

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.

(PARENT SIGNATURE/DATE)

PRINT NAME

(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: _____



ATTACHMENT 4