

### Attachment 14 - AIR FORCE DEPENDENCY POLICY STATEMENT OF UNDERSTANDING

I have been briefed on the Air Force policies concerning family care responsibility and family care responsibility as an AFROTC retention standard. (A family member is any person over whom I have legal or physical custody or control, or who relies primarily upon me for their care, maintenance, or support regardless of age). In particular, I understand the following:

a. **(Non-contract Cadet)** If I am/become unmarried or marry (to include a common-law spouse) a military member, and I have legal or physical custody of any person incapable of self-care, I do not meet Air Force enlistment standards and will not be allowed to contract into AFROTC. No waivers are authorized. If I am married to a civilian spouse and wish to enlist in the pay grade of E-3 or lower and have legal or physical custody of two or more family members incapable of self-care, a waiver may be authorized for enlistment. If a waiver is not granted, I do not meet Air Force enlistment standards and will not be allowed to contract into AFROTC. b. **(Contract Cadet)** If I am unmarried or married (to include a common-law spouse) to a military member (including another contract AFROTC cadet), and become responsible for a family member or family members; or, married to a civilian spouse and enlisted in the pay grade E-3 or lower and have legal or physical custody of two or more family members incapable of self-care (through birth, marriage, court determination of parental or guardianship responsibility, divorce, or other means), I can continue in AFROTC only if granted a waiver by AFROTC/RR. I must create an adequate family care plan in accordance with Air Force Instruction 36-2908. If I am unable or unwilling to create or maintain such a family care plan, I will no longer meet AFROTC retention standards. In such a case, I would then be subject to disenrollment from AFROTC for failure to maintain military retention standards. If I am disenrolled, I will also be subject to recoupment of my scholarship benefits.

#### 1<sup>st</sup> Ind, Application

\_\_\_\_\_  
Cadet Signature / Date

\_\_\_\_\_  
Cadre Signature

#### 2<sup>nd</sup> Ind, Enlistment

\_\_\_\_\_  
Cadet Signature / Date

\_\_\_\_\_  
Cadre Signature

**NOTE: Cadet and detachment representative must sign statement at time of application. Statement must be recertified by the cadet and detachment representative at time of enlistment.**