## DEPARTMENT OF THE ARMY ORGANIZATION STREET ADDRESS CITY STATE ZIP

**UNIT OFFICE SYMBOL** 

Today's Date

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SUBJECT: USAREC Sole Parent Acknowledgement
1. I, (Rank First Name Last Name) am currently a single parent with a valid Family Care Plan (FCP) in place. I am currently assigned to: (Unit Name, full street address, zip code). The status of my Family Care Plan can be verified with my (Commander or First Sergeant) at ( or (enter CDR or 1SG e-mail address).
2. My long term care giver is <u>_(First and Last name)</u> and resides in <u>_(City, ST)</u> . I am aware I will have to establish a short term care plan for my child(ren) at my new duty station. My family and I understand the mission tempo and demands of USAREC. My family currently consists of myself, and my <u>(enter amount here)</u> child(ren) <u>(enter first names, last names and ages for each child)</u> , and I have <u>(full, partial or joint)</u> custody, with primary physical custody of my child(ren). I understand that my Family Care Plan must remain viable and operational no matter the location to which I am assigned IAW AR 600-20, para 5-5.
3. The point of contact for this memorandum is the undersigned at () or sample.a.soldier.mil@mail.mil.

SAMPLE A. SOLDIER SFC, USA 111ST REC BDE