

CHILD DEVELOPMENT SERVICES (CDS) FAMILY CHILD CARE (FCC) PROVIDER APPLICATION

For use of this form, see AR 608-10, the proponent agency is ACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3013

PRINCIPAL PURPOSE: Information is used by DA personnel to identify potential FCC providers and services to be provided. Provide household information, background and references.

ROUTINE USES: Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

NAME (Last, first, MI)	MAIDEN	NAMES FROM ALL PREVIOUS MARRIAGES	
ADDRESS (Include ZIP Code)		BIRTH DATE	TELEPHONE
NAME OF SPONSOR (Last, first, MI)		ORGANIZATION	
DUTY STATION			TELEPHONE
SUBMIT THIS FORM TO (Address) (Include ZIP Code)			

PROVISION OF SERVICES

HOURS AND DAYS AVAILABLE FOR CARE

MON _____ WED _____ FRI _____ SUN _____

TUES _____ THURS _____ SAT _____

NUMBER OF CHILDREN DESIRED FOR CARE

UNDER 2 YEARS _____ 2-6 YEARS _____ 6-12 YEARS _____ TOTAL _____

PLEASE ANSWER THE FOLLOWING QUESTIONS	Check One	
	YES	NO
ARE YOU CURRENTLY CARING FOR CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR HOURLY CARE	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR NIGHT CARE	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR EXTENDED HOURS	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING HOLIDAYS	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SCHOOL VACATION	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SUMMER	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT HANDICAPPED CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>
ARE YOU WILLING TO ACCEPT MILDLY ILL CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD INFORMATION (list all members of your household)

FULL NAME	BIRTH DATE	RELATIONSHIP

HOUSEHOLD INFORMATION (list all members of your household (Cont'd))

FULL NAME	BIRTH DATE	RELATIONSHIP

ARE THE MEMBERS OF YOUR HOUSEHOLD IN FAVOR OF YOU BECOMING PART OF THE _____
 _____ FCC HOME SYSTEM YES NO

DO YOU HAVE INDOOR HOUSEHOLD PETS (If yes, please list)

YES NO

BACKGROUND

WHAT IS THE LAST GRADE YOU COMPLETED IN SCHOOL _____

HAVE YOU HAD TRAINING OR OTHER TYPES OF EXPERIENCE WHICH WILL HELP YOU AS AN FCC PROVIDER. IF YES, DESCRIBE.

YES NO

HAVE YOU EVER BEEN ASKED TO RESIGN OR BEEN DECERTIFIED AS A CHILD CARE PROVIDER BECAUSE OF SUBSTANTIATED ALLEGATIONS OF CHILD ABUSE OR NEGLECT. IF YES, DESCRIBE.

YES NO

HAVE YOU OR ANY FAMILY MEMBER OR PERSON RESIDING IN THE HOME EVER BEEN CONVICTED OF ANY OFFENSE (other than minor traffic violations) OR ARE YOU CURRENTLY UNDER CHARGES FOR ANY VIOLATION OF LAW. IF YES, DESCRIBE.

YES NO

ARE YOU INVOLVED IN ANY HOME BUSINESS OPERATION, I.E., SALE OF PRODUCTS, SEWING. IF YES, DESCRIBE.

YES NO

REFERENCES

PLEASE GIVE THE NAMES AND ADDRESSES OF THREE PERSONS (other than relatives) WHOM THE ARMY MAY CONTACT FOR REFERENCES. THEY SHOULD KNOW YOU PERSONALLY AND BE WILLING TO CERTIFY TO YOUR CHARACTER, ABILITY, AND EXPERIENCE.

FULL NAME	ADDRESS	TELEPHONE

STATEMENT OF APPLICATION

I hereby apply to have my home studied for certification by the Army as a provider of child care services at this installation's FCC System. I understand that in order to qualify, both I and my home must meet all standards contained in AR 608-10 and all installation requirements pertaining to the care of children. I further understand that upon my certification, the Army will refer my name to potential patrons who will then contact me directly regarding services for their children. I will not provide child care services for any child not centrally registered in the CDS Family Child Care System. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE _____ DATE _____