



**DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY (AETC)**

Date: _____

MEMORANDUM FOR AFROTC DET 890

FROM: _____

SUBJECT: Family Care Plan Requirements

1. I have been briefed on Family Care Plan Requirements and I DO / DO NOT (check one) require a Family Care Plan. I will let the Det 890/CC know if my status changes within 2 weeks of the change.

Signature

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