

Air Force Home Community Care (HCC) Program Provider Application

Provider Contact Information

Name _____

Street Address _____ Apt. # _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Other Adults Over 18 Living in the Home

Persons 16 years of age and older living in the home will require a background check.

Name _____ Relationship to provider _____

Name _____ Relationship to provider _____

Name _____ Relationship to provider _____

Children Under 18 Years Living in the Home

- For children under eight (8) years, give child's age in years and months.
- Persons 16 years of age and older living in the home will require a background check.

Name _____ Age _____ Relationship to provider _____

Name _____ Age _____ Relationship to provider _____

Name _____ Age _____ Relationship to provider _____

Name _____ Age _____ Relationship to provider _____

Family Child Care Experience and Regulations

Please describe any experience you've had working with children other than your own.
(Please include dates) _____

Regulatory Category: (circle all that apply) State County Municipal

Registration or Certificate Number _____

Regulation Status (circle) Current Temporary

Reg/Cert Start Date _____ Reg/Cert Expiration Date _____

Background Checks

Has a background check been completed and approved for persons in the household 16 years of age and over? (circle one)

_____ Yes (date)_____ No If no, have you begun the process? Y N
Provider

_____ Yes (date)_____ No If no, have you begun the process? Y N
Name

_____ Yes (date)_____ No If no, have you begun the process? Y N
Name

_____ Yes (date)_____ No If no, have you begun the process? Y N
Name

_____ Yes (date)_____ No If no, have you begun the process? Y N
Name

Name of agency conducting the checks _____

Name and phone # of agency contact _____

Please read the following questions, circle your response, and sign and date this section.	
Have you had any documented complaints as an FCC provider in the past 12 months?	Y N
Have you ever had your FCC registration/certification suspended or revoked?	Y N
Have you ever been arrested/convicted of any crime involving children, drugs or alcohol?	Y N
_____	_____
Signature	Date

Personal Liability Insurance

Personal liability insurance coverage or \$300,000 is required to be a HCC provider. Do you currently have a policy for this amount? Yes No

If no, are you willing to change your coverage to this amount? Yes No

If yes, please provide the following information:

Name of Insurance Company _____

Name and Phone # of Insurance Agent _____

Education and Credential Information

Do you have a high school diploma or GED? Yes No

Name of High School, city and state _____

Do you hold the Child Development Associate (CDA) credential? Yes No

If not, are you now enrolled in the CDA training program? Yes No

Are you planning to apply for a CDA within the next 3 months? Yes No

Do you have a college degree? Yes No

If yes, please indicate degree, major and school where degree was obtained. _____

Family Child Care Accreditation Information

Are you accredited by the National Association for Family Child Care (NAFCC)?

Yes No

If yes, what are the start and expiration dates of your NAFCC accreditation? _____

If no, are you in the process of becoming accredited? Yes No

Are you accredited by your state or county? Yes No

Is your home recognized by a state quality initiative? Yes No

If so, please list _____

Training Experiences

During the past 12 months, list information about FCC-related training sessions. Include session topic, source of training (on-line, conferences, on-site instruction, non-credit college courses), number of clock hours and date completed.

I have completed _____ Continuing Education Units (CEU) in the past 12 months.

I have completed _____ college credits in the past 12 months.

List FCC-related training courses you have taken in the past 12 months. _____

Professional Memberships

Are you a member of a formal family child care network? Yes No

If yes, list the name of the network. _____

Are you a member of the National Association of Family Child Care (NAFCC)?

Yes No

Are you a member of any local, state or national early childhood education organization?

Yes No If yes, please list. _____

Other Information: What do you like best about being a family child care provider?

Verification of Information

All of the information provided in this application is correct and currently in effect.

I have attached copies of all required documents where available:

- ___ State, County, or Municipal registration or certification documents
- ___ Notarized copy of my background check information
- ___ Cover page of my personal liability insurance policy
- ___ Current CPR and First Aid certification
- ___ Certificate of accreditation or CDA credential

Printed Name _____

Signature _____ Date _____

Office Use Only

Date Received _____ Initials _____

Comments _____

Accepted Yes Reserve Pool

Date Notified _____

Date Contract Delivered _____

Start Date of Provider _____