

## FAMILY CARE CERTIFICATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C., Section 8013, Secretary of the Air Force; as implemented by Air Force Instruction 36-2908, Family Care Plans, and Executive Order 9397 (SSN), as amended.

**PURPOSE:** Provides information to unit commanders/supervisors for required actions related to personnel administration and counseling, assignment, off duty activities, and deployment management.

**ROUTINE USES:** May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). DoD 'Blanket Routine Uses' apply.

**DISCLOSURE: VOLUNTARY:** Failure to provide requested information may result in disciplinary action and/or administrative separation from the States Air Force.

### SECTION I. MEMBER'S CERTIFICATION

1. I have been counseled and fully understand Air Force policy on family care responsibilities. I have read AFI 36-2908, *Family Care Plans*, and understand that I must arrange for care of family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.
2. I affirm that I have made and will maintain arrangements for the care of my family to permit me to be worldwide available during all of the following circumstances:
 

A. Duty hours	D. Alerts	G. PCS or PCA
B. Exercises	E. Temporary Duty	H. Similar Military Obligations
C. Unaccompanied Tours	F. Extended Duty Hours	
3. I understand that I may be subject to a short notice deployment and that I will not be guaranteed special privileges because I have family members. I understand that if arrangements for the care of family members fail, I must still report for duty.
4. I understand failure to make and maintain adequate family care arrangements may be grounds for disciplinary action and separation from Regular Air Force, Air Force Reserve or Air National Guard components.
5. I understand I must complete, revise, or recertify my family care plan upon arrival at a new unit, before reenlisting or extending enlistment, on notification of assignment, when personal status or family circumstances change, or during the annual recertification/briefing.
6. I have made all necessary arrangements (legal, educational, monetary, religious, etc.) for a smooth, rapid turnover of family care responsibilities.
7. I have arranged to complete travel that may be required to transfer my family members to the designated person. If my primary long-term family caregiver is not in the local area, I understand I must arrange with a nonmilitary person in the local area to assume temporary custody of my family members until responsibility is transferred to my primary long-term caregiver.
8. I understand that while serving in an overseas area, I must arrange for escort and care of my family members if a Noncombatant Evacuation Operation (NEO) is implemented. I know I will be required to remain in place and perform my military duties.
9. I understand I may be subject to action under the Uniform Code of Military Justice (UCMJ) and/or appropriate Reserve component discharge authorities if this statement is not accurate.

TYPED OR PRINTED NAME, GRADE (Last, First, MI)	SIGNATURE	DATE
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### SECTION II. DESIGNATION OF CAREGIVERS

11. I (We) have designated the following **temporary custodian** to care for my (our) family member(s) in the event of my (our) death or incapacity to assume temporary custody until a legal guardian is appointed by a court of competent jurisdiction. **(Temporary custodian must reside in the local vicinity to ensure immediate control of family members can be assumed. This individual may be a military member.)**

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS

12. I (We) have designated the following individual(s) as a **short-term caregiver** to care for my (our) family member(s) during short-term absences (e.g., temporary duty for schooling or training, or, in the case of Air Force Reserve and Air National Guard members, active duty for training). **(Short-term caregiver must reside in the local vicinity.)**

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS

13. I (We) have designated the following individual(s) as a **long-term caregiver** to care for my (our) family member(s) during long-term absences (e.g., operational deployment, mobilization and for Reserve component members, activation of Reserve component personnel for an operational mission or in a period of national emergency or mobilization).

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS

13. I (We) have designated the following individual(s) as a **long-term caregiver** to care for my (our) family member(s) during long-term absences (e.g., operational deployment, mobilization and for Reserve component members, activation of Reserve component personnel for an operational mission or in a period of national emergency or mobilization).

TYPED OR PRINTED NAME (Last, First, MI)	COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)
TELEPHONE NUMBER (Include Area Code)	E-MAIL ADDRESS

**SECTION III. DESIGNATION OF CAREGIVER'S CERTIFICATION FOR NONCOMBATANT EVACUATION OPERATION (NEO)** (For Personnel assigned outside the Continental United States [OCONUS])

14. I (We) have designated the following individual(s) as a non-military escort for family members requiring assistance such as infants, children, elderly and disabled adults when personal family considerations dictate.

TYPED OR PRINTED NAME <i>(Primary) (Last, First, MI)</i>	COMPLETE ADDRESS <i>(Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)</i>
TELEPHONE NUMBER <i>(Include Area Code)</i>	E-MAIL ADDRESS
TYPED OR PRINTED NAME <i>(Alternate) (Last, First, MI)</i>	COMPLETE ADDRESS <i>(Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP+4 where applicable)</i>
TELEPHONE NUMBER <i>(Include Area Code)</i>	E-MAIL ADDRESS

**SECTION IV. DUAL MILITARY COUPLES CERTIFICATION**  
*(Complete only when a military couple with family members share a joint domicile and have the same family care plan.)*

I have reviewed the Family Care Plan of my spouse. In no way will the presence of my spouse's family members in my household preclude me from performing the full range of military duties as outlined in AFI 36-2908. I am also aware that at any time I cannot perform my duties because of these family members, I am subject to disciplinary action under the UCMJ and/or separation outlined in AFI 36-2908.

15.

TYPED OR PRINTED NAME, GRADE <i>(Spouse)</i>	SIGNATURE	DATE
TYPED OR PRINTED NAME, GRADE <i>(Commander or First Sergeant)</i>	SIGNATURE	DATE

**SECTION V. COMMANDER CERTIFICATION** *(If additional space is needed, continue in REMARKS section)*

16. I have reviewed this Family Care Certification and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined in AFI 36-2908.

SIGNATURE OF COMMANDER OR FIRST SERGEANT	DATE
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**SECTION VI. MEMBER RECERTIFICATION** *(If additional space is needed, continue in REMARKS section)*

17. I have reviewed my Family Care Plan and I certify that it is still current.

SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE
SIGNATURE OF MEMBER	RECERTIFICATION REASON	DATE

**REMARKS**