

Work Order Ticket Checklist for Functional Managers (CSSC/Non-CSSC Sites)-Initial Checks for Non-employees



Personnel Category: Military, Contractors (Regular/Recurring), Specified Volunteers, Contractors (short duration) and Other Categories of Individuals

Applicant's Name

Garrison Name

Functional Manager

Submit the following documents to your CDE Office in the following order via encrypted e-mail:

REQUIRED FOR ALL

IMCOM Worksheet 30A
IMCOM Form 30
DA Release/Consent Form
DA Form 5018-R
DD 2981 (Upon Release of EXORD)

MILITARY

Additional Requirements

Summary of Child Services Duties
IMCOM 29 - Residency Information Worksheet *Note: Replaces OFI-86C

**CONTRACTORS
(Regular/Recurring)
Additional
Requirements**

Position Description
Resume/Application
Reference Check(s)- Only submit if reference is derogatory
Proof of Citizenship Documents (See IMCOM 31)
OF 306
IMCOM 29 - Residency Information Worksheet *Note: Replaces OFI-86C

**SPECIFIED
VOLUNTEERS,
CONTRACTORS (Short
Duration) and
OTHER CATEGORIES
OF INDIVIDUALS
Additional
Requirements**

Position Description
Resume/Application
Reference Check(s)- Only submit if reference is derogatory
IMCOM 28 - Fingerprint Information Worksheet (signed)

Work Order Ticket Checklist for Functional Managers (CSSC/Non-CSSC Sites)-Initial Checks for In Home Care Provider

Personnel Category: Family Child Care (FCC)- IHCP, Respite Care-IHCP, Emergency Placement Care (EPC)- IHCP and Household Members (FCC, EPC)



NOTE: A separate IMCOM 30A will be completed for each individual residing in the home. Emergency Placement Care (EPC), requires both parents to be a provider.

Provider's Name:

Household Member's Name:

Garrison Name:

Functional Manager

Submit the following documents to your CDE Office in the following order via encrypted e-mail:

REQUIRED FOR ALL	IMCOM Worksheet 30A
	IMCOM Form 30
	DA Release/Consent Form
	DA Form 5018-R
	DD 2981 (Upon Release of EXORD)

FCC/IHCP Additional Requirements	Position Description
	Application/Resume: FCC/Backup-5219 required. Other IHCP-Any
	Reference Check(s)- Only submit if reference is derogatory
	OF 306
	IMCOM 29 - Residency Information Worksheet *Note: Replaces OFI-86C Proof of Citizenship Documents (See IMCOM 31)

INDIVIDUALS RESIDING IN FCC HOMES Additional Requirements	Reference Check(s)- Only submit if reference is derogatory
	IMCOM Form 30: Only required if request is submitted separately from IHCP Household

Work Order Ticket Checklist for Functional Managers (CSSC/Non-CSSC Sites)-Reverification for Non-Employees



Individual or IHCP's Name

IHCP Household Member's
Name (if applicable)

NOTE: A separate IMCOM 30A will be completed for each individual residing in the home.
EPC requires both parents to be providers.

Garrison Name

Functional Manager

Personnel Category

- Specified Volunteer
- Contractor (Regular/Recurring)
- Military
- In Home Care Provider
- Individual's Residing in IHCP Home age 18+
- Individual's Residing in IHCP Home ages 12-17
- Other Contractor (Short Duration)
- Other Category of Individual

Submit the following documents to your CDE Office in the following order via encrypted e-mail:

REQUIRED FOR ALL

- IMCOM Worksheet 30A
- IMCOM Form 30 (For IHCP: 1 per Household)
- DA Release/Consent Form (Unless already on file)
- DA Form 5018-R
- DD 2981 (Upon Release of EXORD)

**MILITARY/CONTRACTORS
(Regular/Recurring)
Additional Requirements**

IMCOM 29 - Residency Information Worksheet *Note: Replaces OFI-86C

**SPECIFIED VOLUNTEERS,
CONTRACTORS (Short
Duration) and OTHERS
Additional Requirements**

IMCOM 28 - Fingerprint Information Worksheet (signed)

NOTE: If this is your first time submitting a WOT through the CDE Office, the following legacy documents must be provided (as applicable): Position Description/Summary of Child Services Duties, Resume/Application, OF 306 (original), Previous PRB Documents (GRESR Printout, Tab A, Tab C, Tab I, 26A, 26B, Other PRB paperwork approved by GC (Tab K)).