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FAMILY CARE PLAN ADDITIONAL INFORMATION SHEET

(Attachment to Completed AF Form 357)

In accordance with AFI 36-2908, paragraph 2.8.2.6, Family Care Plans, the following additional information is required to assist my caregiver(s) and dependent(s) with the transition of care and to deal with my absence:

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 8013 and E.O. 9397, Secretary of the Air Force, powers and duties; delegation by.

PRINCIPAL PURPOSE: To contact persons designated by the member as accepting family care responsibility, to verify their willingness to act for the member in this capacity, to advise the caregivers when they are expected to discharge these responsibilities and to insure member's compliance with the instruction.

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