FAMILY CHILD CARE LICENSE/AFFILIATION APPLICATION 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: Furnishi	ng the infor	mation is	voluntary; not	t providing a	ll of the	information	will preve	ent is:	suing of a F	CC Lice	ense	/Affiliation	
	APPL	ICAN	T AND SF	PONSO	R'S II	NFORM	OITA	V					
APPLICANT'S NAME (LAST, FIRST, MID	FORMER SURNAME(S)			SOCIAL SECURITY NUMBER (SSN)				N) HO	HOME PHONE				
ADDRESS			CITY			STATE ZIP CODE				CELL PHONE			
SPONSOR'S NAME (LAST, FIRST, MIDE	RANK SPONSOR'S DU			TY SECTION SPONS			SOR'S SSN		DUTY PHONE				
HOUSEHOLD MEN	IBERS'	INFO	RMATIO	N - OTH	ER T	HAN AF	PLIC	AN	T AND	SPO	NS	OR	
NAME (LAST, FIRST, MIDDLE)		BIRTHDATE		AGE	REL	ELATIONSHI		IIP SCHOOL			SSN		
PREVIOUS HOME	ADDRI	ESS(E	S) OF LA	ST 2 YI	EARS	S IF DIFI	FERE	NT	FROM	CURF	RE	NT	
ADDRESS			CITY			STATE	ZIP CC			TALLATION			
ADDRESS			CITY			STATE 2		ZIP CODE		NSTALLATION			
			- PLEA	SE DO I	TON		LATI	VES	3				
1 REFERENCE NAME (LAST, FIRST)	RELATIO	NSHIP	ADDRESS			CITY				STATE	TATE ZIP CODE		
2 REFERENCE NAME (LAST, FIRST)	RELATIO	NSHIP	ADDRESS		CITY	CITY			STATE	ATE ZIP CODE			
1 REFERENCE EMAIL ADDRESS	AIL ADDRESS HOME			PHONE 2 REFERENCE			E EMAIL ADDRESS			HOME PHONE			
EDU	JCATIC	N ANI	D CHILD	CARE E	XPE	RIENCE	/TRA	INI	NG	ı			
Attach a copy of your High Sc	hool or (General	Education	n Develop	ment	(GED) Cı	redent	ial	Date Rec	eived			
PREVIOUS EXPERIENCE - I	MAY AT	TACH	A RESUM	IE PI	REVIO	OUS TRA	AINING	3 - N	IAY AT	TACH	Α	RESUME	
We understand by signing this ap for initial licensing/affiliation. Thi	s may in												
household members ages 12 and An Installation Records Check Forces, Housing, Life Skills, S Initially; annually; and when a	(IRC) on Substanc	e Abuse	e, and Fami										
A Defense Central Index of Inv A written statement from the S A statement(s) from the Schoo and when a child turns 12 year	estigatio ponsor's I Principa	ns (DCII Superv) - Initially; isor or Con	nmander -	Initial	ly						-	
An IRC and DCII will be conduc		nyone,	12 years an	d up, who	joins	and rema	ins in t	he h	ousehold			than 30 days	
APPLICANT'S SIGNATURE										DATE			
SPONSOR'S SIGNATURE										DATE			
SIGNATURE OF ANY HOUSEHOLD MEMBER OVER 18 YEARS OLD									DATE	DATE			

FMP FCC 1 (REPLACES AF FORM 1928) - OCT 2006