

**DEPARTMENT OF DEFENSE CHILD DEVELOPMENT PROGRAM
REQUEST FOR CARE RECORD**
(Read Privacy Act Statement and Instructions on back before completing form.)

OMB No. 0704-0515
OMB approval expires
YYYYDDMM

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

| | |
|--------------------------------------|--------------------------------------------------------------------|
| 1. DATE OF REQUEST (YYYYMMDD) | 2. EXPIRATION DATE (YYYYMMDD) (To be completed by Facility) |
|--------------------------------------|--------------------------------------------------------------------|

3. FAMILY INFORMATION

| | |
|--------------------------------------------------------|------------------------------------------------------------------|
| a. SPONSOR'S NAME (Last, First, Middle Initial) | b. SPOUSE'S NAME (Last, First, Middle Initial) |
| c. CHILD'S NAME (Last, First, Middle Initial) | d. CHILD'S DATE OF BIRTH (YYYYMMDD) e. CHILD'S AGE |
| f. HOME ADDRESS (Street, City, State, Zip Code) | g. SPONSOR'S BRANCH OF SERVICE |
| | h. DUTY ORGANIZATION |
| i. HOME TELEPHONE NUMBER (Include Area Code) | j. DUTY TELEPHONE NUMBER (Include Area Code) |

k. SIBLING CARE

| (1) NAME (Last, First, Middle Initial) | (2) DATE OF BIRTH (YYYYMMDD) | (1) NAME (Last, First, Middle Initial) | (2) DATE OF BIRTH (YYYYMMDD) |
|----------------------------------------|------------------------------|----------------------------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

4. PROGRAM(S) DESIRED (X as applicable) **5. AGE GROUP** (X one)

| | | |
|-------------------------|---------------------------------|-------------------------------------|
| a. FULL-DAY CARE | d. FAMILY DAY CARE (FDC) | a. INFANTS (0 - 12 months) |
| b. PART-DAY CARE | e. PART-DAY ENRICHMENT | b. TODDLERS (13 - 35 months) |
| c. SCHOOL AGE | f. PRE-SCHOOL | c. PRESCHOOL (3 - 5 years) |
| | | d. SCHOOL AGE (5+ years) |

6. SPONSOR STATUS (X one)

| | | |
|-------------------------------|-------------------------------|------------------------------------------|
| a. SINGLE MILITARY | e. SINGLE DOD CIVILIAN | i. MILITARY/UNEMPLOYED SPOUSE |
| b. DUAL MILITARY | f. RETIRED MILITARY | j. MILITARY/OTHER THAN DOD SPOUSE |
| c. MILITARY/DOD SPOUSE | g. MILITARY RESERVE | k. OTHER (Specify) |
| d. DUAL DOD CIVILIANS | h. NATIONAL GUARD | |

7. PRESENT CHILD CARE ARRANGEMENTS (X as applicable)

| | | |
|---------------------------------------------------------|---------------------------------------|---------------------------|
| a. FCC ON-INSTALLATION | d. CIVILIAN CDC | g. IN-HOME CARE |
| b. FCC OFF-INSTALLATION | e. MILITARY ALTERNATE CARE | h. NO PRESENT CARE |
| c. OTHER MILITARY CHILD DEVELOPMENT CENTER (CDC) | f. NON-MILITARY ALTERNATE CARE | i. OTHER (Specify) |

8. GENERAL INFORMATION (X and complete as applicable)

| | | | | | |
|------------|-----------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------|
| YES | NO | a. IF CHILD IS NOT PRESENTLY IN CARE, IS EMPLOYMENT OF SPOUSE IMPACTED? (If Yes, estimate average annual income lost) | YES | NO | c. IS CHILD ON OTHER MILITARY WAITING LIST? (If Yes, name installation) |
| | | | | | |
| | | b. HAS CHILD BEEN IDENTIFIED FOR SPECIAL NEEDS CARE? | d. CURRENT COST OF CARE PER WEEK (If child is currently in care) | | |
| | | | | | |

9. ACCOMMODATION UPDATES/REVERIFICATION (For Office Use Only)

| | (1) | (2) | (3) | (4) | (5) |
|--------------------------------------|-----|-----|-----|-----|-----|
| a. DATE CALLED (YYYYMMDD) | | | | | |
| b. DECLINED/ PLACED | | | | | |
| c. COMMENTS/ INITIALS | | | | | |
| d. PLACEMENT TIME (In months) | | | | | |

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; 10 U.S.C. 8013, Secretary of the Air Force; DoD Instruction 6060.02, Child Development Programs; Army Regulation 608-10, Child Development Services; OPNAV Instruction 1700.9E series, Child and Youth Programs; Marine Corps Order P1710.30E, Children, Youth, and Teen Program (CYTP); Air Force Instruction 34-144, Child and Youth Programs.

PRINCIPAL PURPOSE(S): To collect applicant information for Child Development Programs and establish waiting lists for program services. This information may also be used for statistical analysis, tracking, reporting, and evaluating program effectiveness.

ROUTINE USE(S): Department of the Army records may be disclosed to civilian health and welfare departments/agencies in emergencies. Department of the Navy records may be disclosed to local, state and Federal officials involved in child care services, if required, in the performance of their official duties relating to child abuse reporting and investigations. Department of the Air Force records may be disclosed to civilian health and welfare departments/agencies in emergency situations.

When completed, records are covered by one of the appropriate SORNS:

Department of the Army: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570083/a0608a-cfsc/>;

Department of the Navy: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570428/nm01754-3/>;

Department of the Air Force: <https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/>;

DISCLOSURE: Voluntary; however, if you fail to furnish the needed information, you might not be added to a waiting list or notified when there is space for your child.

INSTRUCTIONS

This form is to be completed by authorized patrons (per Department of Defense Instruction 6060.02, Child Development Programs) and serves as the Official Request for Care for use of Department of Defense operated Child Development Programs. Providing this information is voluntary, but failure to complete the form may result in a denial of care.

1. Provide the date the request is completed.
2. To be completed by facility where care is requested. This form expires one year from the initial date of request.
3. Family Information.
 - 3.a. Provide the sponsor's last name, first name and middle initial.
 - 3.b. Provide the spouse's last name, first name and middle initial (when applicable).
 - 3.c. Provide the last name, first name and middle initial of the child for whom care is being requested.
 - 3.d. Provide the date of birth of the child for whom care is being requested.
 - 3.e. Provide the age of the child for whom care is being requested at the time of application.
 - 3.f. Provide the residential address of the child for whom care is being requested.
 - 3.g. Provide the sponsor's branch of service. For DoD civilians, provide the service or agency of employment. If this is not applicable, enter NA.
 - 3.h. Provide the organization to which the sponsor is employed. If this is not applicable, enter NA.
 - 3.i. Provide the home telephone number of the sponsor.
 - 3.j. Provide the work telephone number of the sponsor.
 - 3.k. If the family is requesting care for additional children, enter their last name, first name, middle initial and date of birth, and complete a separate form for each child when applicable.
4. Program(s) Desired.
 - Place an "X" to indicate the family's desire for where the child's need for care may be accommodated.
5. Age Group.
 - Place an "X" to indicate the age group that the child falls on the date of application.
6. Sponsor Status.
 - Place an "X" to indicate the status of the sponsor on the date of application.
 - For "Other", specify the sponsor's status.
7. Present Child Care Arrangements.
 - Place an "X" to indicate the present arrangement for child care of the child for whom care is being requested.
 - For "Other", specify the sponsor's status.
8. General Information.
 - 8.a. Indicate "Yes" or "No" if the lack of child care is impacting the ability of the spouse (where applicable) to find employment.
 - 8.b. Indicate "Yes" or "No" if the child has been identified for special needs care.
 - 8.c. Indicate "Yes" or "No" if the child is on other military waiting lists for child care. If, "yes", provide the name of the installation where the child is on a waiting list.
 - 8.d. If the child is currently accommodated in non-DoD child care, indicate the weekly cost for care.
9. To be completed by the facility only.