



## Air Force FCC Subsidy Registration Checklist

CHILD'S NAME					DOB		
<i>Last</i>	<i>First</i>	<i>Middle</i>	MM/DD/YY		AGE		
1)							
2)							
3)							

<b>SPONSOR NAME (Last, First)</b>			
<b>DUTY PHONE</b>		<b>Area Code</b> ( )	
<b>SPONSOR BRANCH OF SERVICE</b>			
<b>SPONSOR GRADE and RANK</b>			
<b>HOME PHONE</b>		<b>Area Code</b> ( )	
<b>HOME ADDRESS</b>			<b>City/Zip Code</b>
<b>SPOUSE NAME</b>			
<b>SPOUSE DUTY PHONE</b>		<b>Area Code</b> ( )	
<b>PROVIDER NAME (FCC Provider)</b>			
<b>SPONSOR EMAIL ADDRESS</b>			

<b>START DATE (Child #1)</b>		
<b>START DATE (Child #2)</b>		
<b>START DATE (Child #3)</b>		

**REGISTRATION CHECKLIST** *(all items must be completed prior to receiving subsidy):*

	Enrollment documentation with Provider completed
	Income documentation provided and verified
	DD Form 2652 completed
	Full-time student status verified (if applicable)
	FCC Coordinator Parent Briefing conducted

<b>Printed Name of FCC Representative:</b>		
<b>Position Title:</b>		
<b>Email Address:</b>		
<b>Office DSN Phone Number:</b>		<b>Area</b>

<b>Signature of FCC Representative:</b>	<b>Date:</b>
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