

Home Community Care Program (HCCP) Application Form

I am required to work my primary UTA weekend. I understand that in dual parent families, both parents must be working on drill weekend. 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 HCCP Application Form each time I apply to use the HCC program.

(Military Parent Signature/Date)

PRINT NAME

(Supervisor Signature /Date)

PRINT NAME

DRILL DATES NEEDED: ___Jan ___Feb ___Mar ___Apr ___May ___June
___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

Times Needed(Approximate):

DROP OFF: ___0630 ___0700 ___0730 ___0800 PICK UP: ___1500 ___1530 ___1600 ___1630

Single Parent with Primary Custody___

Dual Military___

Spouse Works Weekends___

SrA and Below___ SSgt___ TSgt___ MSgt___ SMSgt___ CMSgt___

1LT___ 2LT___ Capt___ Maj___ Lt Col___

Child's Name & Age: _____

Child's Name & Age: _____

Child's Name & Age: _____

Child has a special need: _____ Explain: _____

Parents email and telephone number:

Military Email: _____

Civilian Email: _____

WORK Phone: _____ HOME Phone: _____ CELL Phone: _____