## 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: Furnishing the information is voluntary; not providing all of the information will prevent issuing of a FCC License/Affiliation

	APPL	ICAN1	F AND SI	PONSO	r's II	NFORM/		N			
APPLICANT'S NAME (LAST, FIRST, MIDDLE)			FORMER SURNAME(S)			SOCIAL SECURITY NUMBER (SSN)				HOME PHONE	
ADDRESS			СІТҮ			STATE	ATE ZIP CODE		CE	CELL PHONE	
SPONSOR'S NAME (LAST, FIRST, MIDDLE)			RANK SPONSOR'S DUT				N SPONSOR'S SSN		DU	DUTY PHONE	
HOUSEHOLD MEMBERS' INFORMATION - OTHER THAN APPLICANT AND SPONSOR											
							SCHOOL		SSN		
······································											
PREVIOUS HOME ADDRESS(ES) OF LAST 2 YEARS IF DIFFERENT FROM CURRENT											
ADDRESS		CITY			STATE	ZIP CODE		INSTALLATION			
ADDRESS			CITY			STATE	ZIP CODE I		INSTAL	INSTALLATION	
PEFEPENCES			- PLEASE DO NOT U								
1 REFERENCE NAME (LAST, FIRST)   RELATIONSHIP   ADDRESS									STATE	ZIP CODE	
2 REFERENCE NAME (LAST, FIRST)	RELATIONSHIP		ADDRESS			CITY			STATE	ZIP CODE	
1 REFERENCE EMAIL ADDRESS	HOME PHONE			2 REFI	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 Schoo and when a child turns 12 yea An IRC and DCII will be conduc	l Principa rs old	al/Guida	nce Couns	elor for ch	nild(rei	n) ages 12	-	-	-	-	
APPLICANT'S SIGNATURE										DATE	
SPONSOR'S SIGNATURE								DATE	DATE		
SIGNATURE OF ANY HOUSEHOLD MEMBER OVER 18 YEARS OLD									DATE		