

“Give Parents a Break”

Program

Referral Certificate

_____ is eligible to receive child care under the “Give Parents a Break
Program from _____ to _____ (need is re-evaluated each three month period)

Signature of person making referral _____ Phone _____

Parents’ Name _____ Organization _____

Reason for Referral:

_____ Military member being deployed, on an extended TDY/or on a remote tour.

_____ A family crisis or emergency (serious illness, death in family, birth, etc).

_____ Have a child with special needs or other special needs family member

_____ A hardship or unique circumstances within family unit.

AF Member Name _____ Unit _____

Home Phone _____ Work Phone _____ Spouse Name _____

Children’s Names (s): _____ Ages: _____

*Parents should contact the Child Development Center at 987-6130 for information on regulation, dates, of care, etc.

revised 10/10(all other forms are obsolete)