

# Home Community Care (HCC)

## Parent Statement

I am required to work my primary UTA weekend. (Care during secondary UTA weekends and two-week annual duty may be provided on a space available basis.) I understand that in dual parent families, the non ANG/AFR parent must also be working. I understand that the HCC program may not be used to support school attendance, off-duty employment or any other child care needs other than official duty. I understand that there will be no fee charged to me for this service until further notice. I also understand I am required to provide an HCC Parent Statement each time I use the HCC program.

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(PARENT SIGNATURE/DATE)

PRINT NAME

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(SUPERVISOR SIGNATURE/DATE)

PRINT NAME

DATES AND TIMES NEEDED: \_\_\_\_\_

CHILD'S NAME & AGE: \_\_\_\_\_

CHILD'S NAME & AGE: \_\_\_\_\_

CHILD'S NAME & AGE: \_\_\_\_\_

PRIMARY UTA WEEKEEND: \_\_\_\_\_

SECONDARY UTA WEEKEND: \_\_\_\_\_

TWO-WEEK ANNUAL DUTY: \_\_\_\_\_

OTHER: \_\_\_\_\_

PARENT'S EMAIL/TELEPHONE NUMBERS: EMAIL: \_\_\_\_\_

WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_



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ATTACHMENT 4