INTERESTED IN BECOMING

A FAMILY CHILD CARE PROVIDER?

Complete the attached packet and return to the CYS Administration Building 85, 6850 Barron Avenue or Parent Central Services, Building 104, 6880 Marchant Avenue.

Documents to include with your application:

- ✓ Your birth certificate
- ✓ Your sponsor's birth certificate
- ✓ Your high diploma, GED or college transcript/diploma
- ✓ Resume'

For more information or if you have any questions, please contact:

Natalie Hodgdon
Family Child Care Director
706-545-4868
natalie.f.hodgdon.naf@mail

Notes:

This section is to be completed by the applicant seeking to become a FCC provider.

FORT BENNING CHILD AND YOUTH SERVICES
FAMILY CHILD CARE

Title: Family Child Care Provider **Activity:** Family Child Care

Description of Duties

Supervisory Controls

Performs routine or repetitive tasks, following verbal and written instructions, under the general supervision of the Family Child Care (FCC) Director/Administrator and activity oversight of the Training Specialist. Work is reviewed monthly, sometimes more while in progress and in completion, to ensure and assess the provider's progress and to evaluate competence of training objectives.

Major Duties

Ensures that childcare is provided in compliance with AR 608-10, CYS IMCOM Regulations, installation standard operation procedures, and NAFCC developmentally appropriate position statement. Plan and conduct an effective FCC program to meet the physical, social, emotional and intellectual needs of children contracted for care. Manages a home that ensures the health, welfare, and safety of all children and youth in care. Maintains control and accountability for the whereabouts and safety of children and youth. Must be at least 18 years of age. Must be able to speak, read, and write the English language to the extent that they are able to execute health and safety directives and implement developmental activities for children effectively as determined by the CYS Coordinator. Provide and lead planned activities for program participants. Establishes an environment which promotes positive child and youth interactions. Prepares, arranges and maintains indoor and outdoor activity areas. Ensures that materials used are developmentally appropriate to accommodate the lesson plans and daily activities. Interacts with children and youth using appropriate child and youth guidance and techniques. Interacts professionally and respectfully with parents, CYS/FCC staff members and fellow providers. Promote and role model safety, fitness, health and nutrition practices.

Creates a pleasant inviting atmosphere for children and youth. Ensure the safety of children by providing constant supervision, effective arrangement of space, proper maintenance of equipment etc. Plans developmentally appropriate activities to foster individual and group activities. Lead children in circle time activities, games, songs etc.

Observe children and youth on a daily basis to detect early signs of distress or abnormal behavior, illnesses and health problems. Notifies parents and FCC Director/Administrator in accordance with (IAW) the CYS Health SOP. Report child abuse allegations in accordance with garrison reporting procedures.

Plans, prepares and provides appropriate snacks and meals IAW USDA requirements and recommendations. Maintains USDA paperwork on a continuous basis. Submits information as applicable on a monthly basis. Maintains a high level of cleanliness in all designated childcare areas. Completes and submits monthly FCC paperwork (subsidy documents, USDA paperwork and Sign-In sheets), monthly to ensure timely reimbursements.

Driving Responsibilities: Yes or No (Will you be transporting FCC children in your POV?)

CYS/FCC and parent approval required prior to transporting children.

Provider Signature: _____ **Date:** _____

FCC Director Signature: _____**Date:** _____

CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* PROVIDER APPLICATION

For use of this form, see AR 608-10, the proponent agency is ACSIM

DATA REQURIED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, United States Code, Section 3013
PRINCIPAL PURPOSE:	Information is used by DA personnel to identify potential FCC providers and services to be provided. Provide household information, background and references.
ROUTINE USES:	Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.
DISCLOSURE:	Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

NAME *(Last, first, MI)*	MAIDEN	NAMES FROM ALL PREVIOUS MARRIAGES

ADDRESS *(Include ZIP Code)*	BIRTH DATE	TELEPHONE

NAME OF SPONSOR *(Last, first, MI)*	ORGANIZATION

DUTY STATION	TELEPHONE

SUBMIT THIS FORM TO *(Address) (Include ZIP Code)*

PROVISION OF SERVICES

HOURS AND DAYS AVAILABLE FOR CARE

MON _____ WED _____ FRI _____ SUN _____

TUES _____ THURS _____ SAT _____

NUMBER OF CHILDREN DESIRED FOR CARE

UNDER 2 YEARS _____ 2-6 YEARS _____ 6-12 YEARS _____ TOTAL _____

PLEASE ANSWER THE FOLLOWING QUESTIONS	*Check One* YES	NO
ARE YOU CURRENTLY CARING FOR CHILDREN	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN WITHOUT REGARD TO RACE, COLOR, CREED OR NATIONAL ORIGIN	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN FOR HOURLY CARE	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN FOR NIGHT CARE	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN FOR EXTENDED HOURS	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING HOLIDAYS	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SCHOOL VACATION	☐	☐
ARE YOU WILLING TO ACCEPT CHILDREN FOR CARE DURING SUMMER	☐	☐
ARE YOU WILLING TO ACCEPT HANDICAPPED CHILDREN	☐	☐
ARE YOU WILLING TO ACCEPT MILDLY ILL CHILDREN	☐	☐

HOUSEHOLD INFORMATION *(list all members of your household)*

FULL NAME	BIRTH DATE	RELATIONSHIP

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

FULL NAME	BIRTH DATE	RELATIONSHIP

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

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

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦

2. SOCIAL SECURITY NUMBER	**3a. PLACE OF BIRTH** (Include city and state or country)
♦	♦

3b. ARE YOU A U.S. CITIZEN?	**4. DATE OF BIRTH** (MM / DD / YYYY)
☐ YES ☐ NO (If "NO", provide country of citizenship) ♦	♦
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	**6. PHONE NUMBERS** (Include area codes)
♦	Day ♦
♦	Night ♦

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959? ☐ YES ☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? ☐ YES (If "YES", proceed to 8.) ☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? ☐ YES (If "YES", provide information below) ☐ NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* ☐ YES ☐ NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* ☐ YES ☐ NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(Sign in ink) (MM / DD / YYYY)

17b. Appointee's Signature: _____ Date: _____
(Sign in ink) (MM / DD / YYYY)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? Date: (MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____ , this _____ day of _____ 20____ ,
(client's full name)

do hereby voluntarily consent to the release of the following information by HQDA ASAP
(name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Services Suitability Program for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,

*** see above***
(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION
(Check applicable paragraph)

1. ☒ I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. ☐ I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS *(Type or print)*	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____
(client's name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE *(Type or print)*	DATE
SIGNATURE	

CHILD DEVELOPMENT SERVICES *(CDS)* FAMILY CHILD CARE *(FCC)* PROVIDER BACKGROUND CLEARANCE REQUEST

For use of this form, see AR 608-10; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY:	Title 10, United States Code, Section 3013
PRINCIPAL PURPOSE:	To provide background information regarding prospective FCC Providers to CDS personnel for use in the certification process.
ROUTINE USES:	Information provided may be released IAW the Army's blanket routine uses contained in AR 340-21.
DISCLOSURE:	Disclosure of requested information is voluntary; however, if information is not provided, certification of the candidate may be denied.

NAME OF APPLICANT *(Last, first, MI)*	DATE

Applicant has applied for certification as a Family Child Care *(FCC)* Home Provider within the _____ _____ quarters-based Family Child Care Home System. This office must pursue all means to verify the competency of _____ to provide for the physical, social, emotional and intellectual needs of young children in a caregiving situation within his/her own home.

CHARACTER REFERENCE INFORMATION

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	*Check One*		
	YES	NO	N/A
1. RELATE TO CHILDREN AND ADULTS IN A SENSITIVE AND POSITIVE MANNER	☐	☐	☐
2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS	☐	☐	☐
3. SHOW EVIDENCE OF REPUTABLE CHARACTER	☐	☐	☐
4. ACT RESPONSIBILY IN CRISIS SITUATIONS	☐	☐	☐
5. MAINTAIN A SAFE, AND SANITARY HOME	☐	☐	☐
6 SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIONS AND CAN PLAN PROGRAM ACTIVITIES FOR CHILDREN	☐	☐	☐
7. SHOW ANY EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN CARE	☐	☐	☐
8 HAVE ANY ANIMAL*(s)* WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING	☐	☐	☐
9 TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE *(i.e. battering, molesting, etc.)* OR NEGLECT; USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME	☐	☐	☐
10 HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE	☐	☐	☐

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1 - 6 AND (YES) ANSWERS TO ITEMS 7 - 10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

TITLE	ADDRESS	SIGNATURE *(Person submitting information)*

SUBMIT THIS FORM TO ADDRESS LISTED BELOW

ADDRESS

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CHARACTER REFERENCE INFORMATION

TO YOUR KNOWLEDGE, DOES THIS INDIVIDUAL	*Check One*		
	YES	NO	N/A
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2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS	☐	☐	☐
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5. MAINTAIN A SAFE, AND SANITARY HOME	☐	☐	☐
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8 HAVE ANY ANIMAL*(s)* WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING	☐	☐	☐
9. TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE *(i.e. battering, molesting etc.)* OR NEGLECT, USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME	☐	☐	☐
10 HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE	☐	☐	☐

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1 - 6 AND (YES) ANSWERS TO ITEMS 7 - 10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

TITLE	ADDRESS	SIGNATURE *(Person submitting information)*

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2. HAVE THE STAMINA, PATIENCE AND CAPABILITY TO CARE FOR CHILDREN FOR SUSTAINED TIME PERIODS	☐	☐	☐
3. SHOW EVIDENCE OF REPUTABLE CHARACTER	☐	☐	☐
4. ACT RESPONSIBILY IN CRISIS SITUATIONS	☐	☐	☐
5. MAINTAIN A SAFE, AND SANITARY HOME	☐	☐	☐
6 SPEAK, READ AND WRITE ENGLISH TO THE EXTENT HE/SHE CAN EXECUTE HEALTH AND SAFETY DIRECTIONS AND CAN PLAN PROGRAM ACTIVITIES FOR CHILDREN	☐	☐	☐
7. SHOW ANY EVIDENCE OF MENTAL HEALTH PROBLEMS WHICH COULD ADVERSELY AFFECT THE HEALTH OR SAFETY OF CHILDREN IN CARE	☐	☐	☐
8 HAVE ANY ANIMAL*(s)* WHICH MIGHT POSE A THREAT TO CHILDREN'S WELL BEING	☐	☐	☐
9 TO YOUR KNOWLEDGE HAS THERE BEEN ANY CONVICTION OF, ADMISSION TO, OR SUBSTANTIVE EVIDENCE OF AN ACT OF CHILD ABUSE *(i.e. battering, molesting, etc.)* OR NEGLECT; USE OF ILLEGAL DRUGS OR ALCOHOL ABUSE BY THIS INDIVIDUAL OR ANY RESIDENT OF THE FCC HOME	☐	☐	☐
10 HOLD ANOTHER JOB, EITHER FULL TIME OR PART TIME, DURING THE HOURS CHILDREN WOULD BE IN CARE	☐	☐	☐

REMARKS: EXPLAIN ANY (NO) ANSWERS TO ITEMS 1 - 6 AND (YES) ANSWERS TO ITEMS 7 - 10. ADDITIONAL INFORMATION RELEVANT FOR THE PURPOSES OF THIS BACKGROUND CLEARANCE REQUEST MAY BE PROVIDED ON THE REVERSE SIDE. INFORMATION ABOUT OTHER INDIVIDUALS RESIDING IN THE HOME MAY BE ADDRESSED IN THIS SPACE.

TITLE	ADDRESS	SIGNATURE *(Person submitting information)*

SUBMIT THIS FORM TO ADDRESS LISTED BELOW

ADDRESS

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

OMB No. 0704-0516
OMB approval expires: September 30, 2021

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.
PRINCIPAL PURPOSE(S): To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:
Army: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx
Navy: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx
Air Force: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/
ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at **http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/** may apply to these records.
DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME *(Last, First, and Middle Name) (Do not use initials or abridgements.)*	**2. OTHER NAME(S) USED**

3. DATE OF BIRTH *(MM/DD/YYYY)*	**4. INSTALLATION/PROGRAM NAME**	**5. DATE OF HIRE**

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than $300.) *(X one)* Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT: ☐ Yes ☐ No
DRUG OR ALCOHOL: ☐ Yes ☐ No
VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No
SEX CRIME: ☐ Yes ☐ No
DOMESTIC VIOLENCE: ☐ Yes ☐ No

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT *(City & Country if outside the United States)*	(5) STATE	(6) ZIP CODE

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	**b. DATE** *(YYYYMMDD)*

8. ANNUAL CERTIFICATIONS *(Required by Child Development and Youth Program Staff and Volunteers)*
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

a. 2nd YEAR *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*	**b. 3rd YEAR** *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*
c. 4th YEAR *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*	**d. 5th YEAR** *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*

Failure to provide information may result in an unfavorable adjudication decision.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

9. NOTES *(Use this space to enter additional comments.)*

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE	**b. DATE SIGNED** *(YYYMMDD)*

Residency Information Sheet

For individuals requiring a T1 or higher (with SCHR), OFI86C (SCHR) or INTERPOL

CHECK FULL LEGAL NAME

Last | First | Middle

Maiden / Former Name | MM/YY to MM/YY | Maiden / Former Name | MM/YY to MM/YY

Maiden / Former Name | MM/YY to MM/YY | Maiden / Former Name | MM/YY to MM/YY

Place of birth (City, County, State, Country) | Sex | Email address

FEDERAL EMPLOYMENT WORK HISTORY/STATUS

1) Are you a current federal employee? (civilian, contractor, In Home Care Provider, military,.etc):

☐ YES (**STOP**. Complete residency history below)
☐ NO (proceed to question 2)

2) List federal jobs worked within past 2 years and organization?

_____ - proceed to question 3

3) Have you had a two year break in federal service?

☐ YES: Date last worked in Federal Service: _____
☐ NO: Date last worked in Federal Service: _____
☐ N/A: I have never worked in Federal Service

Complete residency history below.

PLEASE LIST PLACES WHERE YOU HAVE LIVED STARTING WITH YOUR *CURRENT* ADDRESS AND GOING BACK A COMPLETE 5 YEARS. DO NOT USE A POST OFFICE BOX, UNLESS STATION OVERSEAS THEN AN APO/FPO **MUST** BE USED, INSTEAD OF THE FOREIGN COUNTRY PHYSICAL ADDRESS. YOU MAY OMIT TDY LOCATIONS UNDER 90 DAYS (list permanent address instead). MAKE SURE TO INCLUDE PHYSICAL RESIDENCE ADDRESS WITH A COMPLETE STREET ADDRESS WITH CITY, STATE, ZIP CODE, AND COUNTRY.

(1) (mm/yy) _____ to _____ **Address** _____
City _____ **State** _____ **Zip** _____ **Country** _____

(2) (mm/yy) _____ to _____ **Address** _____
City _____ **State** _____ **Zip** _____ **Country** _____

(3) (mm/yy) _____ to _____ **Address** _____
City _____ **State** _____ **Zip** _____ **Country** _____

(4) (mm/yy) _____ to _____ **Address** _____
City _____ **State** _____ **Zip** _____ **Country** _____

(5) (mm/yy) _____ to _____ **Address** _____
City _____ **State** _____ **Zip** _____ **Country** _____

(6) (mm/yy) _____ to _____ **Address** _____
City _____ **State** _____ **Zip** _____ **Country** _____

SIGNATURE: _____ **DATE COMPLETED:** _____

This section is to be completed by the spouse (sponsor) of the FCC provider applicant.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

OMB No. 0704-0516
OMB approval expires: September 30, 2021

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.
PRINCIPAL PURPOSE(S): To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:
Army: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx
Navy: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx
Air Force: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/
ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at **http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/** may apply to these records.
DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME *(Last, First, and Middle Name) (Do not use initials or abridgements.)*	**2. OTHER NAME(S) USED**

3. DATE OF BIRTH *(MM/DD/YYYY)*	**4. INSTALLATION/PROGRAM NAME**	**5. DATE OF HIRE**

6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than $300.) *(X one)* Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT: ☐ Yes ☐ No
DRUG OR ALCOHOL: ☐ Yes ☐ No
VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No
SEX CRIME: ☐ Yes ☐ No
DOMESTIC VIOLENCE: ☐ Yes ☐ No

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT *(City & Country if outside the United States)*	(5) STATE	(6) ZIP CODE

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	**b. DATE** *(YYYYMMDD)*

8. ANNUAL CERTIFICATIONS *(Required by Child Development and Youth Program Staff and Volunteers)*
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment from participating in the program.

a. 2nd YEAR *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*	**b. 3rd YEAR** *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*
c. 4th YEAR *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*	**d. 5th YEAR** *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*

Failure to provide information may result in an unfavorable adjudication decision.

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION
(Department of Defense Child Care Services Programs)

9. NOTES *(Use this space to enter additional comments.)*

10. AUTHORIZATION AND RELEASE CERTIFICATION

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and competencies of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE	**b. DATE SIGNED** *(YYYMMDD)*

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I, _____ (client's full name), this _____ day of _____ 20____,

do hereby voluntarily consent to the release of the following information by HQDA ASAP (name of installation ADAPCP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to Child/Youth Services Suitability Program for the purpose of completing a background check requirement in accordance with Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(Check applicable paragraph)

1. ☒ I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

2. ☐ I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ADAPCP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS *(Type or print)*	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____ (client's name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE *(Type or print)*	DATE
SIGNATURE	

INSTALLATION MANAGEMENT COMMAND (IMCOM)
SPONSOR'S UNIT COMMANDER REFERENCE CHECK FORM

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231(Crime Control Act of 1990); DODI1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of screening and Background Checks for Individuals Who Have Regular Contact with Children in Army Programs), DODI60606.02 (Child Development Programs (Child Development Programs (CDPs), 5 Aug 2014).
PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.
ROUTINE USE: The DOD "Blank Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: http://dpcid.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx
DISCLOSURE: Voluntary, however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

Application Information

_____, spouse of _____ has applied for certification as a Family Child Care (FCC) provider with Fort Benning Child and Youth Services.

Permission to Perform Check

I, _____ give permission for my Unit Commander to release the information requested on this form about myself and the following family members:_____ _____.

Signature: _____ Date: _____

Commander Reference

As part of the application process, it is required that the sponsor's Unit Commander provide a reference check on the suitability of the provider and all the individuals that reside in the household over the age of 12. Although you may not personally know the dependents in question, you have knowledge of the conduct and character of the sponsor and may know of any problems in the household.

Please answer the questions to the best of your knowledge.

Do you have any knowledge of instances of family violence, child neglect, alcohol abuse or use of illegal drugs by any person in the home? ☐ Yes ☐ No

All family members should be stable, responsible, mature and of good moral character. Do you have any knowledge that IS NOT the case for any of the family members in the household? ☐ Yes ☐ No

If yes, please provide details: _____ _____ _____

Name of Unit Commander: _____ Title: _____

Signature: _____ Date: _____

We appreciate your help in our endeavor to ensure the best qualified applicants with the best possible home environment become FCC Providers. Please email the completed reference form to the FCC office point of contact listed below:

Scan and email to: _____ at _____.

Any questions pertaining to this form, please contact the FCC office at 706-545-8575/2079/2554.

Updated 2020 March 17