

Application For The Emergency Placement Care Program

Privacy Act Statement

Authority: Title 10, United States Code, Section 3012

Principal Purpose: Information is used to identify potential EPC providers.

Routine Uses: No information is disclosed outside Department of Army.

Disclosure: Disclosure of requested information is voluntary; however, if information is not provided, certification of the applicant may be denied. If additional space is needed please attach additional sheets with application.

Sponsor Information

Name _____ SSN _____ Rank/Grade _____
(Last, First, MI, Maiden)

APO Address _____ APO _____

Local Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Duty Phone _____

Date Of Birth _____ Place Of Birth _____ Religion _____

Education _____ Home Of Record _____

E-Mail _____

Spouse Information

Name _____ SSN _____ Rank/Grade _____
(Last, First, MI, Maiden)

APO Address _____ APO _____

Local Residence Address _____

City _____ Postal Code _____ Country _____

Home Phone _____ Duty Phone _____

Date Of Birth _____ Place Of Birth _____ Religion _____

Education _____ Home Of Record _____

E-Mail _____

Household Members' Information

Name: _____ Date Of Birth: _____ Relationship: _____ Children 12-17 Current School Name: _____

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Financial Information

Income	Expenses
Sponsor Income _____	Rent _____
Spouse Income _____	Average Utilities _____
Other Income _____	Average Telephone _____
	Loan Payments _____
	Other Payments _____
Total Monthly Income _____	Total Monthly Expenses _____

Housing Information

No. Of Bedrooms _____ No. Of Bathrooms _____

Previous Marriage Information

Sponsor _____ Terminated By _____
(Date) (Divorce, Death, Annulment)

Spouse _____ Terminated By _____
(Date) (Divorce, Death, Annulment)

Medical Information

Please identify any ongoing health concerns involving any member of your household:

Previous EPC Experience Information

Agency Name	Address	Length Of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Narrative Information

Please briefly state your reasons for wanting to become EPC providers:

Miscellaneous Information

Please identify any past training or experience with children, related to agencies or service organizations (list agency or organization, addresses, dates of service):

Reference Information

Please give the names of four persons (other than relatives) whom ACS may contact for references. They will be asked to attest to your character, ability and experience. (For military sponsors, at least one must be your Commander; for civilian sponsors, at least one must be your supervisor.)

Full Name _____	Email _____
Telephone _____	Relationship _____
Full Name _____	Email _____
Telephone _____	Relationship _____
Full Name _____	Email _____
Telephone _____	Relationship _____
Full Name _____	Email _____
Telephone _____	Relationship _____

Statement Of Application

We hereby apply to have our home studied for approval by the Army as an EPC Provider. We understand that our home must meet all standards contained in AR 608-18 and USAREUR Supplement 1 to AR 608-18. We also understand that Army Community Service may contact any or all organizations or individuals listed above to secure information deemed relevant to our application to become EPC Providers.

Sponsor Signature _____ Date _____

Spouse Signature _____ Date _____