

DEFENSE LOGISTICS AGENCY CHILD DEVELOPMENT SERVICES REQUEST FOR CARE RECORD

PRIVACY ACT STATEMENT

AUTHORITY: PL 101-89 SEC 1507;EO 9397
PRINCIPLE PURPOSE(S): To collect applicant information for Child Development Services and place applicants on waiting lists for program services. Information compiled from applicants is also used to assist in management determination of effectiveness of present and projection of future program requirements.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary, however, failure to furnish requested information will result in an incomplete request for care record and possible loss of placement on Child Development Services waiting lists.

1. DATE OF REQUEST (MMDDYYYY)			2. EXPIRATION DATE (MMDDYYYY)		
3. TODAY'S DATE	4. PRIORITY	5 ID CARD CHECKED YES <input type="checkbox"/> NO <input type="checkbox"/>	6 FORM CHECKED (sps only)	7 DATE REC'D	8 MAILED/FAXED

9. FAMILY INFORMATION

a. SPONSOR'S NAME (Last, First, MI)	b. SPOUSE'S NAME (Last, First, MI)
c. SPONSOR'S RANK/GRADE	d. SPOUSE'S RANK/GRADE
e. ORGANIZATION	f. ORGANIZATION
g. SPONSOR'S WORK & HOME NUMBERS	h. SPOUSE'S WORK NUMBER (Include Area Code)
i. HOME ADDRESS (Street, City, State, Zip Code)	
j. CHILD'S NAME (Last, First, MI)	k. DATE OF BIRTH (MMDDYYYY)
	l. AGE

10. PROGRAMS DESIRED ("X" If applicable)

11. AGE CATEGORY ("X" One)

<input type="checkbox"/> A. FULL DAY	<input type="checkbox"/> INFANTS (0-18 MOS.)
<input type="checkbox"/> B. PART DAY	<input type="checkbox"/> TODDLER (18-36 MOS.)
<input type="checkbox"/> C. SCHOOL AGE	<input type="checkbox"/> PRESCHOOL (3-5 YEARS)
<input type="checkbox"/> D. HOURLY CARE	<input type="checkbox"/> SCHOOL AGE (5+ YEARS)

12. SPONSOR/SPOUSE STATUS ("X" One)

<input type="checkbox"/> SINGLE MILITARY	<input type="checkbox"/> DUAL DOD CIVILIANS	<input type="checkbox"/> MILITARY/OTHER THAN DOD SPOUSE
<input type="checkbox"/> DUAL MILITARY	<input type="checkbox"/> SINGLE DOD CIVILIAN	<input type="checkbox"/> DOD/UNEMPLOYED SPOUSE
<input type="checkbox"/> MILITARY/DOD SPOUSE	<input type="checkbox"/> MILITARY/UNEMPLOYED SPOUSE	<input type="checkbox"/> DOD/NON-DOD SPOUSE

13. PRESENT CHILD CARE ARRANGEMENTS ("X" One, Complete as Applicable)

<input type="checkbox"/> FCC ON INSTALLATION	<input type="checkbox"/> CIVILIAN CDC	<input type="checkbox"/> IN YOUR HOME (i.e. nanny)
<input type="checkbox"/> FCC OFF INSTALLATION	<input type="checkbox"/> MILITARY ALTERNATE CARE	<input type="checkbox"/> NO PRESENT CARE (home w/ parent)
<input type="checkbox"/> MILITARY CDC	<input type="checkbox"/> NON-MILITARY ALTERNATE CARE	<input type="checkbox"/> SELF-CARE (home w/ no supervision)

14. GENERAL INFORMATION ("X" One, Complete as Applicable)

a. If your child is not enrolled in care, is employment of spouse awaited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, estimate annual income lost:
b. Does your child have any on-going medical concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Has your child been identified for special needs care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Is your child on another military waiting list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, name Installation:
e. Total Family Income (Sponsor & Spouse):			

15. UPDATE REQUIRED PER INSTRUCTIONS (For Office Use Only)

	(1)	(2)	(3)	(4)	(5)
a. DATE CALLED (MMDDYYYY)					
b. DECLINED/ PLACED					
c. COMMENTS/ INITIALS					
d. PLACEMENT TIME (In Months)					

STATEMENT OF UNDERSTANDING

I UNDERSTAND THAT I MUST CONTACT CIDS AT A MINIMUM OF EVERY 3 MONTHS TO CONFIRM MY INTEREST IN REMAINING ON THE WAITING LIST. CHECKING A CHILD'S STATUS ON WAITING LIST IS NOT THE SAME AS UPDATING. PATRONS WILL BE REMOVED WITHOUT NOTICE WHEN THE QUARTERLY UPDATE IS PAST DUE.

DATE SIGNED _____

SPONSOR'S SIGNATURE _____

P.O.A. VERIFIED (sps only) _____