

# Returning Home Care (RHC) Parent Statement

I am returning to my home station after being deployed (a minimum of 30 calendar days) in support of contingency operations, returning for my rest and recuperation or I routinely deploy on a short-term basis (cumulative of 30 days in a six month period) in support of contingency operations. I understand up to 16 hours of care per child per six-month period is available for use in an EDC home. I understand that the care is available for children ages 12 years and under and must be used within 6-months after returning from deployment. I also understand that there will be no fee charged to me for this service until further notice. I understand I am required to provide an RHC Parent Statement with verification from the Military Personnel Flight or Command Section. I also understand I am required to provide an RHC Parent Statement each time I use the RHC Program.

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(PARENT SIGNATURE/DATE)

PRINT NAME

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(MPFLIGHT/MEMBER'S COMMAND SECTION SIGNATURE/DATE)

PHONE

DATES AND TIMES NEEDED: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
(Year/Month)

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
(Year/Month)

CHILD'S NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_  
(Year/Month)

PARENT'S EMAIL/TELEPHONE NUMBERS: EMAIL: \_\_\_\_\_

WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_



ATTACHMENT 3