

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

| FULL NAME | SOCIAL SECURITY NUMBER | BIRTH DATE | RELATIONSHIP |
|-----------|------------------------|------------|--------------|
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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 |
|-----------|---------|-----------|
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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 _____