i>(Last, First, Middle Initial)</i> | (2) DATE OF BIRTH (YYYYMMDD) | (1) NAME <i>(Last, First, Middle Initial)</i> | (2) DATE OF BIRTH (YYYYMMDD) |
|---|------------------------------|---|------------------------------|
| | | | |

4. PROGRAM(S) DESIRED *(X as applicable)*

| | | | |
|------------------|--------------------------|------------------------------------|-------------------------------------|
| a. FULL-DAY CARE | d. FAMILY DAY CARE (FDC) | 5. AGE GROUP <i>(X one)</i> | |
| b. PART-DAY CARE | e. PART-DAY ENRICHMENT | a. INFANTS <i>(0 - 12 months)</i> | b. TODDLERS <i>(13 - 35 months)</i> |
| c. SCHOOL-AGE | f. PRE-SCHOOL | c. PRESCHOOL <i>(3 - 5 years)</i> | d. SCHOOL AGE <i>(5+ years)</i> |

6. SPONSOR STATUS *(X one)*

| | | |
|------------------------|------------------------|-----------------------------------|
| a. SINGLE MILITARY | e. SINGLE DOD CIVILIAN | i. MILITARY/UNEMPLOYED SPOUSE |
| b. DUAL MILITARY | f. RETIRED MILITARY | j. MILITARY/OTHER THAN DOD SPOUSE |
| c. MILITARY/DOD SPOUSE | g. MILITARY RESERVE | k. OTHER <i>(Specify)</i> |
| d. DUAL DOD CIVILIANS | h. NATIONAL GUARD | |

7. PRESENT CHILD CARE ARRANGEMENTS *(X as applicable)*

| | | |
|--|--------------------------------|---------------------------|
| a. FCC ON-INSTALLATION | d. CIVILIAN CDC | g. IN-HOME CARE |
| b. FCC OFF-INSTALLATION | e. MILITARY ALTERNATE CARE | h. NO PRESENT CARE |
| c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC) | f. NON-MILITARY ALTERNATE CARE | i. OTHER <i>(Specify)</i> |

8. GENERAL INFORMATION *(X and complete as applicable)*

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

9. ACCOMMODATION UPDATES/REVERIFICATION *(For Office Use Only)*

| | (1) | (2) | (3) | (4) | (5) |
|--------------------------------------|-----|-----|-----|-----|-----|
| a. DATE CALLED (YYYYMMDD) | | | | | |
| b. DECLINED/ PLACED | | | | | |
| c. COMMENTS/ INITIALS | | | | | |
| d. PLACEMENT TIME <i>(In months)</i> | | | | | |