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Army Regulation 600-75

SK 23 April 1990

Personnel General

Exceptional Family Member Program

Headquarters
Department of the Army
Washington, DC
28 March 1986

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SUMMARY of CHANGE

AR 600-75
Exceptional Family Member Program

This new regulation --

- Outlines the policies and procedures for the Exceptional Family Member Program (EFMP)
- Implements DOD Instruction 1342.12.
- Defines EFMP responsibilities (chap 1).
- Contains key policies governing EFMP implementation (chap 2).
- Outlines EFMP medical and assignment procedures (chap 3).

Headquarters
Department of the Army
Washington, DC
13 December 1989

Immediate Action INTERIM CHANGE

AR 600-75
Interim Change
No. I01
Expires 13 December 1991

Personnel--General

Exceptional Family Member Program

Justification: This interim change includes policy changes to implement DoD Directive 1342.17, Family Policy.

Expiration: This interim change expires 2 years from date of publication. It will be destroyed at that time unless sooner rescinded or superseded by a permanent change or revision.

1. AR 600-75, 28 Mar 86, is superseded as follows:

Page 1. Summary statement is superseded as follows:

This regulation outlines the policies and procedures for the Exceptional Family Member Program (EFMP). It implements DoD Directive 1342.17 and DoD Instruction 1342.12.

Page 3. Paragraph 1-8a is superseded as follows:

a. To the extent permitted by law, formulate DA policy on EFMP using the criteria shown below:

(1) Does the action strengthen or erode the stability of the family and, particularly, the marital commitment?

(2) Does the action strengthen or erode the authority and rights of parents in the education, nurture, and supervision of their children?

(3) Does the action help the family perform its functions or substitute governmental activity for that function?

(4) Does the action increase or decrease family earnings? Do the proposed benefits of the action justify the impact on the family budget?

(5) Can the activity be carried out by a lower level of Government or by the family itself?

(6) What message, intended or otherwise, does the program send to the public concerning the status of the family?

(7) What message does the program send to young people concerning the relationship between their behavior, their personal responsibility, and the norms of our society?

Page 3. The following subparagraphs are added to paragraph 1-8:

i. Ensure that soldiers and their families are informed of the policy in this regulation.

j. Ensure that EFMPs are developed based on installation-specific needs and mission requirements.

k. Ensure that EFMP activities are allocated the resources required to accomplish their mission, as developed by installation commanders in coordination with subclaimants, major Army commands (MACOMs), and Army headquarters.

l. Ensure that EFMP activities collaborate with other military and civilian agencies to maximize use of allocated resources.

m. Visit, monitor, and provide technical assistance to MACOMs and installations to ensure that EFMPs are accessible, effective, and responsive to the needs of soldiers and their families.

n. Ensure that EFMP research and program evaluation are directed toward an increased understanding of--

(1) The relationship between family factors and readiness and retention.

(2) Factors that make a family support system effective and efficient from a command perspective as well as for individuals being served.

(3) The effect of the mobile military lifestyle on soldiers and their families.

(4) Soldiers and their families, i.e., their strengths, needs, and demographic characteristics.

(5) The impact of mobilization on family support systems and its effect on soldiers and their families.

Page 4. First sentence of paragraph 1-15a is superseded as follows:

Manage and supervise the overall operation of MACOM EFMPs to ensure compliance with this regulation and, to the extent permitted by law, the criteria in paragraph 1-8a.

2. Post these changes per DA Pam 310-13.
3. File this interim change in front of the publication.

(CFSC-FSA)

By Order of the Secretary of the Army:

CARL E. VUONO
General, United States Army
Chief of Staff

Official:



MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

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Effective 28 April 1986

Personnel—General

Exceptional Family Member Program

This UPDATE printing publishes a new Army regulation which is effective 28 April 1986.

By Order of the Secretary of the Army:

JOHN A. WICKHAM, JR.
General, United States Army
Chief of Staff

Official:

R. L. DILWORTH
Brigadier General, United States Army
The Adjutant General

Summary. This regulation outlines the policies and procedures for the Exceptional Family Member Program. It implements DOD Instruction 1342.12.

Applicability. This regulation applies to the Active Army, Army National Guard, and U.S. Army Reserve personnel and to Department of the Army civilians. This regulation applies to both active duty and retired military personnel and their families.

Impact on New Manning System. This regulation contains information that affects the New Manning System. It establishes the requirement to carefully consider the availability of facilities to provide care for exceptional family members in the assignment process. It also establishes the policy that regimentally affiliated soldiers may request a change of affiliation if medical or educational services for exceptional family members

are not available in both the continental United States and outside continental United States locations of the regiment.

Internal control systems. This regulation is subject to the requirements of AR 11-2. It contains internal control provisions but does not contain checklists for conducting internal control reviews. These checklists are being developed and will be published at a later date.

Supplementation. Supplementation of this regulation and establishment of forms other than DA forms are prohibited without prior approval from HQDA (DAPE-HRF), WASH DC 20310-0300.

Interim changes. Interim changes to this regulation are *not official unless they are authenticated by The Adjutant General.* Users

will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DACF-FSA), ALEX VA 22331-0521.

Distribution. Distribution of this issue has been made in accordance with DA Form 12-9A-R requirements for 600-series publications. The number of copies distributed to a given subscriber is the number of copies requested in Block 384 or 385 of the subscriber's DA Form 12-9A-R. AR 600-75 distribution is C for Active Army, D for ARNG, and C for USAR.

Contents (Listed by paragraph number)

Chapter 1

Program Management

Section I

General

Purpose • 1-1

References • 1-2

Explanation of abbreviations and terms • 1-3

Statutory and Department of Defense (DOD) requirements • 1-4

Concept • 1-5

Objectives of the Exceptional Family Member Program • 1-6

Section II

Responsibilities

Deputy Chief of Staff for Personnel (DCSPER) • 1-7

Commanding General, U.S. Army Community and Family Support Center (CG, USACFSC) • 1-8

The Surgeon General • 1-9

Assignment authorities • 1-10

Commanding General, U.S. Army Military Personnel Center • 1-11

Chief of Engineers (COE) • 1-12

Commanding General, U.S. Army Health Services Command (CG, USAHSC) • 1-13

Commanders, 7th Medical Command, Europe, and 18th Medical Command, Korea • 1-14

Major Army commanders • 1-15

Installation and activity commanders • 1-16

Exceptional Family Member Program coordinator • 1-17

Medical treatment facility commanders • 1-18

Heads of military personnel offices • 1-19

Heads of civilian personnel offices • 1-20

Chapter 2

Policy

Military personnel • 2-1

Department of the Army civilian employees • 2-2

Medical services • 2-3

Housing • 2-4

Community support services • 2-5

Chapter 3

Procedures

Army Medical Department • 3-1

MILPERCEN assignment system • 3-2

Appendixes

A. References

B. DODDS Regional Offices

C. ACS Instructions for Completing DA Form 5343

*This regulation supersedes AR 614-203, 1 October 1977, and chapter 8 of AR 606-1, 15 May 1983, and rescinds RCS AG-884 (R1).

1 June 1979
28 MARCH 1986 UPDATE • AR 600-75

Contents—Continued

**D. Exceptional Family Member Program
Coding Sheet**

Glossary

Chapter I Program Management

Section I General

1-1. Purpose

This regulation establishes policies, responsibilities, and procedures for the Exceptional Family Member Program (EFMP).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Statutory and Department of Defense (DOD) requirements

a. Public Law 94-142, Education for All Handicapped Children Act of 1975, requires free appropriate public education for all handicapped children, to include special education and certain related services.

b. Public Law 95-561, Defense Dependents Education Act of 1978, requires Department of Defense Dependents Schools (DODDS) to provide programs designed to meet the special needs of handicapped students in locations outside the United States.

c. DOD Instruction 1342.12, Education of Handicapped Children in the DOD Dependents Schools, 17 December 1981, establishes policies and procedures for providing a free appropriate public education to handicapped children receiving or entitled to receive educational instruction from DODDS on a non-tuition paying basis. It also requires the military command responsible for medical care to provide medically related services to handicapped students in DODDS.

1-5. Concept

The EFMP, working in concert with other military and civilian agencies, is designed to provide a comprehensive, multidisciplinary approach for medical, educational, community support, and personnel-type services for families with special needs. Delivery of reimbursable and nonreimbursable services is based on legislative and DOD authority and Army policy. While the legislation and DOD Instruction apply only to handicapped school-age children, the EFMP is designed to include all eligible family members with special needs. Soldiers should enroll in the program regardless of the age of their exceptional family members (EFM). Enrollment in the EFMP will be for 3 years. Revalidation of enrollment procedures are the same as initial entry into the program. Failure to reenroll will inhibit the U.S. Army Military Personnel Center's (MILPERCEN) capability to consider the family member's special needs during the

assignment process and may cause unnecessary disapproval of family travel. Any significant change in the condition or needs of the family member must be reported immediately to the servicing medical treatment facility (MTF) as they occur.

1-6. Objectives of the Exceptional Family Member Program

The objectives of the EFMP are to—

a. Provide certain reimbursable and nonreimbursable Individualized Education Program (IEP) related medical services to handicapped children per DOD Instruction 1342.12 with the same priority as medical care to the active duty soldier.

b. Assess, document, and code the special education and medical needs of eligible family members per AR 40-3 in all locations, and forward these coded needs to Headquarters, Department of the Army (HQDA) for use by MILPERCEN in the military assignment process.

c. Consider the special education and medical needs of the EFM during the assignment process and assign soldiers to an area where the special needs can be accommodated providing there is a valid personnel requirement for the soldier's grade and specialty.

d. Provide a mechanism for Department of the Army (DA) civilians to inform DODDS overseas of the arrival of dependent children with special needs per AR 690-300, chapter 301.

e. Provide the coordination, evaluation, and treatment required for EFMs outside the United States per AR 40-3.

f. Ensure that all eligible family members defined in AR 608-1, paragraph 1-6, receive information and assistance needed to involve them with community support services to meet their needs.

Section II Responsibilities

1-7. Deputy Chief of Staff for Personnel (DCSPER)

The DCSPER is responsible for policy guidance to implement the EFMP.

1-8. Commanding General, U.S. Army Community and Family Support Center (CG, USACFSC)

The CG, USACFSC will perform the following functions for the DCSPER.

a. Develop and implement DA policy on the EFMP.

b. Develop and implement a program evaluation system. This system will do the following:

(1) Assess service effectiveness and efficiency of overall EFMP operations.

(2) Ensure that results of the evaluation process are included in plans for program improvement.

c. Establish and chair a multidisciplinary HQDA EFMP coordinating committee.

Members will include, as a minimum, representatives from Army Community Service (ACS), civilian personnel office (CPO), Office of The Surgeon General (OTSG), MILPERCEN, Office of the Chief of Engineers, and DODDS.

d. Develop and implement a system for gathering, compiling, and coding data on availability of special education and health-related services in military and civilian communities at all assignment locations in the United States in coordination with the Commanding General of MILPERCEN, OTSG, DODDS, and ACS.

e. Direct ACS EFMP points of contact at the major Army command (MACOM) or installation level in gathering data and coding the availability of special education and health-related services in the U.S. military and civilian communities per guidelines established by The Surgeon General (TSG).

f. Sponsor training workshops, publish regulatory guidance and implementing handbooks, and provide consulting services to MACOM and local ACS EFMP staff regarding the data collection process.

g. Develop guidance for family-find activities in coordination with OTSG and DODDS.

h. Approve memorandums of understanding between Army, MACOM staff, and DODDS.

1-9. The Surgeon General

TSG will—

a. Provide technical and professional guidance to DCSPER regarding policy related to all aspects of the Army EFMP.

b. Establish policy for assessing and coding the special education, medical, and IEP related medical needs of family members of active duty Army personnel.

c. Approve the EFMP coding system and establish guidelines for the collection of special education and health-related data in the United States.

d. Provide technical approval and draft changes to DA Form 5291-1-R (Army Exceptional Family Member Program Child Development Questionnaire), DA Form 5291-2-R (Army Exceptional Family Member Program Child Functional Medical Questionnaire), DA Form 5291-3-R (Army Exceptional Family Member Program Adult Functional Medical Questionnaire), DA Form 5291-4-R (Army Exceptional Family Member Program Educational Questionnaire), and DA Form 5510-R (Exceptional Family Member Program Coding Summary).

e. Develop policy regarding the level of general and IEP related medical services to be provided in Army areas of responsibility worldwide consistent with the assignment needs of the Army.

f. Assist USACFSC in developing guidance for family-find activities.

g. Provide a representative to the HQDA EFMP Coordinating Committee.

1-10. Assignment authorities

The Surgeon General, The Judge Advocate General, and the Chief of Chaplains assignment authorities will maintain and use copies of DA Form 5288 (Exceptional Family Member Program Needs Booklet) (RCS MILPC-84) provided by MILPERCEN in assignment considerations for officer personnel under their control.

1-11. Commanding General, U.S. Army Military Personnel Center

The CG, MILPERCEN will—

a. Implement and maintain an automated system for assessing the needs of EFMs in the military personnel assignment process. Results of the automated assessment will be consolidated in a Sponsor's Exceptional Family Member Profile and forwarded to personnel commands (PERSCOMs), MILPOs, and ACS points of contact (United States) for verification of availability of services.

b. Forward a copy of DA Form 5288 received for officer personnel to the respective assignment authorities for use in the assignment process.

c. Provide annual reports of prevalence rates of handicapping conditions among military family members and other reports as required.

d. Recommend and draft changes to DA Form 5288 and DA Form 5343 (Exceptional Family Member Program Resource Booklet) (RCS MILPC-84).

e. Consider, when possible, alternate assignments for soldiers when the following occurs:

(1) Command sponsorship outside the continental United States (OCONUS) is disapproved due to lack of medical services.

(2) They are pending assignment to a continental United States (CONUS) location where care for the EFM is not available.

f. Coordinate with DCSPER, TSG, DODDS, and USACFSC in accomplishing responsibilities in a through e above.

g. Provide a representative to the HQDA EFMP Coordinating Committee.

1-12. Chief of Engineers (COE)

The COE will—

a. Manage and provide staff supervision for family housing operations per AR 210-50.

b. Provide a representative to the HQDA EFMP Coordinating Committee.

1-13. Commanding General, U.S. Army Health Services Command (CG, USAHSC)

The CG, USAHSC will—

a. Identify and initiate changes to appropriate Army Medical Department (AMEDD) training programs to include an orientation to the major elements and the impact of the EFMP. Training program curriculums will include topics on diagnosis and treatment of handicapping conditions

to ensure appropriate levels of quality assurance for family-find activities, EFM evaluation, and management skills.

b. Ensure that the MTF assesses and documents the special education and IEP related medical needs as well as the general medical needs of family members, according to the procedures established in paragraph 3-1.

c. Provide support to ACS in their collection of military and civilian special education and health-related data in the United States.

d. Sponsor training workshops for appropriate health professionals and EFMP personnel regarding administration and implementation of the EFMP.

e. Carry out the responsibilities outlined in paragraph 1-14 as they apply to CONUS, Hawaii, Alaska, and Panama.

1-14. Commanders, 7th Medical Command, Europe, and 18th Medical Command, Korea

These commanders will—

a. Promptly respond to requests from DODDS for evaluations and report results of evaluations to DODDS. Such reports should address the impact of the handicapping condition on the educational performance and recommend related medical services that will permit the child to benefit from special education.

b. Participate with DODDS in Case Study Committee meetings when the provision of IEP related medical services is being discussed for inclusion in the IEP.

c. Provide those medical services stipulated by the IEP for DODDS students outside the United States with the same priority as health care for active duty soldiers.

d. Provide professional technical assistance in coordination with DODDS and ACS in the development and execution of family-find activities.

e. Assess, document, and code the needs of eligible EFMs per AR 40-3 for special education as well as general and IEP related medical services.

f. Forward DA Form 5343 regarding availability of health-related services in Army MTFs outside the United States through HQDA (DASG-DB), 5111 Leesburg Pike, Falls Church, VA 22041-3258, to HQDA (DAPC-EPA-C) ALEX VA 22331-0400, not later than 1 December each year.

g. Make final determination on the availability of medical services to EFMs requesting command sponsorship.

h. Provide medical evaluation and treatment for handicapping conditions of EFMs from birth to 21 years of age, and assistance to adult EFMs in concert with the capabilities of the local medical treatment facility.

i. Establish a system to ensure that U.S. Army Medical Center (MEDCEN) and Medical Department Activity (MEDDAC) EFMP personnel provide training to other MTF personnel to ensure the diagnostic capability and quality assurance of family-find and evaluation activities.

j. Provide orientation training programs for appropriate health professionals in locations outside the United States regarding diagnostic and treatment responsibilities to provide IEP related medical services pursuant to PL 94-142 and DOD Instruction 1342.12.

k. Maintain records on the number of EFMs evaluated, treated, and coded and records sent to MILPERCEN.

l. Designate an EFMP consultant at the command level and a director at MEDCEN and MEDDAC levels to oversee and administer the medically related aspects of the program.

1-15. Major Army commanders

These commanders will—

a. Manage and supervise the overall operation of MACOM EFMPs to ensure compliance with this regulation. Gaining commanders who are responsible for making pinpoint assignments will ensure soldier's EFM needs are considered in the assignment process.

b. Designate the DCSPER/G1/J1 as the EFMP proponent who will designate an EFMP coordinator to coordinate all components of the program at the MACOM level. Normally, the coordinator will be a person in ACS.

c. Support the EFMP in the budget process. Guidance to MACOMs is included in the annual Army guidance for programming, planning, and budgeting. MACOMs should use those documents as their basis for developing and programming efforts that support the improvement in the EFMP. The MACOMs should use the program analysis and resource review process to request resources in support of new requirements or increased levels of support for the existing program within the scope of the annual Army Guidance (Volumes I-IV) and Program and Budget Guidance.

d. Allocate MACOM EFMP resources to installations.

e. Ensure DA civilian employees are able to gain access to information on the availability of services for their EFM in overseas locations, through the local CPO in coordination with DODDS and ACS.

f. Designate an ACS EFMP point of contact for all assignment locations in the United States where active duty permanent party soldiers are assigned. For locations where an ACS center is not present, points of contact may be appointed on a regional or subordinate command level. The list of EFMP points of contact (name, address, and telephone number) must be updated and forwarded to HQDA (DACF-FSA), ALEX VA 22331-0521 not later than 1 January each year.

g. Ensure that ACS EFMP points of contact in the United States provide timely and accurate responses to inquiries from MILPERCEN on the availability of special education and health-related services and actual openings in health-related service programs.

h. Establish controls to ensure that personal information contained in EFMP documentation is properly safeguarded to prevent unauthorized disclosure per AR 340-21.

1-16. Installation and activity commanders

These commanders will—

a. Have overall responsibility for the EFMP per AR 5-3. The installation or community proponent will be the Director of Personnel and Community Activities (DPCA) who will designate an EFMP coordinator to coordinate all components of the EFMP (ACS, MTF, MILPO, CPO, and schools) at the installation and community level. Normally, the coordinator will be a person in ACS. When ACS is not the EFMP coordinator, the DPCA will appoint an ACS representative to the installation EFMP coordinating committee.

b. Ensure that soldiers with exceptional family members are—

(1) Counseled about their responsibilities for the care and welfare of their dependents and availability of services.

(2) Aware that participation in the program will not adversely affect their selection for promotion, schools, or assignment. (Information concerning enrollment or data used in this program will not be made available to selection boards.)

(3) Counseled about the provisions of this regulation.

1-17. Exceptional Family Member Program coordinator

The EFMP coordinator will establish and chair a multidisciplinary EFMP coordinating committee. The committee will meet as directed by the chair. Members will include, as a minimum, representatives from ACS, MTF, military personnel office (MILPO), CPO, and schools. The committee will assist the EFMP coordinator in—

a. Overseeing all activities of EFMP components.

b. Identifying community needs and resource requirements to the installation commander.

c. Monitoring compliance with Public Laws 94-142 and 95-561 and DOD Instruction 1342.12 in overseas areas.

d. Serving as liaison and negotiator between EFMP component activities.

e. Overseeing family-find activities.

1-18. Medical treatment facility commanders

MTF commanders will—

a. Manage and evaluate the medical service aspect of the EFMP in their command.

b. Designate an EFMP director to oversee and administer the medically related aspects of the program at their facility. This individual should be a member of the installation EFMP coordinating committee.

c. Appoint a single appropriate point of contact (Social Services Assistant) who implements the administrative procedures for

evaluation, documentation, and coding as outlined in paragraph 3-1.

d. Provide support to ACS in their efforts to collect military and civilian special education and health-related data through the EFMP director.

e. Encourage soldiers to enroll EFM newly identified by MTF personnel into the EFMP.

f. Refer soldiers with EFMs to ACS for community support assistance.

g. Provide counseling to families with EFMs regarding benefits of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

h. Where a coding team has been located within their command, ensure compliance with paragraph 3-1 regarding composition of the team(s) and procedures for coding the needs of EFMs.

1-19. Heads of military personnel offices

a. Heads of CONUS and OCONUS MILPOs will—

(1) Refer soldiers who have family members with known or suspected special education or medical needs to Army MTFs for evaluation and to ACS for community support assistance. Provide rosters of referred soldiers to the ACS EFMP point of contact and the MTF Social Services Assistant on a weekly basis.

(2) During installation in-processing and out-processing, assist the local MTF in the identification of soldiers who are not already enrolled in the EFMP and who appear to be eligible for the program. This will be accomplished during in-processing as well as during the soldier's reassignment interview when completing the DA Form 5116-R (Overseas Movement of Family Members Checklist) and DA Form 4787 (Reassignment Processing). A copy of DA Form 5116-R for local reproduction purposes can be found in DA PAM 600-8-10. Soldiers responding to questions on DA Forms 5116-R and 4787 indicating they have family members requiring special needs will be instructed to report to the local MTF to have special medical and educational needs assessed and documented.

(3) Provide a representative to the installation EFMP coordinating committee.

b. Heads of OCONUS MILPOs (i.e., 1st PERSCOM and 8th PERSCOM) will—

(1) Coordinate with medical and educational representatives to determine the availability of required services.

(2) Respond to inquiries from MILPERCEN on the availability of required services.

1-20. Heads of civilian personnel offices

Heads of CPOs will—

a. Provide civilian employees all necessary information about the EFMP, furnish DA Form 5291-4-R, and encourage participation when an employee selected for an overseas assignment has an EFM.

b. Provide a representative to the installation EFMP coordinating committee.

Chapter 2 Policy

2-1. Military personnel

a. Assignment policies.

(1) Assignment managers at HQDA will consider the documented special education and medical needs of family members in the assignment of soldiers.

(2) When possible, HQDA assignment managers will assign soldiers to an area where the special needs of their EFMs can be accommodated. Assignments will depend on existence of valid personnel requirements for the soldier's grade, military occupational specialty code/specialty skill identifier, and eligibility for tour. All soldiers will remain eligible for worldwide assignments.

(3) Prior to assignment of a soldier with exceptional family members to a Cohesion, Operational Readiness Training (COHORT) unit, careful consideration should be given to availability of facilities to care for the family members in the CONUS and OCONUS location. COHORT soldiers with exceptional family members should be encouraged to enroll in the EFMP early on. At the time COHORT soldiers apply for overseas movement of family members, EFM considerations and needs should be reflected on their application (DA Forms 4787 and 4787-1, Request for Evaluation of Dependent Medical and Educational Problems). Soldiers with EFMs should not be assigned to a COHORT unit scheduled to deploy to an area where medical or educational services are not available.

(4) Soldiers approved for entry in the program who are affiliated with a regiment where medical or educational services are not available in either the CONUS or OCONUS locations of the regiment, may request a change of affiliation to a regiment stationed where facilities are available. Request for change of affiliation will be submitted on DA Form 4187 (Personnel Action) through command channels to the appropriate career branch at MILPERCEN.

(5) Soldiers who enroll in the EFMP after receipt of HQDA OCONUS assignment instructions need to be aware that enrollment may not affect that assignment. When possible, HQDA assignment managers will consider the EFM special needs and determine the availability of required services. If medical services are not available, the soldier may be required to serve an "all others" tour.

(6) Requests for deletion or deferment or for compassionate reassignment must be processed under AR 614-100, AR 614-101, or AR 614-200. Procedures are in DA Pamphlet 600-8-10. Participation in the EFMP is not the basis for deletion or deferment or a compassionate reassignment.

(7) Requests for a second permanent change of station within the same fiscal year will continue to be processed under AR 614-6 on a case-by-case basis.

b. Command sponsorship.

(1) Soldiers with EFMs who are in receipt of OCONUS assignment instructions and are not enrolled in the program will be required to attach copies of EFMP enrollment questionnaires (DA Form 5291-R series) when applying for command sponsorship.

(2) The Army will not deny command sponsorship due to nonavailability of the special education program required by EFM in the projected assignment location. Every effort will be made to assign the soldier consistent with location of special education capabilities of DODDS.

(3) Command sponsorship can be denied when medical services deemed necessary to the health of the EFM are not available. The major Army medical command has final authority to decide if appropriate services are available in an assignment location.

c. Curtailment of overseas tours. Commanders are cautioned not to authorize curtailment of an overseas tour (see AR 614-30, para 8-3) based solely on lack of medical or educational facilities. Soldiers may request advance return of family members under AR 55-46 and proration of the overseas tour under AR 614-30, table 7-4. Only when the separation of the soldier from the family member will cause an adverse impact on the health of the family member will curtailment be considered. (See AR 614-30, chap 8.)

d. Local transportation of EFM outside the United States.

(1) Travel to and from school, in and around school buildings, and between schools, to include travel needed to permit participation in educational and recreational activities pursuant to an IEP of a handicapped child is the responsibility of DODDS.

(2) Travel from school to the MTF and return for the purpose of obtaining IEP related medical services is the responsibility of the community that provides base operations support to DODDS. Such transportation will not be the responsibility of the MTF, the parent, or DODDS.

e. Transportation and per diem for diagnostic and evaluation purposes. Space-required and space-available tuition free DODDS students who are dependents of active duty members and who are, or may be, considered handicapped under DOD Instruction 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent as prescribed in Joint Travel Regulation (JTR), Volume 2, when competent medical or educational authorities request a diagnosis or evaluation under the provisions in DOD Instruction 1342.12, and travel is necessary in connection with such diagnosis or evaluation. If those authorities request that one or both of the student's

parents or guardian be present, either to participate in the diagnosis or evaluation or to escort the student, transportation expenses and per diem or actual expense allowances, as applicable, are also authorized for the parents or guardian. Transportation and per diem or actual expenses will be in accordance with temporary duty provisions in JTR, Volume 1 or Volume 2 as applicable.

f. Transportation and actual expenses for treatment.

(1) Overseas, the designated AMEDD approving authority may authorize transportation of dependents to the nearest military medical treatment facility capable of providing required medical care when—

(a) The dependent's sponsor is an active duty uniformed member stationed outside the United States and is on active duty for 30 days or more.

(b) The dependent resides with that sponsor and requires medical care that is not available in the locality of the sponsor's duty station.

(2) In such cases, reimbursement is authorized for actual expenses incurred for the dependent's travel between the carrier terminal, treating MTF, and the dependent's temporary place of lodging while undergoing outpatient treatment (JTR, Volume 2, chap 7, M7108.3).

(3) If the dependent is not able to travel unattended, transportation and travel expenses may also be authorized for required non-medical attendants.

(4) When so authorized by the designated overseas AMEDD approving authority, funding for the dependent and his or her attendant's travel will be provided by the appropriate Army Management Structure Cost Code cited in AR 37-100-FY.

g. Travel and per diem for EFM of other than active duty members. Travel and per diem authorization and funding reference for EFM of other than active duty members is provided in paragraph 2-2e.

2-2. Department of the Army civilian employees

a. DA civilians will be offered the opportunity to have information about their EFMs sent to overseas school officials in advance of relocation. Information may be provided on a voluntary basis and will not affect the employee's selection for assignment. Advance information will enhance a smooth transition for the family and help DODDS and the medical department to provide special education and IEP related medical services without delay.

b. DA Form 5291-4-R will be provided to each DA civilian by the local CPO during processing for an overseas assignment. If special education needs exist, the employee should request that a current school official complete and forward the form to the appropriate DODDS regional office listed in appendix B. (See AR 690-300, chap 301, app B, for complete processing instructions for overseas assignments.)

c. Children of DA civilians receiving educational instruction from DODDS on a space-required tuition free basis who have an IEP are eligible to receive those medically related services set forth in the IEP, at no charge, and with the same priority as health care for active duty military members.

d. The Army must charge for medical services rendered to patients who are not otherwise eligible to receive free medical care. Thus, treatment that is not specifically required to develop or implement an IEP under DOD Instruction 1342.12 is chargeable. Medical evaluation of children of DA civilians who are not enrolled in DODDS, is also chargeable. Outpatient medical reimbursement rates cited in AR 40-330 and DA Circular 40-FY-330 will be charged as discussed in AR 40-3.

e. Space-required and space-available tuition free DODDS students, who are or may be considered handicapped under DOD Instruction 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent as prescribed in JTR, Volume 2, for travel by employees on temporary duty when competent medical or educational authorities request a diagnosis or evaluation under the provisions in DOD Instruction 1342.12, and travel is necessary in connection with such diagnosis or evaluation. Such travel and per diem or actual expenses will be borne by the community that provides base operations support to the DODDS in that location. If authorities request that one or both of the student's parents or guardian be present, either to participate in the diagnosis or evaluation or to escort the student, transportation expenses and per diem or actual expense allowances, as applicable, are similarly authorized for the parents or guardian.

2-3. Medical services

a. The AMEDD will provide those medical related services stipulated in an IEP to handicapped children attending DODDS located on or assigned to installations supported by the MTF concerned. In areas where one military department offers primary outpatient services but another operates hospital-based clinics, assignment of the responsibility for IEP related medical services should be resolved through normal in-theater command channels.

b. IEP related medical services provided to children attending DODDS outside the United States will be provided with the same priority as health care for active duty military members. General medical services provided to DODDS students who have an IEP and to other EFMs outside the United States, even though such services may be for handicapped conditions, will be provided according to established priorities for care. In the United States, per AR 40-3, chapter 2, medical services for all EFMs are provided on the same priority as routine medical care; therefore, family members may be required to rely heavily on services provided

by the local civilian community and supported through CHAMPUS.

c. The AMEDD will provide IEP related medical services to tuition-free DODDS students at no cost to the student's family.

d. The Army will charge for the IEP related medical services provided to tuition-paying DODDS students if they are not entitled to free medical care on some other basis. The sponsoring agency or company of such students will be charged for IEP related medical services when sponsorship exists. If there is no such agency or company, the parent of the student will be charged. The appropriate outpatient medical reimbursement rate as established in AR 40-330, DA Circular 40-FY-330, and AR 40-3, chapter 3, will be charged for IEP related diagnostic and treatment services provided to tuition paying DODDS students as indicated below.

(1) A single charge for a total medical evaluation, regardless of length or number of referrals.

(2) A single charge for each day the student receives hospital and/or school-based treatment.

e. The special education and medical needs of family members of active duty sponsors will be assessed, documented, and coded by the AMEDD and forwarded to HQDA as outlined in paragraph 3-1. This process constitutes enrollment of soldiers in the EFMP.

f. The coded needs of military dependents will be updated as often as necessary but not less than every 3 years.

2-4. Housing

a. AR 210-50 provides guidance to accommodate soldiers who have family members in the EFMP. Included are provisions to allow—

(1) Severely mentally or severely physically handicapped members to be assigned an unshared bedroom.

(2) Soldiers to be assigned on-post quarters due to extreme hardship or for compassionate reasons.

(3) Moves from one set of quarters to another for documented medical reasons at Government expense.

(4) Installation commanders to authorize priority assignment to on-post housing in individual hardship cases. This exemption must be approved by the installation commander.

b. Soldiers with EFM's are not normally reserved a specific set of quarters prior to arrival at the installation. However, exceptions to routine housing assignment will be processed upon arrival. To accommodate physically handicapped family members, appropriate modification may be made to dwelling units on a case-by-case basis by the installation commander using BP 1900 funds limited to \$2,000 per unit if facilities are not available to accommodate EFM needs. Projects estimated at equal to or more than \$2,000 will be forwarded to HQDA (DAEN-ZCH), WASH DC 20314-1000 for approval and funding. No

unit will be modified or provided with adaptive equipment prior to known requirements. Once requirements are known, appropriate work will be executed by the most expeditious means possible.

c. Soldiers with unique problems that require special attention should communicate these problems and requirements, with documentation, to the sponsor and gaining commander.

d. Soldiers assigned family housing on installations belonging to another Service or Federal agency will be assigned per the housing regulations of the Service or agency that controls the quarters.

e. DA civilians will not be afforded priority for Army family housing unless otherwise entitled to family housing. Provisions of AR 210-50 regarding housing eligibility apply.

2-5. Community support services

a. Information, referral, and placement.

(1) ACS centers in the United States will maintain directories of military and civilian special education and health-related services in their communities. Health-related data will be collected in the United States through mail survey or in-person interviews by EFMP points of contact at ACS center locations in coordination with medical treatment facility EFMP directors on DA Form 4723-2-R (Health-Related Survey—Individual Facility Report). Definitions in DA Form 4723-2-R must be used in conducting the survey of health-related facilities (excluding residential treatment facilities) located within a 40-mile radius of the installation. Facilities to be surveyed include children's hospitals, psychiatric hospitals, general referral hospitals, rehabilitation centers, and other community programs for children, ages 0-3 and ages 3-5, that are not public school based. Once projected availability of care for the next year is established for anticipated patient load, further surveying is not required.

(2) Civilian special education data for immediate school district jurisdictions will be collected by ACS EFMP points of contact in the United States from existing information data sources.

(3) Each ACS center in the United States will furnish a report of special education and health-related services to their MACOM ACS office on DA Form 5343 not later than 15 November each year. ACS instructions for completing DA Form 5343 are in appendix C. The data collected on DA Form 4723-2-R will be used to complete blocks 3 through 8 on DA Form 5343. Block 9 will be completed from existing special education information data sources. A copy of DA Form 5343 must be kept on file to support MILPERCEN. (See para 3-2.) Copies of DA Form 5343 may be obtained from MACOM ACS offices.

(4) MACOM ACS offices will forward DA Form 5343 for each installation through the MACOM EFMP coordinator and HQDA (DACF-FSA), ALEX VA

22331-0521, to HQDA (DAPC-EPA-C), ALEX VA 22331-0400, not later than 1 December each year.

(5) DA Form 4723-2-R will be reproduced locally on 8½ × 11 inch paper. A copy for reproduction is located at the back of this regulation.

(6) When a soldier is selected for assignment to a particular location, the ACS EFMP point of contact in the United States (includes ACS and non-ACS center locations) will support MILPERCEN as described in paragraph 3-2.

(7) In response to specific requests for assistance, the ACS EFMP point of contact will support eligible family members by informing them of the availability of community support services in the local military and civilian communities.

b. *Advocacy.* ACS will provide eligible family members with information about—

(1) Their rights and responsibilities under local and Federal laws.

(2) The type of community services available to meet their needs and facilitate informational and discussion/support groups.

c. *Family-find activities.* ACS will coordinate on- and off-post family-find publicity and information and referral services for the EFMP Coordinating Committee. DOD schools conduct ongoing activities designed to locate children who might be in need of special education and related services. In many instances, ACS family-find and DODDS child-find activities will be conducted jointly. Family-find information will be disseminated to soldiers and their families in an effort to locate family members who show indications that they might be in need of specialized medical care, therapy, developmental services, or special education. Once located, ACS will refer families to the local MTF or school for screening and evaluation. If there is no MTF, the ACS information and referral file should be used to make appropriate community referrals at no expense to the Government. In OCONUS locations, ACS will report the birth date, sex of child, military service, and projected date of rotation of EFM's from birth to 21 to the local DODDS school.

d. Respite care.

(1) If not available or accessible through military child development services (CDS) (e.g., adult respite care, in-home care, and out-of-home care when CDS does not exist) and civilian resources, ACS will establish and maintain a respite care program for eligible handicapped family members per guidelines in (2) through (7) below. Such a program will provide a temporary rest period for family members responsible for regular care of the handicapped person.

(2) Two levels of care will be available according to the needs of handicapped family members. These are supervision only, and supervision with personal care. Respite care is provided on an hourly, daily, or weekly basis. It may be provided either in the respite care user's home or a caregiver's home approved by ACS.

(3) Dependable, caring individuals motivated by a desire to serve handicapped family members will be recruited from the community. They will be screened, trained, and certified by ACS. Although caregivers are not employees of ACS, they must perform according to the standards established by ACS when providing a respite care service.

(a) Caregivers will be at least 18 years old and in good physical and emotional health.

(b) DA Form 5187-R (Application for Respite Caregivers) and DA Form 5188-R (Medical Report on Applicant for Certification to Provide Care for Handicapped Children or Adults) will be completed and returned to ACS by prospective caregivers within 30 days of initial contact. At least one in-person interview is required. Use sample format for a caregiver screening interview shown at figure 2-1 to record the data. Copies of DA Forms 5187-R and 5188-R are located at the back of this regulation. They will be reproduced locally on 8½- by 11-inch paper.

(c) Information will be obtained from three written references regarding the prospective caregiver's ability to provide care.

(d) If providing out-of-home care for children, caregiver homes will meet requirements for special needs family child care homes in AR 608-10, chapter 6.

(4) Training will be completed per local and State guidelines prior to providing respite care. An orientation respite care course outline is shown in figure 2-2 for use by those ACS centers where guidelines do not exist. Coverage of the subjects in figure 2-2 will ensure uniformity of respite care training throughout ACS. Training will provide the necessary framework of knowledge required for efficient participation in the program. A minimum of 12 hours of instruction and discussion is required for a course certificate.

(5) Respite care users will register for the program by completing DA Form 5189-R (Application for Respite Care for Handicapped Children and Adults) and DA Form 5190-R (Clinician's Information) and returning them to ACS. After the completed forms are returned, the respite care worker will make at least one home visit. Use the sample format for the care user screening interview shown at figure 2-3 to record interview contact. Written notification will then be sent to the applicant confirming eligibility or ineligibility for respite care. Approved respite care users must sign DA Form 5512-R (Respite Care Agreement). In addition, they must have DA Form 5191-R (Information on Handicapped Individual) available for the respite caregiver. Respite care providers should be advised to carry personal liability insurance. (Copies of DA Forms 5189-R, 5190-R, 5191-R, and 5512-R are located at the back of this regulation. They will be reproduced locally on 8½- by 11-inch paper.)

(6) Respite care information will be safeguarded per AR 340-21.

(7) Families and caregivers will set the rate for the care provided. Payment for services will be made directly by the families to the caregivers at the end of each respite period.

e. Provision of recreational and cultural programs.

(1) In the absence of recreational and cultural programs in the military and civilian community, ACS and activities responsible for morale, welfare, and recreation will sponsor programs for eligible handicapped family members. These programs may include sports (basketball, volleyball, soccer, swimming, and bowling), camps, art, music, and dance therapy.

(2) Coordination of activities with local universities, State parks, recreation departments, and other civilian resources is recommended.

f. Provisions of AR 608-1, paragraph 1-6, apply in providing community support services.

Chapter 3 Procedures

3-1. Army Medical Department

The following procedure will be used within the AMEDD to evaluate, document, and code the medical needs of family members suspected of having handicapping conditions and to code their special education needs. Evaluations may be voluntarily requested by military sponsors or they may be referred by the local MILPO as a part of standard in- and out-processing procedures.

a. The EFMP director at the MTF will provide the military sponsor or sponsor's representative with copies of the appropriate medical and educational questionnaires and a DA Form 209 (Delay, Referral, or Follow-Up Notice). The DA Form 209 will be used to notify the soldier of completed enrollment when the DA Form 5288 is processed at MILPERCEN.

(1) The appropriate medical questionnaire should be completed for each family member who is seeking an initial evaluation for a medical, developmental, or handicapping condition.

(a) DA Form 5291-1-R will be completed on all family members under 18 years of age who have not been previously evaluated and require a complete diagnostic evaluation. Those individuals who have been previously evaluated or who are involved in a treatment program do not need to complete DA Form 5291-1-R. DA Form 5291-1-R will be returned to the military sponsor or family member after the evaluation is completed.

(b) DA Form 5291-2-R is for military family members under 18 years of age while 5291-3-R is for all military spouses (regardless of age) and other family members 18 years of age or older. These questionnaires are crucial to the assignment and coding process and must be reviewed in

their entirety by the physician. Special attention should be paid to the physician's comments section, ensuring the attachment of appropriate current evaluations as required in the forms.

(c) Soldiers in receipt of OCONUS assignment instructions who have not had sufficient time to complete enrollment and coding will be provided a copy of the completed DA Forms 5291-2-R, 5291-3-R, and 5291-4-R after they have been completely reviewed by a physician. Questionnaires are to be attached to DA Form 4787 and forwarded to the gaining command. Copies of DA Forms 5291-1-R, 5291-2-R, 5291-3-R and 5291-4-R are located at the back of this regulation. They will be reproduced locally on 8½ by 11 inch paper.

(2) DA Form 5291-4-R must be completed by appropriate school personnel for all students for whom a DA Form 5291-2-R has been completed. The sponsor, or sponsor's spouse, must sign the release statement on the front of the questionnaire and take the questionnaire to the child's school. If the sponsor is in receipt of OCONUS assignment instructions or notification, the sponsor or sponsor's spouse should be encouraged to make an appointment with the appropriate school personnel and have the questionnaire completed and signed during the appointment. During summer when school personnel are not available, the existing IEP may be substituted.

b. The sponsor or the sponsor's representative will be requested to take the following actions:

(1) Make an appointment for the family members for whom the questionnaires are being completed with the appropriate physician or clinic within the MTF. The EFMP Social Services Assistant will assist the family in identifying the appropriate physician or clinic. (If the sponsor is in receipt of OCONUS assignment instructions or notification, priority appointments will be provided within the MTF as necessary.)

(2) Ensure that DA Form 5291-1-R is completed when appropriate and brought to the MTF for use in the initial appointment with the physician. If the sponsor or sponsor's representative questions the appropriateness of a particular question, he or she discusses the question with the evaluating physician.

c. During the initial appointment, the physician managing the assessment of the family member will assure accomplishment of the following:

(1) Review the DA Form 5291-1-R for accuracy, review the health records and attach the appropriate documentation, and complete DA Forms 5291-2-R and 5291-3-R.

(2) Conduct an age appropriate physical examination.

(3) Complete appropriate action indicated below based on the results of the examination.

(a) In the case of a determination that the family member has no unusual medical

or educational requirements for coding under the Army EFMP, the EFMP Social Services Assistant within the MTF should be so notified.

(b) In the case of a determination that the family member has only an educational problem, the physician should so advise the EFMP Social Services Assistant and provide that person with the completed DA Form 5291-4-R so that it can be sent to the appropriate MEDCEN coding team. The Social Services Assistant will also advise the coding team in writing that there are no medical needs.

(c) If the physician can determine the functional needs of the family member without consultation or referral, he or she should complete DA Form 5291-2-R or DA Form 5291-3-R ensuring all pertinent information is provided and forward it along with the completed DA Form 5291-4-R, if appropriate, to the EFMP Social Services Assistant.

(d) If consultations or referrals are required to determine functional needs of the family member, the physician will—

1. Complete an SF 513 (Medical Record Consultation Sheet) and/or a DD Form 2161 (Referral for Civilian Medical Care).

2. Inform the EFMP Social Services Assistant of the expected length of time the consultations or referrals will require based on availability of needed consultants within the immediate community (military and civilian) or the requirement for referral to the appropriate MEDCEN consultant during regional MEDDAC visits.

3. Coordinate accomplishment of necessary consultations.

4. Complete DA Form 5291-2-R or DA Form 5291-3-R and forward the completed DA Form 5291-2-R or DA Form 5291-3-R along with the completed DA Form 5291-4-R, as appropriate, to the EFMP Social Services Assistant.

d. The EFMP Social Services Assistant of the MTF is responsible for—

(1) Establishing control procedures for ensuring completion of all necessary actions throughout the evaluation process. These control procedures include—

(a) Following up on missed appointments.

(b) Monitoring the receipt of results of the initial appointment.

(c) Monitoring completion of evaluations requiring consultations or referrals.

(d) Forwarding completed DA Form 5291-2-R or DA Form 5291-3-R and DA Form 5291-4-R to the appropriate MEDCEN coding team.

(e) Monitoring receipt of a copy of the DA Form 5288 and DA Form 5510-R from the MEDCEN coding teams. (Three weeks from the date the DA Form 5291-2-R or DA Form 5291-3-R and/or DA Form 5291-4-R are forwarded to the MEDCEN coding team is a reasonable time for an explanation of the coded information and a copy of the completed coding forms or signed questionnaires to be received.)

(f) Making an appointment for the sponsor and/or spouse with the appropriate physician to explain the DA Form 5510-R when completed if desired by the sponsor.

(g) Transmitting DA Form 5291-2-R or DA Form 5291-3-R, DA Form 5510-R and DA Form 5288 to the outpatient treatment records section for filing immediately beneath SF 601 (Immunization Record) on the left side of the outpatient treatment record of the EFM. DA Form 5510-R will be locally reproduced on 8½ by 11 inch paper. A copy for local reproduction purposes is located at the back of this regulation.

(2) Informing the local MILPO of the projected time required to evaluate and document the needs of family members of sponsors in receipt of OCONUS assignments.

(3) In cases where the soldier is already on OCONUS orders, providing the MILPO with DA Form 5291-2, DA Form 5291-3, and DA Form 5291-4 for EFMs of soldiers who apply for family travel. Questionnaires will be attached to DA Form 4787 and forwarded to the gaining command.

e. The special education and medical needs of family members will be summarized by the MEDCEN coding team on DA Form 5288 in terms of the EFMP code developed by OTSG in coordination with DODDS. The special education portion of the code is a summary of DA Form 5291-4-R. Coding of the special education and medically related needs of family members will be accomplished only by specially trained EFMP MEDCEN coding teams.

f. A MEDCEN coding team shall consist of a minimum of three members. One member will be selected from each of the following groups:

- (1) Developmental pediatrician.
- (2) Mental health professional.
- (3) Therapist—occupational or physical.

g. MEDCEN coding teams will—

(1) Complete DA Form 5288. Copies of DA Form 5288 have been distributed to the MEDCEN coding teams. Coding decisions will be made with consultation from professionals with specific expertise when deemed necessary.

(2) Forward the original copy of the DA Form 5288 for all family members of an individual sponsor to HQ DA (DAPC-EPA-C), ALEX VA 22331-0400.

(3) Forward one copy of the DA Form 5288 and DA Form 5510-R for all family members of an individual sponsor to the MTF of origin.

(4) Retain one copy of all completed coding forms in the MEDCEN coding team file.

(5) Advise the MTF of origin if the coding suspense will not be met and the reason for needing an extension.

h. All information obtained in evaluating, documenting, and coding EFMs will be accorded strict confidentiality. Release of information regarding EFMs will be in accordance with AR 340-21.

3-2. MILPERCEN assignment system

The following procedures will be used, in considering the documented special education and medical needs of family members during the assignment process:

a. *Nominations to assignments outside the United States*

(1) MILPERCEN will forward the coded EFM needs of the soldier selected for assignment to a particular location to the responsible PERSCOM/MILPO to verify availability of services for the soldier's EFM. The EFM needs will be forwarded using DA Form 5288 or the Sponsor's Exceptional Family Member Profile referred to in paragraph 1-11a.

(2) The overseas gaining command will notify the losing MILPO of family travel decisions. MILPERCEN will be notified by the gaining command of disapproval of family travel decision because of lack of medically related services. The MILPERCEN assignment manager may consider, when possible, alternate assignments for the soldier whose family travel was disapproved. This consideration will be based on the needs of the Army and on the soldier's professional development. Once the assignment location is established, the soldier may not be diverted without prior approval of MILPERCEN.

b. *Nominations to assignments in the United States*

(1) MILPERCEN will forward the coded EFM needs of the soldier selected for assignment to a particular location to the responsible ACS EFMP point of contact to verify availability of services for the soldier's EFM. The EFM needs will be forwarded using DA Form 5288 or the Sponsor's Exceptional Family Member Profile.

(2) The EFMP point of contact at ACS center locations in the United States will—

(a) Verify the availability of special education and health-related services by first identifying required services on the DA Form 5288 or the Sponsor's Exceptional Family Member Profile. In the case of DA Form 5288, the point of contact will review blocks 8, 16, 17, and 18 to identify any requirements for health-related services and blocks 19, 22, and 23 for special education services. With the Sponsor's Exceptional Family Member Profile, the point of contact will review data contained under report date (RDT), Exceptional Family Member Needs Profile, date of birth (DOB), medical requirements, and special education requirements using the Exceptional Family Member Program Coding Sheet in appendix D.

(b) Review on file DA Form 4723-2-R and DA Form 5343 (blocks 3 through 9 only) to determine availability of services to meet required special education and health-related services identified on the DA Form 5288 or the Sponsor's Exceptional Family Member Profile.

(c) Contact telephonically or through in-person interview the health-related facility with the required service to determine if the

service is still available and if an opening will exist upon the family's arrival.

(d) Confirm availability of required special education services only for categories and conditions contained in block 9 of DA Form 5343 using existing information data sources. No actual special education openings can be documented and confirmed to MILPERCEN.

(e) Forward to HQDA (DAPC-EPA-C) by letter, message, or telephone a report of the verification process. Mail letters to HQDA (DAPC-EPA-C), ALEX VA 22331-0400. Send messages to CDRMILPERCEN ALEX VA//DAPC-EPA-C//. Telephone numbers are AUTOVON 221-7730 or Commercial 202-325-7730.

(f) Protect the information contained in DA Form 5288 or Sponsor's Exceptional Family Member Profile per AR 340-21.

(g) Retain DA Form 5288 or Sponsor's Exceptional Family Member Profile in ACS program files per AR 340-18 until—

1. The sponsor arrives at the installation and is linked with required EFM services, or

2. Deletion action is confirmed with the MILPO. When 1 or 2 is accomplished, remove DA Form 5288 or Sponsor's Exceptional Family Member Profile from ACS program files and destroy the document.

(3) The ACS EFMP point of contact at locations where an ACS center is not present will follow procedures in (2) above, except for reviewing on file DA Form 4723-2-R and DA Form 5343. These completed forms will not be available since only ACS center locations use them to report special education and health-related data annually to MILPERCEN. Instead of reviewing existing forms, the point of contact will initiate a survey to determine if required health-related services are available and if there will be actual openings in the programs. The survey will be conducted through mail or in-person interview using DA Form 4723-2-R as a guide. Any required special education services will be confirmed through existing information data sources.

IDENTIFYING INFORMATION

Age, Sex, Race, Occupation, Referral Source

SUMMARY OF CONTACTS

Where, When, Context

BACKGROUND

Born—Where, When

Family Situation—Parents:

Siblings:

Closeness, Location:

Education History:

Employment History:

Marital Status:

Religion:

Health:

Past Criminal Arrests or Convictions:

PRIOR EXPERIENCE (Volunteer, Paid Courses)

PRESENT SITUATION

Employed or In School:

Source of Income:

Motivation:

SELF ASSESSMENT

Strengths:

Weaknesses:

Ability to handle emergencies:

PREFERENCE AND AVAILABILITY

Ages:

Handicapping Conditions:

Day and Hours:

Transportation:

Personal Care:

Subsidized Families:

SUMMARY AND RECOMMENDATIONS:

Figure 2-1. Sample format for a Caregiver screening interview

First Evening (3 hours)

**Purpose of Respite Care
Basic Understanding of Developmental Disabilities
Emotional Aspects of Respite Care
First Aid Course**

Second Evening (3 hours)

**Seizure Disorders
Medication
Special Feeding Problems**

Third Evening (3 hours)

**Behavior Management
Prosthetic Appliances**

Half-day (Morning or afternoon)

Tour multihandicapped public school, vocational training center, or sheltered workshop

Figure 2-2. Sample Respite care course outline

NAME:

ADDRESS:

PHONE:

I. SUMMARY OF CONTACTS

II. PRESENTING REQUEST

III. HOUSEHOLD COMPOSITION

CLIENT:

OTHER FAMILY MEMBERS:

IV. INCOME

V. DESCRIPTION OF DISABILITY

VI. SOCIAL HISTORY

VII. SUMMARY AND RECOMMENDATIONS:

Figure 2-3. Sample format for a Care user screening interview

Appendix A References

Section I Required Publications

- AR 5-3**
Installation Management and Organization. (Cited in para 1-6)
- AR 37-100-FY**
Account/Code Structure. (Cited in para 2-1.)
- AR 40-3**
Medical, Dental, and Veterinary Care. (Cited in paras 1-6, 1-14, 2-2 and 2-3.)
- AR 40-330**
Rate Codes and General Policies for Army Medical Department Activities. (Cited in paras 2-2 and 2-3.)
- AR 55-46**
Travel of Dependents and Accompanied Military and Civilian Personnel To, From, Or Between Oversea Areas. (Cited in para 2-1.)
- AR 210-50**
Family Housing Management. (Cited in paras 1-12 and 2-4.)
- AR 340-18**
The Army Functional Files System. (Cited in para 3-2.)
- AR 340-21**
The Army Privacy Program. (Cited in paras 1-15, 2-5, 3-1, and 3-2.)
- AR 608-1**
Army Community Service Program. (Cited in paras 1-6 and 2-5.)
- AR 608-10**
Child Development Services. (Cited in para 2-5.)
- AR 614-6**
Permanent Change of Station Policy. (Cited in para 2-1.)
- AR 614-30**
Oversea Service. (Cited in para 2-1.)
- AR 614-100**
Officer Assignment Policies, Details, and Transfers. (Cited in para 2-1.)
- AR 614-101**
Officer and Warrant Officer Reassignment Policy. (Cited in para 2-1.)
- AR 614-200**
Selection of Enlisted Soldiers for Training and Assignment. (Cited in para 2-1.)

AR 690-300
Employment. (Cited in paras 1-6 and 2-2.)

Army Guidance (Volumes I-IV)
(Cited in para 1-15.)

Program and Budget Guidance
(Cited in para 1-15.)

DA Circular 40-FY-330
Medical, Dental, and Veterinary Care Rates; Rates for Subsistence; and Crediting Appropriation Reimbursement Accounts. (Cited in paras 2-2 and 2-3.)

DA Pam 600-8-10
Management and Administrative Procedures: Individual Assignment and Reassignment Procedures. (Cited in para 2-1.)

Department of Defense Instruction 1342.12
Education of Handicapped Children in the DOD Dependents Schools. (Cited in paras 1-4, 1-6, 1-14, 1-17, 2-1, and 2-2.)

Joint Travel Regulation.
(Cited in paras 2-1 and 2-2.)

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand the regulation.

AR 40-2
Army Medical Treatment Facilities General Administration.

AR 40-66
Medical Record and Quality Assurance Administration.

AR 612-10
Reassignment Processing and Army Sponsorship (and Orientation) Program.

AR 635-100
Officer Personnel.

AR 635-200
Enlisted Personnel.

Section III Prescribed Forms

DA Form 4723-2-R
Health Related Survey—Individual Facility Report. (Prescribed in para 2-5.)

DA Form 5187-R
Application for Respite Caregivers. (Prescribed in para 2-5.)

DA Form 5188-R
Medical Report on Applicant for Certification to Provide Care for Handicapped Children or Adults. (Prescribed in para 2-5.)

28 MARCH 1986 UPDATE • AR 600-75

DA Form 5189-R
Application for Respite Care for Handicapped Children and Adults. (Prescribed in para 2-5.)

DA Form 5190-R
Clinician's Information. (Prescribed in para 2-5.)

DA Form 5191-R
Information on Handicapped Individual. (Prescribed in para 2-5.)

DA Form 5288
Exceptional Family Member Program Needs Booklet. (Prescribed in paras 1-10, 3-1, and 3-2.)

DA Form 5291-1-R
Army Exceptional Family Member Program Child Development Questionnaire. (Prescribed in para 3-1.)

DA Form 5291-2-R
Army Exceptional Family Member Program Child Functional Medical Questionnaire. (Prescribed in para 3-1.)

DA Form 5291-3-R
Army Exceptional Family Member Program Adult Functional Medical Questionnaire. (Prescribed in para 3-1.)

DA Form 5291-4-R
Army Exceptional Family Member Program Educational Questionnaire. (Prescribed in para 3-1.)

DA Form 5510-R
Exceptional Family Member Program Coding Summary. (Prescribed in para 3-1.)

DA Form 5343
Exceptional Family Member Program Resource Booklet. (Prescribed in para 2-5.)

DA Form 5512-R
Respite Care Agreement. (Prescribed in para 2-5.)

Section IV Referenced Forms

DA Form 209
Delay, Referral, or Follow-Up Notice

DA Form 4187
Personnel Action

DA Form 4787
Reassignment Processing

DA Form 4787-1
Request for Evaluation of Dependent Medical and Educational Problems

DA Form 5116-R
Oversea Movement of Family Members Checklist

DD Form 2161
Referral for Civilian Medical Care

SF 513
Medical Record—Consultation Sheet

SF 601
Health Record—Immunization Record

Appendix B
DODDS Regional Offices

Director, DODDS Headquarters
2461 Eisenhower Avenue
Alexandria, VA 22331-1100

Director of Dependents Schools, Atlantic
Department of Defense
APO New York 09241

Director of Dependents Schools,
Germany Region
Department of Defense
APO New York 09633

Director of Dependents Schools,
Mediterranean
Department of Defense
APO New York 09283

Director of Dependents Schools, Panama
Department of Defense
APO Miami 34002

Director of Dependents Schools, Pacific
Department of Defense
APO Seattle 98772

**Appendix C
ACS Instructions for Completing
DA Form 5343**

**C-1. Block 1, Military Community
Survey Area**

Enter the Military Community Survey Area data code as shown below for the installation completing the report.

Name of Installation	Data code
Fort McClellan, AL	AM
Fort Rucker, AL	AR
Redstone Arsenal, AL	AN
Fort Greely, AK	AG
Fort Richardson, AK	AC
Fort Wainwright, AK	AW
Fort Huachuca, AZ	AH
Yuma Proving Ground, AZ	AY
Pine Bluff Arsenal, AR	AP
Fort Irwin, CA	C1
Fort Ord, CA	CD
Oakland Army Base, CA	CO
Presidio of San Francisco, CA	C5
Sacramento Army Depot, CA	CV
Sharpe Army Depot, CA	CX
Sierra Army Depot, CA	CW
Fitzsimons Army Medical Center, CO	CF
Fort Carson, CO	CC
Walter Reed Army Medical Center, DC	DW
Fort Benning, GA	GB
Fort Gillem, GA	G1
Fort Gordon, GA	GG
Fort McPherson, GA	GM
Fort Stewart, GA	GS
Hunter Army Airfield, GA	GH
Alamogordo Military Reservation, HI	HA
Fort Shafter, HI	HS
Schofield Barracks, HI	HB
Fort Sheridan, IL	IS
Rock Island Arsenal, IL	IR
Savanna Army Depot, IL	ID
U.S. Army St. Louis Area Support Center, IL	IA
Fort Benjamin Harrison, IN	IH
Fort Leavenworth, KS	KL
Fort Riley, KS	KR
Fort Campbell, KY	KC
Fort Knox, KY	KK
Fort Polk, LA	LP
Aberdeen Proving Ground, MD	MP
Fort Detrick, MD	MD
Fort George G. Meade, MD	MM
Fort Ritchie, MD	MR
Fort Devens, MA	MV
Natick Research and Development Center, MA	MN
Selfridge Air National Guard Base, MI	MF
Fort Leonard Wood, MO	MW
Bayonne Military Ocean Terminal, NJ	NO
Fort Dix, NJ	ND
Fort Monmouth, NJ	NM
Armament, Research, and Development Center, NJ	N7
White Sands Missile Range, NM	NW
Fort Drum, NY	NR
Fort Hamilton, NY	NH
Seneca Army Depot, NY	NC

West Point, NY	NI
Fort Bragg, NC	NB
Fort Sill, OK	O5
McAlester Ammunition Plant, OK	OM
Carlisle Barracks, PA	PC
Fort Indiantown Gap, PA	PR
Letterkenny Army Depot, PA	PL
New Cumberland Army Depot, PA	PN
Tobyhanna Army Depot, PA	PT
Fort Jackson, SC	SJ
Fort Bliss, TX	TB
Fort Hood, TX	TH
Fort Sam Houston, TX	TS
Red River Army Depot, TX	TR
Dugway Proving Ground, UT	UP
Tooele Army Depot, UT	UT
Fort Belvoir, VA	VB
Fort Eustis, VA	VE
Fort Lee, VA	VL
Fort Monroe, VA	VM
Fort Myer, VA	VY
Fort Story, VA	VS
Vint Hill Farms Station, VA	VV
Fort Lewis, WA	WL
Fort McCoy, WI	WM

C-2. Block 2, Date Coded

This block is self-explanatory.

**C-3. Blocks 3-5, Health Related
Service Assistance Level Capability**

These blocks are self-explanatory.

**C-4. Blocks 6-7, Home or Near Home
Special Care Health Related
Assistance Level Capability**

These blocks are self-explanatory.

**C-5. Block 8, Health Care Provider
Specialty Capability**

This block is self-explanatory.

**C-6. Block 9, Special Education
Handicapping Category and Condition
Capability**

Use the following definitions of special education placement types and handicapping categories and conditions in completing block 9:

a. Types of special education placement

(1) Special day school. A state or private school that is a separate facility for children with a homogeneous need such as deaf, blind, deaf-blind, serious emotionally disturbed, other health impaired, autistic, or multiple handicapped.

(2) Residential institution. A facility that provides 24-hour care (usually with a medical support component) to exceptional-family members.

(3) Early childhood preschool. A facility providing special education and related services for infants and youngsters.

b. Special education handicapping category and condition

(1) Physical impairment. This group includes individuals exhibiting one or more of the following handicapping conditions: deaf, deaf-blind, hard of hearing, autistic, orthopedically impaired, blind, visually handicapped, other health impaired.

(a) Deaf. A hearing loss or deficit so severe that the person is impaired in processing linguistic information through hearing, with or without amplification, to the extent that his or her educational performance is adversely affected.

(b) Deaf-blind. Concomitant hearing and visual impairment, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for the deaf or the blind.

(c) Hard of hearing. A hearing impairment, whether permanent or fluctuating, that adversely affects a person's educational performance, but that does not constitute deafness.

(d) Autistic. A severe form of mental disorder that exhibits a majority of the following characteristics:

1. Lack of appropriate speech (individuals are nonverbal or echolalic, i.e., parroting phrases spoken to them, but are unable to use them meaningfully in other contexts).

2. Lack of appropriate social behavior (individuals appear to be oblivious to other people's presence or relate to people in a bizarre manner).

3. Apparent sensory deficit (individuals are often incorrectly suspected of being blind or deaf).

4. Lack of appropriate play (young individuals usually ignore toys or interact inappropriately with them).

5. Inappropriate and out of context emotional behavior (individuals may display extreme tantrums, hysterical laughter, or, on the other hand, a virtual absence of emotional response).

6. High rates of stereotyped, repetitive behavior, referred to as self-stimulation (e.g., flapping fingers or rhythmically rocking for hours without pause).

7. Isolated areas of high-level functioning ("splinter skills," especially in the areas of music, number configurations, and manipulation of mechanical instruments).

(e) Orthopedically impaired. A severe orthopedic impairment that adversely affects a person's educational performance. The term includes congenital impairments (such as clubfoot and absence of some member), impairments caused by disease (such as poliomyelitis and bone tuberculosis) and impairments from other causes (such as cerebral palsy, amputations, and fractures or burns causing contractures).

(f) Visually handicapped, blind. A visual acuity lost or deficit so severe that the person is impaired in processing information through sight, with or without any correction, to the extent that his or her educational performance is adversely affected.

(g) Visually handicapped, partially seeing. A visual impairment that adversely affects a person's educational performance, but that does not constitute blindness.

(h) Other health impaired. Limited strength, vitality, or alertness due to chronic

or acute health problems that adversely affect a person's educational performance, including heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle-cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, and diabetes.

c. Speech/language impairment. This group includes individuals exhibiting one or more of the following handicapping conditions that adversely affect their educational performance: voice production disorder, dysfluency, misarticulation, receptive language delay, expressive language delay.

d. Learning impairment. This group includes individuals exhibiting one or more of the following handicapping conditions: generic, mild educational impairment; mentally retarded (mild); mentally retarded (moderate, severe); specific learning disability.

(1) *Moderate/severe mental retardation.* The general intellectual functioning that is significantly subaverage. In addition to this intellectual deficit, these individuals are limited in, but able to acquire some academic material, care for their personal needs, and live independently as adults. This condition is much less identifiable than the more seriously mentally disturbed.

(2) *Specific learning disabilities.* Disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself as an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include people who have learning problems that are primarily the result of visual, hearing, or motor handicaps, mental retardation, emotional disturbance, or environmental, cultural, or economic differences.

e. Seriously emotionally disturbed. A condition that has been confirmed by clinical evaluation and diagnosis and that, over a long period of time and to a marked degree, adversely affects educational performance, and that exhibits one or more of the following characteristics:

(1) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(3) Inappropriate types of behavior under normal circumstances.

(4) A tendency to develop physical symptoms of fear associated with personal or school problems.

(5) A general pervasive mood of unhappiness or depression.

**Appendix D
Exceptional Family Member
Program Coding Sheet**

D-1. Medical requirements

a. Health Related Service Assistance Level Required (HRSALVL-RQRD).

- (1) High Risk Newborn (HRN).
- (2) Delayed Development (DLA).
- (3) Delayed Cognitive Development (DCD).
- (4) Oral Motor Deficit (OMD).
- (5) Compromised Respiratory Function (CRF).
- (6) Restricted Mobility (RM).
- (7) Sensory-Integration Deficit (SI).
- (8) Upper Extremity Deficit (UED).
- (9) Activities of Daily Living (ADL).
- (10) Adaptive Equipment (AE).
- (11) Architectural and Environmental Adaptations (AE-ADAPT).
- (12) Vision (VISION).
- (13) Speech/Language Deficit (SLD).
- (14) Hearing (HEAR).
- (15) Learning Problem (LRNG).
- (16) Behavioral and Emotional Disorders (BEH).
- (17) Drug and Alcohol Use/Abuse/Dependence (DA).
- (18) Medical Social Work (MSW).
- (19) Community Health Nurse (CHN).
- (20) Secondary Functional Disabilities (SEC).

b. Home or Near-Home Special Care Health Related Service Assistance.

- (1) Level Required (HNH-CARE-LVL-RQRD).
- (a) Homemaker Assistance—A.
- (b) Respite Care—B.
- (c) Day Care—C.
- (d) Sheltered Workshops—D.
- (e) Group Home—E.
- (2) Type Required (HNH-CARE-TYPE RQRD).

- (a) For Mentally Handicapped—A.
- (b) For Physically Handicapped—B.
- (c) For Psychiatric Care—C.
- (d) For Delinquency—D.
- (e) For the Blind—E.
- (f) For the Deaf—F.

c. Health Care Provider Specialty Required (HCP-SPEC-RQRD).

- (1) Allergist—1.
- (2) Cardiologist, Pediatric—2.
- (3) Dermatologist—3.
- (4) Endocrinologist—4.
- (5) Endocrinologist, Pediatric—5.
- (6) Gastroenterologist—6.
- (7) Hematologist—7.
- (8) Hematologist, Pediatric—8.
- (9) Immunologist—9.
- (10) Internist—10.
- (11) Maxillofacial Surgical Team—11.
- (12) Nephrologist—12.
- (13) Nephrologist, Pediatric—13.
- (14) Neurologist—14.
- (15) Neurologist, Pediatric—15.
- (16) Nuclear Medicine Physician—16.
- (17) Obstetrician and Gynecologist—17.

- (18) Oncologist—18.
- (19) Oncologist, Pediatric—19.
- (20) Ophthalmologist—20.
- (21) Ophthalmologist, Pediatric—21.
- (22) Otorhinolaryngologist—22.
- (23) Pediatrician—23.
- (24) Developmental Pediatrician—24.
- (25) Psychiatrist—25.
- (26) Child Psychiatrist—26.
- (27) Physical Medicine Physician/Physiatrist—27.
- (28) Physical Medicine Physician/Physiatrist, Pediatric—28.
- (29) Pulmonary Disease Physician—29.
- (30) Rheumatologist—30.
- (31) Cardiac Surgeon—31.
- (32) General Surgeon—32.
- (33) Neurosurgeon—33.
- (34) Orthopedic Surgeon—34.
- (35) Orthopedic Surgeon, Pediatric—35.
- (36) Pediatric Surgeon—36.
- (37) Plastic Surgeon—37.
- (38) Thoracic Surgeon—38.
- (39) Urologist—39.
- (40) Dentist—40.
- (41) Pedodontist—41.
- (42) Oral Surgeon—42.
- (43) Orthodontist—43.
- (44) Psychologist—44.
- (45) Child Psychologist—45.
- (46) Neuropsychologist—46.
- (47) Audiologist—47.
- (48) Physical Therapist—48.
- (49) Physical Therapist, Pediatric—49.
- (50) Occupational Therapist—50.
- (51) Occupational Therapist, Pediatric—51.
- (52) Respiratory Therapist—52.
- (53) Speech/Language Pathologist—53.
- (54) Optometrist—54.
- (55) Developmental Optometrist—55.
- (56) Orthotist—56.
- (57) Dietician-Nutritionist—57.
- (58) Podiatrist—58.

D-2. Special education requirements

a. Special Education Handicapping Condition Category and Condition (SEHC) and (SEHC-CAT).

(1) Physical Impairment (SEHC-CAT-1).

- (a) Deaf—A.
- (b) Deaf-Blind—B.
- (c) Hard of Hearing—C.
- (d) Autistic—D.
- (e) Orthopedically Impaired—E.
- (f) Visually Handicapped, Blind—F.
- (g) Visually Handicapped, Partially—G.
- (h) Other Health Impaired—H.
- (2) Speech/Language Impairment (SEHC-CAT-2).

- (a) Voice Production Disorder—J.
- (b) Dysfluency—K.
- (c) Misarticulation—L.
- (d) Receptive Language Delay—M.
- (e) Expressive Language Delay—N.

(3) Learning Impairment (SEHC-CAT-3).

- (a) Generic, Mild Educational Impairment—P.
- (b) Mild Mental Retardation—Q.

(c) Moderate/Severe Mental Retardation—R.

**(d) Specific Learning Disabilities—S.
(4) Seriously Emotionally Disturbed (SEHC-CAT-4).**

b. Special Education Functional Prerequisite Required (SEFP-RQRD).

- (1) Large Print—A.
- (2) Optical Aids—B.
- (3) Braille Instruction, Beginning—C.
- (4) Braille Instruction, Advanced—D.
- (5) Braille Material—E.
- (6) Talking Books—F.
- (7) Mobility Training—G.
- (8) Support for Independence—H.
- (9) Amplification—J.
- (10) Speech and Language Training—K.
- (11) Total Communications—L.
- (12) Oral Communications—M.
- (13) Environmental Adaptation—N.
- (14) Non-Oral Communication—P.
- (15) Signing—Q.
- (16) Alternatives to Graphomotor—R.
- (17) Special Adaptations—S.

c. Special Education Related Service Required (SP-EDVCSVC-RQRD).

- (1) Occupational Therapy—A.
- (2) Physical Therapy—B.
- (3) Audiology—C.
- (4) Counseling—D.
- (5) Psychological Services, Diagnosis—E.
- (6) Psychological Services, Therapy—F.
- (7) Adaptive Physical Education—G.
- (8) Recreational Services—H.
- (9) Vocational Education—J.
- (10) Cooperative Work Study—K.
- (11) Speech Therapy—L.
- (12) Special Transportation—M.

d. Type of Special Education Placement Required (TYPE-SP-EDUC-PLCMT-RQRD).

- (1) Regular Class with Modification—A.
- (2) 10-20 Percent Special Education—B.
- (3) 21-50 Percent Special Education—C.
- (4) 51-100 Percent Special Education—D.
- (5) Special Day School—E.
- (6) Home/Hospital Type Education—F.
- (7) Residential Institution—G.
- (8) Early Childhood Preschool—H.

e. Exceptional Family Member's Grade Level Appropriate to Chronological Age (EFM-GRD-APPR-CHRON-AGE).

- (1) Preschool—W.
- (2) Kindergarten—0.
- (3) 1st Grade—1.
- (4) 2d Grade—2.
- (5) 3d Grade—3.
- (6) 4th Grade—4.
- (7) 5th Grade—5.
- (8) 6th Grade—6.
- (9) 7th Grade—7.
- (10) 8th Grade—8.
- (11) 9th Grade—9.
- (12) 10th Grade—A.
- (13) 11th Grade—B.
- (14) 12th Grade—C.
- (15) Other—X.

Glossary

Section I Abbreviations

ACS
Army Community Service

AMEDD
Army Medical Department

CDS
Child Development Services

CHAMPUS
Civilian Health and Medical Program of the Uniformed Services

COE
Chief of Engineers

COHORT
Cohesion, Operational Readiness Training

CONUS
continental United States

CPO
civilian personnel office

DA
Department of the Army

DCSPER
Deputy Chief of Staff for Personnel

DOB
date of birth

DOD
Department of Defense

DODDS
Department of Defense Dependents Schools

DPCA
Director of Personnel and Community Activities

EFM
exceptional family member

EFMP
Exceptional Family Member Program

HQDA
Headquarters, Department of the Army

IEP
Individualized Education Program

JTR
Joint Travel Regulation

MACOM
major Army command

MEDCEN
U.S. Army Medical Center

MEDDAC
medical department activity

MILPERCEN
U.S. Army Military Personnel Center

MILPO
military personnel office

MTF
medical treatment facility

OCONUS
outside continental United States

OTSG
Office of the Surgeon General

PERSCOM
personnel command

RDT
report date

TSG
The Surgeon General

USACFSC
U.S. Army Community and Family Support Center

USAHSC
U.S. Army Health Services Command

Section II Terms

Anticipated patient load
Number of patients requiring treatment based on current prevalence rates within a 40-mile radius of the military community.

Case study committee
A multidisciplinary team that is the guiding force behind the provision of appropriate services to handicapped students in DODDS schools.

Exceptional family member
A family member with any physical, emotional, developmental, or intellectual disorder that limits the individual capability to engage in pursuit with peers and requires special treatment, therapy, education, training, or counseling.

Family-find
The on-going process used by the Army to seek and identify families who have family members that might require specialized medical care, therapy, developmental services, or special education. Family-find activities include publicity, identification (screening), referral, and evaluation procedures.

General medical services
Those non-educationally related health services provided to authorized dependents by the military medical department on a space available basis that are determined by

a qualified military medical authority to be beneficial to the overall health of the dependent.

Individualized Education Program

A written statement of the special education and related services for a handicapped child. It is developed by a multidisciplinary team in accordance with this regulation. An IEP must be written for every handicapped student who is receiving special education and related services.

Individualized Education Program related medical services

Educationally related medical services, provided outside of the United States by and at the expense of the military medical departments, which are recommended by qualified military medical authority and then set forth in the student's IEP by the Case Study Committee as being required for the student to benefit from a specially designed instructional program.

Medical center

Facility designated by the Surgeon General, responsible for completing the DA Form 5288 used to report exceptional family member needs to MILPERCEN.

Respite care

A program providing a temporary rest period for family members responsible for regular care of handicapped persons.

Space-available

Pupil accommodations that may be made available in DODDS if the Director, DODDS, or designee, determines that a school operated by DODDS had adequate staff and other resources to permit the enrollment of non-space-required students.

Space-required

Pupil accommodations that must be provided by DODDS.

Special education

Specially designed instruction, at no cost to the child or parent, to meet the unique educational needs of a handicapped child, including education provided in a school, at home, in a hospital or in an institution, physical education programs, and vocational education programs.

Sponsor's Exceptional Family Member Profile

A computer printout that displays data identifying the medical and special education needs of the nominated soldier's family member and projected assignment locations where the special needs can be accommodated.

HEALTH-RELATED SURVEY – INDIVIDUAL FACILITY REPORT

For use of this form, see AR 600-75; the proponent agency is DCSPER.

OMB APPROVED
NO. 0704-0175
Exp date 31 Dec 87

**NOTE: This form will be completed by each individual facility indicating the capability of the facility to provide health-related services. Use typewriter or print legibly in ink.
READ THE DEFINITIONS ATTACHED TO THIS FORM BEFORE MAKING EACH ENTRY.**

SECTION I – GENERAL INFORMATION

1. NAME OF FACILITY		2. ADDRESS			
3. CHIEF ADMINISTRATOR		4. BUSINESS TELEPHONE		5. SERVICE HOURS (Days) (Hours)	6. APPROXIMATE MILES FROM INSTALLATION
7. TYPE OF OWNERSHIP (Indicate the category which best describes the legal ownership of this facility.) (Check one box only)					
<input type="checkbox"/> Local Government		<input type="checkbox"/> Private – for Profit		<input type="checkbox"/> Private – not for profit	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> State Government		<input type="checkbox"/> Federal Government	
8. ACCESSIBILITY					
a. TRANSPORTATION (Check all that applies and fill in blanks)				b. WHEELCHAIR ACCESS (Check all that applies)	
<input type="checkbox"/> On bus line		<input type="checkbox"/> Not on bus line; distance to bus line is _____ blocks		<input type="checkbox"/> Building	
<input type="checkbox"/> Parking available (_____ miles)		<input type="checkbox"/> Parking fee \$ _____		<input type="checkbox"/> Restrooms	
<input type="checkbox"/> Taxi stand at facility		<input type="checkbox"/> Facility operates own transportation system			
9. FEE FOR SERVICE (Check all that applies)					
<input type="checkbox"/> Full Fee		<input type="checkbox"/> No Fee		<input type="checkbox"/> Sliding Scale	
<input type="checkbox"/> Advance Pay		<input type="checkbox"/> Medicaid		<input type="checkbox"/> CHAMPUS	
<input type="checkbox"/> Private Health Insurance				<input type="checkbox"/> Other	
				<input type="checkbox"/> Unrestricted	
				<input type="checkbox"/> Restricted (Specify age group)	

SECTION II – HEALTH-RELATED SERVICE ASSISTANCE LEVEL CAPABILITY

a. In items 1 through 8 below, indicate whether or not your facility has vacancies during the next year for new patients in the category and level applicable to the specified age groups.

LINE	FUNCTIONAL CATEGORIES	LEVEL A		LEVEL B		LEVEL C		LEVEL D		LEVEL E										
		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER								
		YES	NO	YES	NO															
		YES	NO	YES	NO															
1	Oral Motor Deficit																			
2	Compromised Respiratory Function																			
3	Restricted Mobility																			
4	Upper Extremity Deficit																			
5	Activities of Daily Living																			
6	Adaptive Equipment																			
7	Behavioral and Emotional Disorders																			
8	Drug and Alcohol Use/Abuse/Dependence																			

SECTION II - HEALTH-RELATED SERVICE ASSISTANCE LEVEL CAPABILITY (CONTINUED)

b. In items 9 through 20 below indicate whether or not your facility has vacancies during the next year for new patients in the category and level specified below.

LINE	FUNCTIONAL CATEGORIES	LEVEL A		LEVEL B		LEVEL C		LEVEL D			
		YES	NO	YES	NO	YES	NO	YES	NO		
9	High Risk Newborn										
10	Delayed Development										
11	Delayed Cognitive Development										
12	Sensory Integration Deficit										
13	Architectural and Environmental Adaptations										
14	Vision										
15	Speech/Language Deficit										
16	Hearing										
17	Learning Problem										
18	Medical Social Work										
19	Community Health Nurse										
20	Secondary Functional Disabilities										

SECTION III - HOME OR NEAR HOME (EXCLUDING SCHOOL BASED SERVICES) SPECIAL CARE HEALTH-RELATED SERVICE ASSISTANCE LEVEL CAPABILITY

NOTE: Indicate whether or not your facility has vacancies for new patients for each type and level during the next year.

LINE	TYPES OF CARE	LEVELS OF CARE																	
		RESPIRE CARE				DAY CARE				SHELTERED WORKSHOP				GROUP HOME				HOMEMAKER ASSISTANCE	
		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER		YOUTH		OTHER		YES	NO
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO				
21	Mentally Handicapped																		
22	Physically Handicapped																		
23	Psychiatric Care																		
24	Delinquency																		
25	Blind																		
26	Deaf																		

SECTION IV - HEALTH CARE PROVIDER SPECIALTY CAPABILITY

NOTE: Indicate the capability of your facility to provide health-related services in the categories shown below.

LINE	CATEGORY	YES	NO	LINE	CATEGORY	YES	NO	LINE	CATEGORY	YES	NO
27	Allergist			47	Ophthalmologist, pediatric			66	Dentist		
28	Cardiologist, pediatric			48	Otorhinolaryngologist			67	Pedodontist		
29	Dermatologist			49	Pediatrician			68	Oral Surgeon		
30	Endocrinologist			50	Developmental pediatrician			69	Orthodontist		
31	Endocrinologist, pediatric			51	Psychiatrist			70	Psychologist		
32	Gastroenterologist			52	Child Psychiatrist			71	Child psychologist		
33	Hematologist			53	Physical medicine physician/physiatrist			72	Neuropsychologist		
34	Hematologist, pediatric			54	Physical medicine physician/physiatrist, pediatric			73	Audiologist		
35	Immunologist			55	Pulmonary disease physician			74	Physical therapist		
36	Internist			56	Rheumatologist			75	Physical therapist, pediatric		
37	Maxillofacial surgical team			57	Cardiac surgeon			76	Occupational therapist		
38	Nephrologist			58	General surgeon			77	Occupational therapist, pediatric		
39	Nephrologist, pediatric			59	Neurosurgeon			78	Respiratory therapist		
40	Neurologist			60	Orthopedic surgeon			79	Speech/language pathologist		
41	Neurologist, pediatric			61	Orthopedic surgeon, pediatric			80	Optometrist		
42	Nuclear medicine physician			62	Pediatric surgeon			81	Developmental optometrist		
43	Obstetrician and Gynecologist			63	Plastic surgeon			82	Orthotist		
44	Oncologist			64	Thoracic surgeon			83	Dietitian-nutritionist		
45	Oncologist, pediatric			65	Urologist			84	Podiatrist		
46	Ophthalmologist										

TYPED NAME OF INDIVIDUAL COMPLETING REPORT

SIGNATURE

COMMERCIAL TEL. NO.

AUTOVON NO.

**DEFINITIONS OF HEALTH-RELATED SERVICE ASSISTANCE LEVELS
AND
HOME OR NEAR HOME SPECIAL CARE LEVELS
DA FORM 4723-2-R**

● **Levels of Health-Related Service Assistance**

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
1. Oral Motor Deficit <i>(therapy provided by a specially trained occupational therapist (OT), physical therapist (PT) or speech language pathologist (SLP) to improve skills of speaking, sucking, swallowing and eating)</i>				
a. Youth (age 13 & under)	Requires consultation to pediatric PT/OT and/or SLP.	Oral motor skills are not optimal. One session per week of oral motor therapy is required as a short term therapy plan.	Oral motor dyspraxia is significant and prevents normal acquisition of oral motor skills. Requires individual oral motor therapy one to two times per week as a long term therapy plan.	
b. Other (over 13 years of age)	Same level as for children except consultation/therapy provided by adult PT/OT and/or SLP.	Same level as for children except consultation/therapy provided by adult PT/OT and/or SLP.	Same level as for children except consultation/therapy provided by adult PT/OT and/or SLP.	
2. Compromised Respiratory Function				
a. Youth (age 13 & under)	Basic management by pediatrician or internist with patient therapy by physical therapist with routinely available respiratory equipment such as handheld spirometer. (PEDIATRIC TRAINED SPECIALIST)	Must be managed by sub-specialty trained pediatrician/internist. Requires hospital based respiratory therapist and facilities or intensive ventilatory support. (PEDIATRIC TRAINED SPECIALIST)		
b. Other (over 13 years of age)	Basic management by pediatrician or internist with patient therapy by physical therapist with routinely available respiratory equipment such as handheld spirometer. (ADULT TRAINED SPECIALIST)	Must be managed by sub-specialty trained pediatrician/internist. Requires hospital based respiratory therapist and facilities or intensive ventilatory support. (ADULT TRAINED SPECIALIST)		

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
3. Restricted Mobility (<i>musculoskeletal, neuromuscular, or cardiopulmonary conditions effecting bed mobility, transfers, wheelchair management and/or household or community ambulation skills</i>)				
a. Youth (age 13 & under)	Consultation by PT and/or physiatry or periodic monitoring of skills. (PEDIATRIC TRAINED SPECIALIST)	Short term PT 1-2 hours per week with decrease in frequency as mobility skills are mastered. (PEDIATRIC TRAINED SPECIALIST)	Long-term PT 1-2 sessions per week. Periodic consultation with physiatrist. (PEDIATRIC TRAINED SPECIALIST)	Intensive rehabilitation with PT 1-2 sessions per day. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Consultation by PT and/or physiatry or periodic monitoring of skills. (ADULT TRAINED SPECIALIST)	Short term PT 1-2 hours per week with decrease in frequency as mobility skills are mastered. (ADULT TRAINED SPECIALIST)	Long-term PT 1-2 sessions per week. Periodic consultation with physiatrist. (ADULT TRAINED SPECIALIST)	Intensive rehabilitation with PT 1-2 sessions per day. (ADULT TRAINED SPECIALIST)
4. Upper Extremity Deficit (to include decreased range of motion, strength, dexterity, or coordination and/or alterations in tactile or proprioceptive sensation) Ex. burns, orthopedic conditions, peripheral or CNS nerve involvement or dermatologic connective tissue conditions.				
a. Youth (age 13 & under)	Infrequent PT and/or OT consultation to family, patient, and/or school to maintain and/or improve skills. (PEDIATRIC TRAINED SPECIALIST)	Frequent PT and/or OT 1-2 sessions per week with decrease in frequency expected after approximately 6 months or as skills are mastered. (PEDIATRIC TRAINED SPECIALIST)	Ongoing PT and/or OT 1-2 sessions per week to improve or maintain skills on long term basis. May require consultation to other disciplines. (PEDIATRIC TRAINED SPECIALIST)	Ongoing intensive PT and/or OT, requires therapy greater than two sessions per week with consultation to physiatrist. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Infrequent PT and/or OT consultation to family, patient, and/or school to maintain and/or improve skills. (ADULT TRAINED SPECIALIST)	Frequent PT and/or OT 1-2 sessions per week with decrease in frequency expected after approximately 6 months or as skills are mastered. (ADULT TRAINED SPECIALIST)	Ongoing PT and/or OT 1-2 sessions per week to improve or maintain skills on long term basis. May require consultation to other disciplines. (ADULT TRAINED SPECIALIST)	Ongoing intensive PT and/or OT, requires therapy greater than two sessions per week with consultation to physiatrist. (ADULT TRAINED SPECIALIST)

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
5. Activities of Daily Living (includes dressing, bathing, eating, self-care skills, use of communication aids, adaptive skills necessary to function at home, school or work place or pre-vocational training or assessment)				
a. Youth (age 13 & under)	Infrequent consultation by OT to parents, patient, or school. (PEDIATRIC TRAINED SPECIALIST)	Frequent occupational therapy 1-2 sessions per week with decrease expected after 6 months or as skills are mastered. (PEDIATRIC TRAINED SPECIALIST)	Ongoing occupational therapy 1-2 sessions per week as long term plan. (PEDIATRIC TRAINED SPECIALIST)	Ongoing intensive occupational therapy. (greater than 2 sessions per week) (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Infrequent consultation by OT to parents, patient, or school. (ADULT TRAINED SPECIALIST)	Frequent occupational therapy 1-2 sessions per week with decrease expected after 6 months or as skills are mastered. (ADULT TRAINED SPECIALIST)	Ongoing occupational therapy 1-2 sessions per week as long term plan. (ADULT TRAINED SPECIALIST)	Ongoing intensive occupational therapy (greater than 2 sessions per week) (ADULT TRAINED SPECIALIST)
6. Adaptive Equipment				
a. Youth (age 13 & under)	Requires adaptive equipment devices readily available through MTF or local community. PT and OT counseling on use but no individual modification of device is needed. Ex: walkers, grab bars. (PEDIATRIC TRAINED SPECIALIST)	Requires adaptive equipment not routinely available but can be ordered by staff at MTF. Requires periodic adjustment or individual adaptation. Requires PT, OT, brace shop, orthopedic surgeon and /or physiatrist to monitor progress. Ex: resting/protective hand splints, functional and self-care aids requiring individual modification, spinal bracing, ankle-foot orthoses. (PEDIATRIC TRAINED SPECIALIST)	Requires specially designed and fitted equipment with special fabrication skills needed. Provision for close monitoring by physiatrist, orthopedic surgeon, OT, PT, and/or brace shop may be needed. May require OT and PT initially to use equipment. Ex: serial splinting, serial casting, knee-ankle-foot orthoses, prosthetics. (PEDIATRIC TRAINED SPECIALIST)	Requires or will require complete evaluation for adaptive equipment by physiatrist, OT, PT and/or orthopedic surgeon. Ex: newborn with limb deficiency, ambulatory preteen patient with muscular dystrophy. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 13 years of age)	Requires adaptive equipment devices readily available through MTF or local community. PT and OT counseling on use but no individual modification of device is needed. Ex: walkers, grab bars. (ADULT TRAINED SPECIALIST)	Requires adaptive equipment not routinely available but can be ordered by staff at MTF. Requires periodic adjustment or individual adaptation. Requires PT, OT, brace shop, orthopedic surgeon and/or physiatrist to monitor progress. Ex: resting/protective hand splints, functional and self-care aids requiring individual modification, spinal bracing, ankle-foot orthoses. (ADULT TRAINED SPECIALIST)	Requires specially designed and fitted equipment with special fabrication skills needed. Provision for close monitoring by physiatrist, orthopedic surgeon, OT, PT, and/or brace shop may be needed. May require OT and PT initially to use equipment. Ex: serial splinting, serial casting, knee-ankle-foot orthoses, prosthetics. (ADULT TRAINED SPECIALIST)	Requires or will require complete evaluation for adaptive equipment by physiatrist, OT, PT and/or orthopedic surgeon. Ex: newborn with limb deficiency, ambulatory preteen with muscular dystrophy. (ADULT TRAINED SPECIALIST)

	LEVEL A	LEVEL B	LEVEL C	LEVEL D	LEVEL E
7. Behavioral and Emotional Disorders (including but not limited to anxiety, attention deficit, functional encoyresis or enuresis, oppositional and conduct disorders, stereotyped movement disorders, phobic disorders, affective disorders, pervasive developmental disorders, and psychosocial causes for failure-to-thrive or developmental delay)					
a. Youth (age 18 & under)	Primary care physician can manage alone or with occasional consultation to a child guidance team (child psychiatrist, child psychologist, and child and family social worker, with consultation capability to occupational therapy, speech therapy, and developmental pediatrics).	Evaluation and management is needed by a child guidance team for short term therapy with referral back to the primary physician for continued monitoring.	Long term outpatient management by the child guidance team. No hospitalization is anticipated.	Short term inpatient milieu management is anticipated or may be required.	A residential treatment program or long term inpatient care is anticipated or required
b. Other (over 18 years of age)	Primary care physician can manage alone or with occasional consultation to an adult mental health service.	Evaluation and management is needed by an adult mental health service for short term therapy with referral back to the primary physician for continued monitoring.	Long term outpatient management by an adult mental health service. No hospitalization is anticipated.	Short term inpatient milieu management is anticipated or may be required.	A residential treatment program or long term inpatient care is anticipated or required

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
8. Drug and Alcohol Use/ Abuse/Dependence				
a. Youth (age 18 & under)	Concern or suspicion expressed by family, school, or neighborhood. Requires limited short term consultation with age appropriate psychologist or psychiatrist. (PEDIATRIC TRAINED SPECIALIST)	Confirmed use exists. Requires exam by primary care provider followed by evaluation by age appropriate psychiatrist or psychologist, and three to six months individual and family therapy. (PEDIATRIC TRAINED SPECIALIST)	Serious abuse pattern exists, or dependence. Requires exam by primary care provider, evaluation by age appropriate psychiatrist and consideration of hospitalization for controlled intervention. Must then proceed with several months individual and family therapy. (PEDIATRIC TRAINED SPECIALIST)	Very serious repetitive problems exist, refractory to therapy. Requires consultation with age appropriate psychiatrist and consideration of removal from home and placement in mid to long term residential rehabilitation facility or enrollment in very intense outpatient individual and family community program. (PEDIATRIC TRAINED SPECIALIST)
b. Other (over 18 years of age)	Concern or suspicion expressed by family, school, or neighborhood. Requires limited short term consultation with age appropriate psychologist or psychiatrist. (ADULT TRAINED SPECIALIST)	Confirmed use exists. Requires exam by primary care provider followed by evaluation by age appropriate psychiatrist or psychologist, and three to six months individual and family therapy. (ADULT TRAINED SPECIALIST)	Serious abuse pattern exists, or dependence. Requires exam by primary care provider, evaluation by age appropriate psychiatrist and consideration of hospitalization for controlled intervention. Must then proceed with several months individual and family therapy. (ADULT TRAINED SPECIALIST)	Very serious repetitive problems exist, refractory to therapy. Requires consultation with age appropriate psychiatrist and consideration of removal from home and placement in mid to long term residential rehabilitation facility or enrollment in very intense outpatient individual and family community program. (ADULT TRAINED SPECIALIST)
9. High Risk Newborn (0-18 months)	Follow-up by the neonatologist, general practitioner with special attention to possible developmental problems. Consultation with pediatric physical therapist (PT)* and/or developmental pediatrician at six month intervals.	Follow-up by pediatric PT* and developmental pediatrician at regular intervals (every 2-4 months) during the first 18 months of life. Consultation to audiologist/speech language pathologist (SLP) and child resource team as needed.	Follow-up by pediatric PT* and developmental pediatrician at frequent intervals (every month) during the first 18 months of life. Consultation to audiologist/SLP and child resource team as needed.	An abnormality of movement or tone exists. Pediatric PT* is indicated once or twice a week. Follow-up by developmental pediatrician, audiologist, SLP and/or child resource team will be frequent.
10. Delayed Development	Suspicion or at risk for developmental delay. Requires a 3-6 month evaluation by a pediatrician.	Developmental delay has been diagnosed with early cognitive enrichment recommended (public school or community based). Follow-up by pediatrician, pediatric PT/OT, audiologist/SLP and optometrist with annual review by child resource team.	Developmental delay diagnosed. Follow-up by pediatric PT/OT at regular intervals (every four months or less). Child resource team required (every four months or less).	Requires cognitive enrichment and pediatric PT/OT services. Requires integrated program where the PT/OT works with the preschool special education teacher and the parents.
11. Delayed Cognitive Development (over 6 years of age)	Can be followed by primary care physician with occasional consultation to general pediatrician or family practitioner.	Requires frequent follow-up by pediatrician or family practitioner for social, psychological, school and family issues.	Requires primary care by full child resource team.	Requires residential care.

* If pediatric PT is not available, management may be provided by a pediatric OT.

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
12. Sensory-Integration Deficit (<i>deficit in the way sensations are coordinated, filtered, and interpreted in relationship to an individual's need to perceive and act in response to the human and non-human environment</i>)	Requires pediatric OT consultation to the teacher, weekly group OT, or a monitored home program.	Requires individual pediatric OT one-two hours per week.	Requires individual pediatric OT greater than two hours per week.	
13. Architectural and Environmental Adaptations	Due to decrease in endurance, strength, bilateral coordination or unilateral deficits, requires adaptations such as limited steps, grab bars, adjusted door handles, phone and water fountains at appropriate height, elimination of heavy doors at work, home, and school. Ex: those patients with hemiplegia, bilateral upper extremity involvement, decreased endurance secondary to respiratory or cardiac conditions.	Predominantly or completely wheelchair dependent. Must have complete wheelchair access to home, school and work environment.	Requires environmental adaptations for the blind.	Requires environmental adaptations for the deaf.
14. Vision	Requires routine eye examination for glasses and ocular health for an annual basis.	Requires evaluation for low vision aid or medically indicated contact lenses.	Requires 1-2 times per year evaluation for eye tracking, focussing, binocular or developmental vision difficulty by optometrist.	Requires special care for optometric or ophthalmologic needs.
15. Speech/Language Deficit	Initial management by SLP on a weekly basis with therapy likely to be short term.	Requires regular therapy on a weekly basis as a long term therapy plan.	Requires a program to facilitate functional communication.	
16. Hearing	Requires continued audiometric monitoring	Requires evaluation, fitting, habilitation/rehabilitation with hearing aid(s).	Residential program for the deaf.	
17. Learning Problem	An educational diagnostic team (<i>including reading specialist, speech and language specialist, curriculum specialist, school psychologist, school social worker, and special education teacher</i>) is needed for initial evaluation and re-evaluation at a minimum of every three years.	An educational team (<i>including school psychologist, school social worker, and special education teacher</i>) is needed to define special classroom techniques, teaching modifications, and special equipment needs for educational advancement.	An educationally oriented vocational rehabilitation program is needed for a mentally, emotionally and/or physically handicapped individual. This includes both evaluation and program monitoring that may interface with hospital based resources.	In addition to educational diagnostic team, requires child psychiatrist or a medically based clinical psychologist for evaluation/re-evaluation. This category includes preschool children with complex handicapping conditions, or school aged children or adults who have significant medical or neurological disease, or in whom there is a large emotional component to performance problems at school/home/work.

	LEVEL A	LEVEL B	LEVEL C	LEVEL D
18. Medical Social Work	Can be managed by primary care provider with occasional referral to social work.	Services of social worker will be necessary on a regular basis.	Intensive social work intervention is likely.	Anticipate involvement with civil authorities (ex: delinquency).
19. Community Health Nurse	Infrequent visits (1 per month or less).	Visits from 1-4 times per month.	More than weekly visits to home, hospital, school, or work place.	
20. Secondary Functional Disabilities (secondary to other chronic medical conditions such as asthma, diabetes, cystic fibrosis, juvenile rheumatoid arthritis, heart disease, etc.) <u>Use this category for disabilities not covered previously</u>	Can be managed by a primary care provider.	Requires close proximity to a community hospital.	Requires care of specialists normally found at medical centers.	Requires frequent use of resources of a major medical center.

● Levels of Home or Near Home Special Care Health-Related Service Assistance

Respite Care

- a. Youth (age 18 & under) A program which locates and pays for trained "respite workers" who can competently care for a handicapped patient so that the family can have a few hours or days break in caring for the patient. Respite care may take place in the home of the patient or in the home of the respite worker.
- b. Other (over 18 years of age)

Day Care

- a. Youth (age 13 & under) Sometimes also known as day treatment, a program whereby a patient can spend his/her days in a supervised environment and return to his/her own home at night. Often some medical, physical, or occupational treatment or counseling is available
- b. Other (over 13 years of age)

Sheltered Workshop

- a. Youth (age 18 & under) A program which provides supervised jobs for handicapped individuals.
- b. Other (over 18 years of age)

Group Home

- a. Youth (age 18 & under) A day and night facility for patients with similar disabilities.
- b. Other (over 18 years of age)

Homemaker Assistance

A program in which a trained homemaker comes to the client's home and teaches and assists in menu preparation, shopping, housekeeping, cooking, laundry, etc.

APPLICATION FOR RESPITE CAREGIVERS

(For use of this form, see AR 600-7B; the proponent agency is DCSPER.)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 5, United States Code, Section 551
PRINCIPAL PURPOSE: To recruit and select respite care givers.
ROUTINE USES: To determine the prospective respite care givers ability to care for handicapped individuals.
DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite caregiver's application.

NAME	BIRTHDATE
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MAIDEN NAME (Applicant or spouse)	SPOUSE'S NAME
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ADDRESS (Street, city and state) (Include ZIP Code)	TELEPHONE NO. HOME: OFFICE:	SOCIAL SECURITY NO.
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BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH HANDICAPPED CHILDREN OR ADULTS.

AVAILABILITY FOR PROVIDING CARE

DAYS YES NO
 EVENINGS YES NO
 WEEKENDS YES NO
 OVERNIGHT WEEKDAYS YES NO
 OVERNIGHT WEEKENDS YES NO

WILL PROVIDE CARE

IN HOME OF CLIENT
 IN MY OWN HOME
 NO PREFERENCE

DO YOU HAVE OWN TRANSPORTATION <input type="checkbox"/> YES <input type="checkbox"/> NO	AGE GROUP PREFERENCE
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EDUCATION (High school, college, graduate studies, other)

NAME AND ADDRESS OF SCHOOL	DATES ATTENDED	MAJOR	DEGREE

EMPLOYMENT (Present, and last three years)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED	POSITION

REFERENCES (List three, other than relative. Example: Pastor, supervisor, co-worker)

NAME AND ADDRESS (Give complete mailing address) (Include ZIP Code)	OCCUPATION

I hereby certify that all statements in this application are true to the best of my knowledge and belief.

SIGNATURE	DATE
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**MEDICAL REPORT ON APPLICANT FOR CERTIFICATION TO PROVIDE
CARE FOR HANDICAPPED CHILDREN OR ADULTS**

For use of this form, see AR 600-76; the proponent agency is DCSPER.

NAME

DATE

FOR EXAMINING PHYSICIAN

Application is being made to obtain certification to care for handicapped children or adults in their homes. We need to know if applicant has any health problems and the extent and significance of such problems insofar as they may affect applicant's ability to provide care to unrelated children or adults. This information is for confidential use.

CHECK APPROPRIATE BOXES AND EXPLAIN "NO" ANSWERS IN SPACE BELOW

1. IS THE APPLICANT FREE FROM ACUTE OR CHRONIC DISEASE THAT MIGHT AFFECT THE HEALTH OR DEVELOPMENT OF CHILDREN OR ADULTS UNDER CARE? YES NO

2. IN YOUR OPINION, IS THE APPLICANT FREE FROM ANY NERVOUS OR EMOTIONAL DISORDER THAT WOULD AFFECT THE WELL BEING OF THE INDIVIDUALS CARED FOR? YES NO

3. DO YOU BELIEVE THE APPLICANT IS PHYSICALLY AND EMOTIONALLY CAPABLE OF CARING FOR MENTALLY RETARDED AND/OR PHYSICALLY HANDICAPPED CHILDREN AND ADULTS? YES NO

A CHEST X-RAY OR TUBERCULIN TEST IS REQUIRED. IF EITHER TEST HAS BEEN DONE THROUGH YOUR OFFICE WITHIN THE LAST THREE MONTHS WOULD YOU INDICATE THE DATE GIVEN AND RESULT (POSITIVE, OR NEGATIVE)

CHEST X-RAY

TUBERCULIN TEST

DATE:

RESULT:

DATE:

RESULT:

TYPED NAME AND ADDRESS OF PHYSICIAN

SIGNATURE

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

I agree to the release of medical information to the ACS Respite Care Program.

SIGNATURE (Applicant)

DATE

APPLICATION FOR RESPITE CARE FOR HANDICAPPED CHILDREN AND ADULTS

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, United States Code, Section 301.
PRINCIPAL PURPOSE: To identify specific handicap of individual requiring respite care.
ROUTINE USES: To identify specific problems that handicapped individual is experiencing and to determine type of care needed.
DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

IDENTIFYING AND RESOURCE INFORMATION

NAME (Handicapped person) (Last, first, MI)		NAME (Parent, guardian, or responsible family member)	
BIRTHDATE	ADDRESS (Include ZIP Code)	TELEPHONE NUMBERS	
		HOME	FATHER (work)
		MOTHER (work)	
EMERGENCY CONTACT (Relative, friend, etc.) (Name, address and telephone number)			

IF THIS EMERGENCY CONTACT IS NOT AVAILABLE TO SUBSTITUTE FOR THE CAREGIVER IN AN EMERGENCY, PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON WHO HAS AGREED TO BE AVAILABLE AND TO ACCEPT RESPONSIBILITY FOR THE HANDICAPPED PERSON IN THE EVENT YOU CANNOT BE REACHED.

LIST OTHER HOUSEHOLD MEMBERS

NAME	BIRTHDATE

PHYSICIAN (Name, address and telephone no.)	DENTIST (Name, address and telephone no.)
PREFERRED HOSPITAL (Name and address)	REGULAR PROGRAM ATTENDED BY INDIVIDUAL (School, sheltered work, etc.)

DESCRIPTIVE INFORMATION (Handicapped Individual)

DESCRIBE INDIVIDUAL'S HANDICAPPING CONDITION(S)

DESCRIBE ANY CHRONIC MEDICAL PROBLEMS A CAREGIVER SHOULD BE AWARE OF

LIST ANY ALLERGIES

IS THERE A HISTORY OF SEIZURES (If yes, what kind and how often)

DESCRIBE ANY SPECIAL EQUIPMENT THE INDIVIDUAL USES (Braces, wheelchair, etc.)

INDIVIDUAL'S HEIGHT

WEIGHT

INDICATE THE EXTENT TO WHICH THE INDIVIDUAL CAN DO ANY OF THE FOLLOWING

USE TOILET

STAND

TRANSFER INDEPENDENTLY

WALK

TALK

FEED SELF

CLIMB STAIRS

BATHE SELF

DRINK FROM A GLASS

SIT UP ALONE

DRESS SELF

UNDERSTAND WORDS

INSTRUCTIONS FOR CARE AND/OR SUPERVISION

LIST ANY MEDICATION GIVEN REGULARLY AND THE PURPOSE FOR WHICH IT IS USED

DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING SPECIFIC MEDICAL CONDITIONS (Seizures, allergies, etc.)

DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING BODILY FUNCTIONS (Toileting, transferring, mobility, feeding, etc.)

DESCRIBE WHEN AND HOW SPECIAL EQUIPMENT IS USED

DESCRIBE SPECIAL DIET REQUIREMENTS AND MEALTIME INSTRUCTIONS

DESCRIBE SLEEPING HABITS AND BEDTIME INSTRUCTIONS

DESCRIBE SPECIAL BEHAVIORAL PROBLEMS AND METHOD OF HANDLING

DESCRIBE THE EXTENT OF SUPERVISION THE INDIVIDUAL NEEDS

DESCRIBE FAVORITE RECREATIONAL ACTIVITIES

LIST ANY OTHER INSTRUCTIONS OR COMMENTS NOT DESCRIBED ABOVE

PREFERENCE FOR LOCATION OF RESPITE CARE

INDICATE WHICH OF THE FOLLOWING LOCATIONS YOU PREFER FOR RESPITE CARE IF A CHOICE IS AVAILABLE

YOUR HOME

HOME OF THE CAREGIVER

NO PREFERENCE

CLINICIAN'S INFORMATION

For use of this form, see AR 600-75; the proponent agency is DCSPER.

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

I agree to the release of medical information to the ACS Respite Care Program.

(Date)

(Signature of Patient or responsible parent)

FOR CLINICIAN

Application is being made to the ACS Respite Care Program to receive respite care services. Respite care is temporary relief care given by caregivers, trained and certified by ACS to help handicapped children and adults, many of whom are developmentally disabled in order to provide a respite period for family members responsible for their regular care. Respite care can vary in length from a few hours to a week or more. The program provides two levels of respite care: supervision only and personal care.

We need to know, therefore, the level of care the applicant requires and any relevant information about medical conditions and special care instructions. Would you please provide the answers to the questions on this form and give explanations when indicated. This information is for confidential use.

NAME (PATIENT)

BIRTHDAY

ADDRESS

IF APPLICANT REQUIRES ANY PERSONAL CARE, EXPLAIN HOW CARE IS NEEDED.

BATHING

SKIN AND HAIR CARE

SHAVING

FEEDING

TRANSFERRING

LIFTING

ASSISTIVE DEVICES

TOILETING

ADMINISTRATION OF MEDICATION

EXERCISING

MONITORING OF BODY FUNCTIONS

OTHER

IF APPLICANT REQUIRES SUPERVISION WHEN PERFORMING CERTAIN FUNCTION FOR HIMSELF/HERSELF, EXPLAIN SUPERVISION NEEDED.

BATHING AND BODY CARE

TOILETING

MOBILITY

USE OF MEDICATIONS

USE OF ASSISTIVE DEVICES

MENTAL FUNCTIONS *(Including capacity for sound judgment)*

NUTRITIONAL NEEDS

OTHER

IF THERE IS ANY RELEVANT INFORMATION NOT DESCRIBED ABOVE THAT THE CAREGIVER SHOULD BE AWARE OF, PLEASE EXPLAIN.

MEDICAL CONDITIONS

MEDICATIONS

SPECIAL DIETS

SPECIAL CARE

OTHER

PHYSICIAN *(Name, address and telephone number) (Type or print)*

DATE

SIGNATURE

INFORMATION ON HANDICAPPED INDIVIDUAL

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC, Section 551.
PRINCIPAL PURPOSE: To identify specific needs of handicapped individual requiring respite care.
ROUTINE USES: To provide information regarding handicapped individual to caregiver.
DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

NAME (Handicapped Person) (Last, First, MI) _____ **NAME (Parent, or person completing this form)** _____

ADDRESS (Include ZIP Code) _____ **TELEPHONE NUMBERS**
 HOME _____ FATHER (work) _____
 MOTHER (work) _____

NAMES AND AGES OF CHILDREN IN HOME		AGE OF HANDICAPPED
NAME	AGE	
		WEIGHT

PERSONS TO CONTACT IN CASE OF AN EMERGENCY

NAME, ADDRESS AND TELEPHONE NUMBER	NAME, ADDRESS AND TELEPHONE NUMBER

GIVE BRIEF DESCRIPTION OF INDIVIDUAL'S HANDICAPPING CONDITION(S)

IS SPECIAL EQUIPMENT USED (Braces, wheelchairs, etc.) YES NO **IF SPECIAL EQUIPMENT IS USED, WHEN AND HOW USED**

DOES INDIVIDUAL (Check appropriate boxes)

STAND YES NO BATHE SELF YES NO WALK YES NO

SIT UP ALONE YES NO DRINK FROM A GLASS YES NO

FEED SELF YES NO TALK YES NO UNDERSTAND WORDS YES NO

MEALTIME (Please describe your typical menu for a full day)

BREAKFAST	LUNCH	DINNER

SPECIAL MEALTIME OR DIET INSTRUCTIONS

SNACKS (List, if any)

BEDTIME

WHEN DOES HE/SHE GO TO BED _____ **WHEN DOES HE/SHE TAKE NAPS** _____

SLEEPING OR BEDTIME HABITS CAREGIVER SHOULD KNOW ABOUT

DAILY ACTIVITIES

DESCRIBE A TYPICAL DAY'S SCHEDULE

PROGRAM (If in a regular program, list name, i.e. school, work, etc. and address)

TELEPHONE NO.	TRANSPORTATION PICK-UP TIME	RETURN TIME	DAYS AND TIME (List days of the week and times of program)

FAVORITE RECREATIONAL OR PLAY ACTIVITIES

MEDICAL INFORMATION

LIST ALL MEDICATION GIVEN REGULARLY	LIST ANY ALLERGIES

IS THERE A HISTORY OF SEIZURES (If yes, what kind and how often do they occur)

YES NO

WHAT DO YOU DO WHEN SEIZURES OCCUR

LIST ANY CHRONIC MEDICAL PROBLEMS OR INSTRUCTIONS THE CAREGIVER SHOULD BE AWARE OF

PHYSICIAN (Name and telephone no.)	DENTIST (Name and telephone no.)

PREFERRED HOSPITAL (Name and Address)	HOSPITAL INSURANCE (Name of company)

SPECIAL INSTRUCTIONS FOR OTHER FAMILY MEMBERS IN CAREGIVER'S CHARGE

IMPORTANT: (BE SURE TO PROVIDE THIS INFORMATION FOR THE CAREGIVER EACH TIME YOU GO OUT)

I/WE CAN BE REACHED AT THE FOLLOWING

LOCATION	DATE AND TIME	TELEPHONE NO.

It is very important that the caregiver have your permission to seek medical help if needed. Please update or rewrite the permission form each time a new caregiver is in charge.

(Caregiver's name)

is in full charge of _____

during my absence. I give the caregiver permission to request or approve any medical attention needed by the above named individual(s), and to administer medications according to my written instructions. He/she will not be held responsible or liable in any way for any accident or illness that may occur.

(Date)

(Signature of Parent or Guardian)

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM CHILD DEVELOPMENT QUESTIONNAIRE

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552a)

- AUTHORITY:** PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DOODS*), 17 December 1981; 10 USC 3012; 20 USC 921-932 and 1401 et seq.
- PRINCIPAL PURPOSES:** To obtain family information needed to evaluate and document the needs of family members for special education and/or health related services. This will permit consideration of the special education and health related needs of family members in the personnel assignment process.
- ROUTINE USES:**
- (1) Information will be used by personnel of the Army Medical Department (AMEDD) to evaluate and document the health related needs of family members and to document the special education needs of school age family members. The documented needs will then be coded by specially trained AMEDD medical center personnel on optical scanning coding forms. The coding forms will then be forwarded to HQDA for entry into a family member needs data bank. This will enable assignment managers to match the coded needs of a soldier's family member against a resource data bank which includes the availability of special education and health related services by assignment location, worldwide. The family member needs data bank will also be used to compute the prevalence rates of handicapping conditions and the resulting needs for services among military families so that the provision of needed services can be programmed in assignment locations. Only the coded needs of family members will be forwarded to HQDA. The questionnaires will be maintained in the medical records of family members. The EFMP Child Development Questionnaire will be returned to the sponsor or family member rather than retained in the medical record of the family member.
 - (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.
- DISCLOSURE:** The provision of requested information is voluntary. Failure to respond will preclude processing of an application for an OCONUS command sponsorship. Proper medical evaluation of family members cannot be made without completion of these forms. In addition, failure to participate will preclude the AMEDD from developing statistics on the prevalence rates of handicapping conditions and programming increased resources to provide needed services overseas.
-

RELEASE OF INFORMATION

I release the information on this questionnaire and in the attached reports to the Army Medical Department for the purpose of evaluating my child's need for special medical, psychological, or educational services. Upon completion of the evaluation, the questionnaire will be returned to me.

(Year/Month/Date)

(Signature of sponsor or sponsor's spouse)

Feel free to use the back of the pages or add additional paper if enough space is not provided for your answer. The questionnaire is a long, tedious one that may well require reviewing baby books or speaking to your doctor or relatives. If you are unable to answer a question please mark "UNKNOWN" in the blank provided. If you question the appropriateness of a particular question, you may withhold entering the response and discuss the question and response, as necessary, with the evaluating physician.

Part 1. Demographic Data

(Year/Month/Date)

Source of referral _____

Form completed by _____

Child's name _____ Date of birth _____ Age _____
(Year/Month/Date)

Natural/Adopted/Stepchild (circle one)

Sponsor's name _____ Age _____

Sponsor's social security number _____

Sponsor's grade _____ Sponsor's branch or MOS _____

Home address _____

Phone (home/duty) _____

Father's name _____ Age _____

Ethnic background _____ Religion _____

Mother's name _____ Age _____

Ethnic background _____ Religion _____

Current marital status of child's parents (circle one)

Married Divorced Separated Single parent Living together

Date of marriage _____ Date of divorce/separation _____
(Year/Month/Date)

With whom does the child live? (Both parents, father, mother, stepmother, foster parents, etc.)

If mother works, who cares for the child?

Part II. Pregnancy History

(Year/Month/Date)

A. Pregnancies:

- 1. Did you at any time have problems getting pregnant? Yes () No ()
- 2. Did you use any form of contraception? Yes () No ()
- 3. Was this a planned pregnancy? Yes () No ()
- 4. Explanation if desired of above: _____

5. List all pregnancies (including the child being evaluated, deceased children or miscarriages in order of occurrence).

No.	Child's full name	Age	Health or development problem
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

(Use an additional sheet if more space is needed.)

B. Prenatal History:

The following questions refer to the pregnancy with the child who is being evaluated.

- 1. Did you have any problems getting pregnant with this child? _____
- 2. During which month did you start prenatal care? _____
- 3. Where? _____
- 4. Weight before pregnancy: _____ Weight at delivery: _____
- 5. Medications: _____

- a. Did you take vitamins and iron tablets during pregnancy? Yes () No ()
- b. Did you take any other medicine during pregnancy? Yes () No ()

c. If answer to b is yes, please indicate below the name of the medicine, when you took it and for how long. Examples: Aspirin, aspirin equivalent, pain medicine, cold tablets, cough medicine, steroids, hormones, antibiotics, antihistamines, anticonvulsants, tranquilizers, sedatives, stimulants, hallucinogens, narcotics, stomach medicine, asthma medicine, water pills, medicine for diabetes. (Other medicines.)

- d. Did you smoke cigarettes during pregnancy? Yes () No ()
If yes, how many cigarettes per day _____ ?
- e. Did you drink alcohol during pregnancy? Yes () No ()
If yes, how many drinks per day or week _____ ?
- f. Did you smoke marijuana during the pregnancy? Yes () No ()

6. When did you first feel the baby move? _____

Circle the word that describes the movement. Strong Mild Weak

7. Did you have or did any of the following occur during this pregnancy? Please circle.

Fever; viral infections; morning sickness; vaginal bleeding; swelling; high blood pressure; toxemia; urinary or kidney infections; sugar or protein in urine; threatened miscarriage; special diet; diabetes; heart problems; asthma; convulsions or seizures; German measles (*rubella*); amniocentesis; Rh factor problem; X-rays; surgical procedures; accidents; worries; concerns or problem;

Other: _____

8. How long was your labor? _____

9. How was your child delivered?

10. Were there any problems with delivery? If yes, explain:

Part III. Infant's condition at birth and in nursery:

Birth Weight: _____ Length: _____ Head Circumference _____

Apgar scores: _____

- | | | |
|--------------------------|---------|--------|
| Breathe immediately | Yes () | No () |
| Cried immediately | Yes () | No () |
| Resuscitation required | Yes () | No () |
| Required oxygen at birth | Yes () | No () |
| Was blue | Yes () | No () |
| Was jaundiced (yellow) | Yes () | No () |
| Had seizures/convulsions | Yes () | No () |
| Had infection | Yes () | No () |
| Had a skin rash | Yes () | No () |
| Had a bleeding problem | Yes () | No () |
| Had low blood sugars | Yes () | No () |

Procedures or treatments that your child may have had:

- | | | |
|-------------------|---------|--------|
| Fluids by needle | Yes () | No () |
| Transfusions | Yes () | No () |
| Feeding by a tube | Yes () | No () |
| Incubator | Yes () | No () |
| Oxygen therapy | Yes () | No () |
| Breathing machine | Yes () | No () |

Special lights for jaundice (*yellowness*)Yes () No ()
 Chest tube.....Yes () No ()
 Treatment with antibiotics for infectionYes () No ()

Part IV. Nutritional History of Child

Breast fedYes () No ()
 How long? _____
 Formula fedYes () No ()
 How long? _____
 Any problem with chewing, swallowing, choking or feeding.....Yes () No ()
 Food allergiesYes () No ()
 ColicYes () No ()
 Growth problemsYes () No ()
 How much did your child weigh at 1 year of age? _____

Part V. Medical History

A. If your child has had any serious or significant medical illnesses or problems please so indicate by circling the appropriate condition(s):

Frequent ear infections; frequent ear fluid; frequent colds; frequent sore throats or tonsillitis; pneumonia; bronchitis; chronic cough; asthma; chronic diarrhea; fevers; chronic skin problems; frequent episodes of vomiting/diarrhea; meningitis; encephalitis; seizures/convulsions; strange spells; fainting; dizziness; weakness; paralysis; tingling in hands/feet; tremors; headaches; breath-holding spells; poisonings; loss of consciousness; head trauma; accidents; limp; unusual walk; awkwardness; drooling; joint problems; arthritis; muscle problems; low blood count/anemia; frequent nosebleeds; excessive bleeding; eye problems; hearing problems; dental problems; lymph gland problems; eating of non-food items; constipation; slow weight gain; severe reaction to: medicine, injections, immunizations; allergies; heart disease; kidney disease; thyroid disease; genital problems; German (3-day rubella) measles; hard or red (7-day rubella) measles; baby (roseola) measles; whooping cough; scarlet fever; chickenpox; mumps.

B. Explain any of the above or other conditions not mentioned.

C. Is your child on any medication? Yes () No ()

If yes, please name _____

Part VI. Early Childhood Behavior Profile: (1st 2 years of life)

Please evaluate your child in reference to these behaviors on a scale of 1-5; 1 being no problem, 3 being average, and 5 being a severe problem. Circle the appropriate number.

- | | | | | | |
|---|---|---|---|---|---|
| 1. Feeding difficulties | 1 | 2 | 3 | 4 | 5 |
| 2. Sleeping difficulties | 1 | 2 | 3 | 4 | 5 |
| 3. Rhythmic behavior (head-banging, body-rocking) | 1 | 2 | 3 | 4 | 5 |
| 4. Hard to comfort or console | 1 | 2 | 3 | 4 | 5 |
| 5. Floppiness | 1 | 2 | 3 | 4 | 5 |
| 6. Cried often and easily | 1 | 2 | 3 | 4 | 5 |
| 7. Not affectionate | 1 | 2 | 3 | 4 | 5 |
| 8. Poor eye contact | 1 | 2 | 3 | 4 | 5 |

Part VII. Present Child Behavior Profile

A. Please evaluate your child in reference to these behaviors on a scale of 1-5; 1 being never, 3 being average, and 5 being always; gauge your child along the frequency/severity scale and circle the appropriate number.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Angers easily | 1 | 2 | 3 | 4 | 5 |
| 2. Sensitive | 1 | 2 | 3 | 4 | 5 |
| 3. Seems confused | 1 | 2 | 3 | 4 | 5 |
| 4. Strikes out | 1 | 2 | 3 | 4 | 5 |
| 5. Sleeps poorly | 1 | 2 | 3 | 4 | 5 |
| 6. Usually tired | 1 | 2 | 3 | 4 | 5 |
| 7. Demands attention | 1 | 2 | 3 | 4 | 5 |
| 8. Dislikes groups | 1 | 2 | 3 | 4 | 5 |
| 9. Has frequent stomach aches | 1 | 2 | 3 | 4 | 5 |
| 10. Too neat | 1 | 2 | 3 | 4 | 5 |
| 11. Cruel to animals | 1 | 2 | 3 | 4 | 5 |
| 12. Sad | 1 | 2 | 3 | 4 | 5 |
| 13. Says he is worthless or no good | 1 | 2 | 3 | 4 | 5 |
| 14. Soils underwear (bowel movement accidents) | 1 | 2 | 3 | 4 | 5 |
| 15. Sucks thumb or objects | 1 | 2 | 3 | 4 | 5 |
| 16. Frequently has physical complaints | 1 | 2 | 3 | 4 | 5 |
| 17. Overreacts | 1 | 2 | 3 | 4 | 5 |
| 18. Refuses to obey | 1 | 2 | 3 | 4 | 5 |
| 19. Tells lies | 1 | 2 | 3 | 4 | 5 |
| 20. Shows unusual interest in fires | 1 | 2 | 3 | 4 | 5 |
| 21. Demands his or her own way | 1 | 2 | 3 | 4 | 5 |
| 22. Shy | 1 | 2 | 3 | 4 | 5 |
| 23. Reacts strangely to affection | 1 | 2 | 3 | 4 | 5 |
| 24. Temper tantrums | 1 | 2 | 3 | 4 | 5 |
| 25. Cheats in games | 1 | 2 | 3 | 4 | 5 |
| 26. Can't tolerate changing routine | 1 | 2 | 3 | 4 | 5 |
| 27. Mean or nasty | 1 | 2 | 3 | 4 | 5 |
| 28. Daydreams | 1 | 2 | 3 | 4 | 5 |
| 29. Nervous | 1 | 2 | 3 | 4 | 5 |
| 30. Is a "loner" | 1 | 2 | 3 | 4 | 5 |
| 31. Lacks motivation | 1 | 2 | 3 | 4 | 5 |
| 32. Moody | 1 | 2 | 3 | 4 | 5 |
| 33. Uses peculiar speech | 1 | 2 | 3 | 4 | 5 |
| 34. Steals | 1 | 2 | 3 | 4 | 5 |
| 35. Cries easily | 1 | 2 | 3 | 4 | 5 |
| 36. Unusual fears or nightmares | 1 | 2 | 3 | 4 | 5 |

37. Often has headaches	1	2	3	4	5
38. Destructive	1	2	3	4	5
39. Difficulty making or keeping friends.	1	2	3	4	5
40. Wets the bed or pants often.	1	2	3	4	5
41. A bully	1	2	3	4	5
42. Likes to act like children of opposite sex	1	2	3	4	5
43. A worrier.	1	2	3	4	5
44. Uses foul language.	1	2	3	4	5
45. Lacks self-confidence	1	2	3	4	5
46. Is not liked by other children	1	2	3	4	5
47. Acts more like an adult than a child	1	2	3	4	5
48. Stutters or stammers	1	2	3	4	5
49. Has nervous habits (twitches, nail-biting)	1	2	3	4	5
50. Gets in trouble with neighbors	1	2	3	4	5

VIII. Developmental Profile

a. Please note the age at which child first did each of the following. Please try to be as accurate as possible.

1. Smiled responsively _____
2. Sat up without help _____
3. Crawled _____
4. Walked alone (10-15 steps) _____
5. Ran and climbed _____
6. Rode a tricycle _____
7. Hopped on one foot _____
8. Skipped _____
9. Could catch a big ball _____
10. Used fingers to feed self _____
11. Drank from a cup _____
12. Used spoon _____
13. Could scribble _____
14. Could wash and dry hands _____
15. Was bowel trained _____
16. Was bladder trained _____
17. Could dress self _____
18. Could tie shoelaces _____
19. Could separate from mother easily _____
20. Spoke first words _____
21. Put words together _____
22. Spoke in 2 or 3 word sentences _____
23. Spoke clearly _____
24. Knew whether boy or girl _____
25. Knew first and last names _____
26. Could recognize 3 or 4 colors _____
27. Counted to five _____
28. Recited alphabet _____
29. Could recognize road signs _____
30. First began reading words _____

X. Skill Profile

Please evaluate your child in reference to these skills on a scale of 1-5, 1 being excellent, 3 being average, and 5 being poor.

1. Balancing	1	2	3	4	5
2. Ball throwing	1	2	3	4	5
3. Running	1	2	3	4	5
4. Playing sports	1	2	3	4	5
5. Using a pencil, crayon	1	2	3	4	5
6. Tying shoelaces	1	2	3	4	5
7. Dressing and undressing unassisted	1	2	3	4	5
8. Model building	1	2	3	4	5
9. Puzzles	1	2	3	4	5
10. Understanding spoken instructions	1	2	3	4	5
11. Telling a story	1	2	3	4	5
12. Remembering spoken instructions	1	2	3	4	5
13. Remembering numbers	1	2	3	4	5
14. Remembering familiar places	1	2	3	4	5
15. Pronouncing words	1	2	3	4	5
16. Reading	1	2	3	4	5
17. Spelling	1	2	3	4	5
18. Math	1	2	3	4	5
19. Telling time	1	2	3	4	5
20. Counting money	1	2	3	4	5
21. Telling left from right	1	2	3	4	5
22. Remembering things in the right order	1	2	3	4	5
23. Neatness of school work	1	2	3	4	5
24. Spacing and size of letters	1	2	3	4	5
25. Finding the right words for things	1	2	3	4	5

XI. Family and School or Educational History

A. Please indicate with Xs on the chart below anyone in the family who has had any of the indicated problems.

<u>Family history</u>	<u>Child's Mother</u>	<u>Child's Mother</u>	<u>Child's Brother(s)</u>	<u>Child's Sister(s)</u>	<u>Other (Specify)</u>
Hyperactive as a child	_____	_____	_____	_____	_____
Trouble learning to read	_____	_____	_____	_____	_____
Trouble with arithmetic	_____	_____	_____	_____	_____
Trouble with spelling	_____	_____	_____	_____	_____
Behavior problems in childhood	_____	_____	_____	_____	_____
In trouble as a teenager	_____	_____	_____	_____	_____
Kept back in school	_____	_____	_____	_____	_____
Difficulty with coordination	_____	_____	_____	_____	_____
Difficulty with penmanship	_____	_____	_____	_____	_____
Difficulty with right and left	_____	_____	_____	_____	_____
Speech problems	_____	_____	_____	_____	_____

Explain if desired: _____

B. Parents educational and occupational history:

1. Father:

a. School level completed _____

b. Present occupation _____

2. Mother:

a. School level completed _____

b. Present occupation _____

XII. Family Medical History

A. Please indicate on the chart below family members who have had any of the identified conditions. If relative with condition is deceased, please indicate so.

CONDITION	YES	NO	IN WHOM
1. Mental Disorders			
2. Mental Retardation			
3. Birth Defects			
4. Seizures/Convulsions			
5. Tuberculosis			
6. Muscle Diseases			
7. Neurological Disease			
8. Diabetes			
9. Cancer			
10. Glandular Disorders			
11. Thyroid Disorders			
12. Kidney Disorders			
13. Visual Problems			
14. Hearing Problems			
15. Genetic Diseases			

B. Explain any of the above conditions:

C. Are the parents of this child blood-related?

Yes () No ()

XIII. Child's School History

A. List previous schools and dates that child attended:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

B. Has child ever repeated a grade?

Yes () No ()

If yes, explain _____

C. Is or has the child been in special education?

Yes () No ()

(If yes, the Army EFMP Educational Questionnaire should be completed by the appropriate school personnel.)

D. If your child has problems with school, describe how the teachers have characterized your child's problems _____

E. Identify the areas that you consider a problem:

- | | | |
|--|---------|--------|
| 1. Clumsy or uncoordinated | Yes () | No () |
| 2. Math problems | Yes () | No () |
| 3. Reading problems | Yes () | No () |
| 4. Spelling problems | Yes () | No () |
| 5. Writing problems | Yes () | No () |
| 6. Memory problems | Yes () | No () |
| 7. Speech problems | Yes () | No () |
| 8. Emotional problems | Yes () | No () |
| 9. Behavioral problems | Yes () | No () |
| 10. Specific classroom or teacher problems | Yes () | No () |

F. Present school (name) _____

Address _____

Phone No. (include area code): _____

Principal: _____

Homeroom teacher: _____

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM CHILD FUNCTIONAL MEDICAL QUESTIONNAIRE

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552a)

AUTHORITY: PL 94-142 (Education for All Handicapped Children Act of 1975); PL 95-561 (Defense Dependents' Education Act of 1978); DODI 1342-12 (Education of Handicapped Children in DOODS), 17 December 1981; 10 USC 3012; 20 USC 921-932 and 1401 et seq.

PRINCIPAL PURPOSES: To obtain family information needed to evaluate and document the needs of family members for special education and/or health related services. This will permit consideration of the special education and health related needs of family members in the personnel assignment process.

ROUTINE USES: (1) Information will be used by personnel of the Army Medical Department (AMEDD) to evaluate and document the health related needs of family members and to document the special education needs of school age family members. The documented needs will then be coded by specially trained AMEDD medical center personnel on optical scanning coding forms. The coding forms will then be forwarded to HQDA for entry into a family member needs data bank. This will enable assignment managers to match the coded needs of a soldier's family member against a resource data bank which includes the availability of special education and health related services by assignment location, worldwide. The family member needs data bank will also be used to compute the prevalence rates of handicapping conditions and the resulting needs for services among military families so that the provision of needed services can be programmed in assignment locations. Only the coded needs of family members will be forwarded to HQDA. The questionnaires will be maintained in the medical records of family members. The EFMP Child Development Questionnaire will be returned to the sponsor or family member rather than retained in the medical record of the family member. (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE: The provision of requested information is voluntary. Failure to respond will preclude processing of an application for an OCONUS command sponsorship. Proper medical evaluation of family members cannot be made without completion of these forms. In addition, failure to participate will preclude the AMEDD from developing statistics on the prevalence rates of handicapping conditions and programming increased resources to provide needed services overseas.

RELEASE OF INFORMATION

I release the information on this questionnaire and in the attached reports to the Army Medical Department for the purpose of evaluating my family member's need for special medical, psychological, or educational services, and recommending my next assignment appropriately.

(Date) _____ (Signature of sponsor or sponsor's spouse) _____

If you question the appropriateness of a particular question, you may withhold entering the response and discuss the question and response, as necessary, with the evaluating physician.

Sponsor's Name (Last) _____ (First) _____ (MI) _____

Sponsor's Rank _____ Branch/MOS _____ SSN _____

Sponsor's Address (Home) _____ (Duty) _____

Sponsor's duty phone _____ Home Phone _____

Sponsor's military personnel classification officer _____

Warrant Officer _____ Enlisted _____

Family member's name _____ Sex _____

Family member's date of birth (Year/Month/Date) _____

Family member's address _____

Family member's prefix _____ (The first two digits preceding the sponsor's SSN on the medical card which identify the family member's relationship to the sponsor, as per AR 40-66, chapter 4).

Relationship to the sponsor _____

1. List all the current medical and/or psychological diagnoses for this family member. Please be as precise as possible in medical terminology.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

2. List all the hospital admissions for medical, psychiatric, surgical, or social reasons.

Approximate date	Reason
------------------	--------

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

3. What hospitalization or specialized day treatment programs are planned or likely?

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4. What services is the family member or the whole family currently receiving?

Sessions		Health related service
Per week	Per month	
		Speech therapy.
		Program for functional communication including signing.
		Program for functional communication including augmentative speech devices.
		Program for the visually impaired.
		Visual therapy for eye coordination problems.
		Program for early cognitive enrichment (sometimes called "Infant Stimulation" or "Portage Project").
		Oral motor therapy (sometimes called pre-speech and feeding therapy).
		Pediatric physical therapy.
		Adult oriented physical therapy.
		Occupational therapy for self care skills.
		Occupational therapy for children with difficulty in school or with learning disabilities.
		Occupational therapy for hand or arm injury or disease.
		Respiratory therapy by a hospital based respiratory therapist.
		Individual counseling or therapy.
		Family therapy.
		Group therapy.
		Child oriented parent counseling.
		Homemaking and parenting skills classes.
		Parent classes for:
		Other:
		Other:

7. If your family member is under 2 years of age, please describe any problems during the pregnancy, labor, delivery, or with child's health in the nursery:

CIRCLE THE APPROPRIATE ANSWER

8. YES NO Have you considered residential treatment for your family member?

- YES NO Has been in residential treatment in the past.
YES NO Is in residential treatment now.
YES NO We foresee a need for residential treatment at some point in the future, approximately _____ years from now.

If yes to any of the above, describe the care needed:

9. YES NO Is there any area where your family member needs help and for which he or she has not been evaluated? Please explain:

10. YES NO Is there any area where your family member needs more help than he or she is currently getting? Please explain:

11. YES NO Any vision problems? Please explain:

12. YES NO Any hearing problems? Please explain:

13. YES NO Is your family member on a special diet? If so, what is it and do you need a dietitian to help you with it?

14. YES NO Does your family member need help or special equipment for bladder or bowel function? Please explain:

15. YES NO Is a health nurse involved in your family member's care? Please explain:

16. YES NO Do you use respite care for your family member?

17. YES NO Does a homemaker or home health aide come to your home?

18. YES NO Has your family member had a recent psychological or psychiatric evaluation? If yes, attach a copy or summary.

19. YES NO If a child, does your child have learning problems in school? Please explain:

20. YES NO Does your family member have a behavior problem or a mental health problem? If yes, what is it and what is being done about it?

21. YES NO Has your family member been involved with the school or civil authorities for delinquency or misbehavior at school? Please explain:

22. YES NO Is a social worker involved with your family? How?

23. YES NO Does your family member require further evaluation or treatment by a social psychologist, clinical psychologist, or psychiatrist? Please explain:

24. YES NO Are there any family problems such as drug use or alcoholism that you would like to talk to a counselor about?

25. YES NO My family member has more difficulty than most people his or her age with the following activities: (circle which pertain)

- a. Unusually sensitive to touch or tickling.
- b. Reverses letters, numbers.
- c. Confuses left and right.
- d. Has difficulty with balance.
- e. Is easily distracted.
- f. Lacks coordination with hands.
- g. Lacks coordination with big muscles (*running*).

26. YES NO Has your family member had a recent physical, occupational, or speech therapy evaluation? Please attach results or a summary.

27. YES NO Is your family member being followed by a therapist even though not in regularly scheduled therapy with that person.

28. YES NO Is your family member in a wheelchair or special stroller?

YES NO Can he or she get in and out by himself or herself?

YES NO Can he or she propel it himself or herself?

YES NO Will he or she need a new one within 3 years?

Name the type of wheelchair and describe the attachments:

29. YES NO Does your family member need assistance with self-care? Circle any areas where he or she needs help:

- a. Putting on or fastening clothes.
b. Oral hygiene.
c. Toileting.
d. Walking.
e. Feeding self.
f. Bathing.
g. Hair care.
h. Talking.
i. Climbing stairs.

30. YES NO Does your family member need any special equipment? Please circle any needed:

- a. Corner chair b. Braille. c. Communication board.
d. Crutches. e. Hearing aid. f. IPPB machine.
g. Shoe inserts. h. Arm sling. i. Braces or splints.
j. Feeder chair. k. Row car. l. Inhibitive casts.
m. Computer. n. Scooter platform. o. Suction machine.
p. Body jacket. q. Bath seat. r. Apnea monitor.
s. Oxygen. t. Water mattress. u. Walker.
v. Prone stander. w. Extended shower hose.
x. Artificial limb (describe): _____

z. Special bed (describe): _____

aa. Visual aids or contact lenses (describe): _____

bb. Other: _____

31. YES NO Does your family member require special adaptations to home, school, work environment and/or community? If yes, circle what must be done:

- a. No stairs.
- b. Wide doorways.
- c. Wide turning space in bathroom.
- d. Adjust toilet seat height.
- e. Room identification for the blind.
- f. Safety rails for transfer in bathroom and bedroom.
- g. Wheelchair ramp/access.
- h. No heavy doors.
- i. Adjust height of door handles, etc.
- j. Modification to phone (describe): _____

k. Other: _____

32. Any additional comments from sponsor: _____

**ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM ADULT FUNCTIONAL MEDICAL
QUESTIONNAIRE**

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974
(5 U.S.C. 552a)

- AUTHORITY:** PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-581 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODS*), 17 December 1981; 10 USC 3012; 20 USC 821-832 and 1401 *et seq.*
- PRINCIPAL PURPOSES:** To obtain family information needed to evaluate and document the needs of family members for special education and/or health related services. This will permit consideration of the special education and health related needs of family members in the personnel assignment process.
- ROUTINE USES:** (1) Information will be used by personnel of the Army Medical Department (AMEDD) to evaluate and document the health related needs of family members and to document the special education needs of school age family members. The documented needs will then be coded by specially trained AMEDD medical center personnel on optical scanning coding forms. The coding forms will then be forwarded to HQDA for entry into a family member needs data bank. This will enable assignment managers to match the coded needs of a soldier's family member against a resource data bank which includes the availability of special education and health related services by assignment location, worldwide. The family member needs data bank will also be used to compute the prevalence rates of handicapping conditions and the resulting needs for services among military families so that the provision of needed services can be programmed in assignment locations. Only the coded needs of family members will be forwarded to HQDA. The questionnaires will be maintained in the medical records of family members. The EFMP Child Development Questionnaire will be returned to the sponsor or family member rather than retained in the medical record of the family member.
- (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.
- DISCLOSURE:** The provision of requested information is voluntary. Failure to respond will preclude processing of an application for an OCONUS command sponsorship. Proper medical evaluation of family members cannot be made without completion of these forms. In addition, failure to participate will preclude the AMEDD from developing statistics on the prevalence rates of handicapping conditions and programming increased resources to provide needed services overseas.

RELEASE OF INFORMATION

I release the information on this questionnaire and in the attached reports to the Army Medical Department for the purpose of evaluating my family member's need for special medical, psychological, or educational services, and recommending my next assignment appropriately.

(Date)

(Signature of sponsor or sponsor's spouse)

If you question the appropriateness of a particular question, you may withhold entering the response and discuss the question and response as necessary with the evaluating physician.

Sponsor's Name (Last) _____ (First) _____ (MI) _____

Sponsor's Rank _____ Branch/MOS _____ SSN _____

Sponsor's Address (Home) _____

(Duty) _____

Sponsor's Duty Phone _____ Home Phone _____

Family member's name _____

Family member's date of birth (year/month/date) _____

Family member's prefix _____ (The first two digits preceding the sponsor's SSN on the medical card which identify the family member's relationship to the sponsor, as per AR 40-66, chapter 6.)

Family member's SSN (if applicable) _____

Family member's address _____

Family member's therapy center (s)

Name _____

Address _____

Phone _____

Family member's primary care physician _____

Phone _____ Address _____

1.* List all the current medical and/or psychological diagnoses for this family member. Please be very precise in medical terminology and DSM III terminology. Include a brief description if it will make the condition more clear.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

2.* List all hospital admissions for medical, psychiatric, surgical, or social reasons.

Date

Reason

1. _____
2. _____
3. _____

* Please consult your physician on these questions.

-
4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

3.* What hospitalizations or specialized intensive day treatment program is planned or likely?

1. _____
2. _____
3. _____

*Please consult your physician on these questions.

4. What service or services is the family member or family currently receiving?

Session		
Per week	Per month	Health related services
		Speech therapy.
		Program for the hearing impaired including signing.
		Program for the visually impaired (blind or partially sighted).
		Oral motor therapy (sometimes called pre-speech and feeding therapy, may be delivered by an OT, PT or speech therapist).
		Physical therapy for muscle control and movement problems.
		Adult oriented physical therapy for strokes, accidents, arthritis, etc.
		Occupational therapy for a family member with a hand or arm problem who has difficulty in feeding, bathing, dressing and homemaking. May or may not need special equipment.
		Individual psychological counseling or therapy.
		Family therapy.
		Other:

5. Please underline all the special doctors or therapists who have worked with your family member or with your family over the past 2 years.

Please circle all those who are working with your family or family members at the present time.

(CODE)

- | | |
|---------------------------------|---|
| 1. Allergist | 25. Psychiatrist |
| 3. Dermatologist | 27. Physical medicine physician/physiatrist |
| 4. Endocrinologist | 29. Pulmonary disease physician |
| 6. Gastroenterologist | 30. Rheumatologist |
| 7. Hematologist | 31. Cardiac surgeon |
| 9. Immunologist | 32. General surgeon |
| 10. Internist | 33. Neurosurgeon |
| 11. Maxillofacial surgical team | 34. Orthopedic surgeon |
| 12. Nephrologist | 37. Plastic surgeon |
| 14. Neurologist | 38. Thoracic surgeon |
| 16. Nuclear medicine physician | 39. Urologist |
| 17. Obstetrician & Gynecologist | 40. Dentist |
| 18. Oncologist | 41. Pedodontist |
| 20. Ophthalmologist | 42. Oral Surgeon |
| 22. Otorhinolaryngologist | |

- 43. Orthodontist
- 44. Psychologist
- 46. Neuropsychologist
- 47. Audiologist
- 48. Physical therapist
- 50. Occupational therapist

- 52. Respiratory therapist
- 53. Speech/language pathologist
- 54. Optometrist
- 56. Orthotist
- 57. Dietitian-nutritionist
- 58. Podiatrist

CIRCLE ONE

6. YES NO Has your family member had a recent psychological evaluation?
Please attach copies.

7. YES NO Does your family member have learning problems?
Please list them:

8. YES NO Does your family member have a behavior problem? What is it and what is being done about it?

9. YES NO Does your family member require further evaluation or treatment by a psychologist or psychiatrist? What for?

10. YES NO Is a social worker actively involved in your family member's case? In what way?

11. YES NO Do you use respite services? How often?

12. YES NO Are there any family problems (including drug or alcohol abuse or trouble with civil authorities) that you would like to talk to a counselor about? Please outline them:

18. YES NO Have you considered residential treatment for your family member?
- YES NO Has been in residential treatment in the past.
- YES NO Is in residential treatment now.
- YES NO We foresee a need for residential treatment at some point in the future, approximately _____ years from now.

14. YES NO Has your family member had a recent occupational, physical, or speech therapy evaluation? Please attach copies.

15. YES NO Is the family member being followed by a therapist of any kind but not in regularly scheduled therapy with that person? If so, what kind?

16. YES NO Can your family member feed himself or herself? If not, why not?

17. YES NO Is your family member in a wheelchair?

YES NO Can he or she get in and out without assistance?

YES NO Can he or she propel without assistance?

Name the type of wheelchair and describe it in detail, draw a picture of it, or attach a photo:

18. YES NO Does your family member require assistance with self-care? Circle any areas in which he or she needs help:

Putting on and fastening clothes.
Oral hygiene.
Toileting.

Bathing.
Hair care.
Other.

19. Overall, how would you describe his or her self-care abilities?

_____ Independent.

_____ Semi-independent, needs some assistance or special aides.

_____ Totally dependent on others.

20. YES NO Does your family member need any special equipment?

Please circle any needed:

- a. Crutches.
- b. Hearing aid(s)
- c. Braille.
- d. Shoe inserts.
- e. Arm sling.
- f. IPPB Machine.
- g. Feeder.
- h. Row car.
- i. Braces or splints.
- j. Computer.
- k. Scooter.
- l. Inhibitive casting.
- m. Body jacket.
- n. Bath seat.
- o. Suction machine.
- p. Oxygen.
- q. Communication board.
- r. Apnea monitor.
- s. Prone stander.
- t. Walker.
- u. Water mattress.
- v. Special chairs.
 - Shower chair.
 - Elevator chair.
 - Raised toilet seat.
- w. Artificial limbs (describe): _____

x. Visual aids or contact lenses (describe):

y. Other: _____

21. YES NO Does your family member require special adaptations to home, school, work environment and/or community?

If yes, circle what must be done:

- a. No stairs.
- b. Wide doorways.
- c. Wide turning space in bathroom.
- d. Adjust toilet seat height.
- e. Room identification for the blind.
- f. Safety rails for transfer in bathroom and bedroom.
- g. Wheelchair ramp/access.
- h. No heavy doors.
- i. Adjust height of door handles, etc.
- j. Modification to phone (describe):

22. YES NO Is a health nurse actively involved in your family member's care? How?

23. YES NO Is your family member on a special diet? If so, what is it and do you need a dietitian to help you with it?

24. YES NO Does your family member need help with bladder or bowels? Is there special equipment or technique used? Please describe:

25. YES NO Are there any areas where your family member needs help for which he or she had not been evaluated? What are they?

26. YES NO Are there any areas where your family member needs more help than he or she is currently getting? What are they?

27. YES NO Any hearing problems? Please describe: _____

28. YES NO Any vision problems? Please describe: _____

29. YES NO Do any other family members have any special needs in medical, educational, or psychological areas? Please describe them:

30. YES NO Are there any family circumstances that the assignment branch should take into account prior to your next transfer? Please explain: _____

31. YES NO Do you have orders for a transfer now? Where and when?

32. YES NO Do you expect to receive orders within the next year? When and where?

33. YES NO Please list the medicine that your family member takes daily:

Medicine

How much

How often

34. Please name any civilian agency that is providing therapy or equipment for your family member.

35. Any additional comments from sponsor:

36. To the primary care physician: Please supply any additional information needed to accurately assess the extent of disability and the need for services.

What additional services did this family require but were unable to receive at your facility.

Please review this questionnaire especially page 4 and make sure that any applicable current therapy, medical, or psychological evaluations are attached.

I verify that the information in this questionnaire is accurate and was reviewed by me after (circle applicable).

Review of the medical record.

Examination of the patient.

Primary care physician's printed or typed name: _____

Primary care physician's signature: _____

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL QUESTIONNAIRE

For use of this form, see AR 600-75; the proponent agency is DCSPER.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

(5 U.S.C. 552a)

AUTHORITY: PL 94-142 (Education for All Handicapped Children Act of 1975); PL 96-561 (Defense Dependents' Education Act of 1978); DODI 1342-12 (Education of Handicapped Children in DODDS), 17 December 1981; 10 USC 3012; 20 USC 921-932 and 1401 et seq.

PRINCIPAL PURPOSES: To obtain family information needed to evaluate and document the needs of family members for special education and/or health related services. This will permit consideration of the special education and health related needs of family members in the personnel assignment process.

ROUTINE USES: (1) Information will be used by personnel of the Army Medical Department (AMEDD) to evaluate and document the health related needs of family members and to document the special education needs of school age family members. The documented needs will then be coded by specially trained AMEDD medical center personnel on optical scanning coding forms. The coding forms will then be forwarded to HQDA for entry into a family member needs data bank. This will enable assignment managers to match the coded needs of a soldier's family member against a resource data bank which includes the availability of special education and health related services by assignment location, worldwide. The family member needs data bank will also be used to compute the prevalence rates of handicapping conditions and the resulting needs for services among military families so that the provision of needed services can be programmed in assignment locations. Only the coded needs of family members will be forwarded to HQDA. The questionnaires will be maintained in the medical records of family members. The EFMP Child Development Questionnaire will be returned to the sponsor or family member rather than retained in the medical record of the family member.

(2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE: The provision of requested information is voluntary. Failure to respond will preclude processing of an application for an OCONUS command sponsorship. Proper medical evaluation of family members cannot be made without completion of these forms. In addition, failure to participate will preclude the AMEDD from developing statistics on the prevalence rates of handicapping conditions and programming increased resources to provide needed services overseas.

TO: _____

The Department of the Army is evaluating the special education and health related needs of children prior to transfer of families. This is especially crucial prior to transfers out of the United States. Because my family and child may be affected by this policy, I am asking for your cooperation in filling out this form.

My child, _____, is a student in your school district attending _____ School. He or she may be eligible for services under PL 94-142.

Please complete items 9 through 20 on the attached pages. The information obtained will be considered as a "focus of concern" to the receiving school district.

Forward the:

- a. Completed educational questionnaire.
b. Copy of the current IEP if applicable.
c. Copies of current therapy or psychological evaluations to:

_____ using the attached addressed envelope.

This information is needed by (Year/Month/Date) _____.

THANK YOU FOR YOUR HELP IN THIS IMPORTANT MATTER

Release of Information

I permit my child's school and (hospital) _____ to fully share all relevant information regarding my child named above.

Date _____ Parent's Signature _____

Special Education Requirements of Exceptional Family Members

1. Student Name: _____
2. SSN of Student: _____
3. Name of sponsor: _____
4. Sponsor's SSN: _____
5. Sponsor's branch: _____
6. Sponsor's address: _____
7. Birth date of student (year/month/date) _____
8. Name and address of school child is presently attending _____

Check either item 9 or 10.

9. _____ Special education requirement is not applicable. *(Do not fill out the remainder of the form.)*
10. _____ This child has been assessed and does qualify for services under Public Law 94-142. *(If this item is checked, please fill out remainder of this form.)*

Check each of the applicable categories and functionally handicapping conditions in items 11 through 14.

11. _____ A. Students whose educational performance is adversely affected by a physical impairment that requires environmental and/or academic modifications.
 - _____ 1. Deaf.
 - _____ 2. Deaf-Blind.
 - _____ 3. Hard of hearing.
 - _____ 4. Autistic.
 - _____ 5. Orthopedically impaired.
 - _____ 6. Blind.
 - _____ 7. Visually handicapped.
 - _____ 8. Other health impaired.
12. _____ B. Students who manifest a psychoemotional state that is the primary cause of academic and social difficulties.
 - _____ Seriously emotionally disturbed.
13. _____ C. Students whose educational performance is adversely affected by speech and language difficulties.
 - _____ 1. Voice production disorder.
 - _____ 2. Dysfluency.
 - _____ 3. Misarticulation.
 - _____ 4. Receptive language delay.
 - _____ 5. Expressive language delay.
14. _____ D. Students whose measured academic achievement in math, reading, or language is adversely affected by underlying handicapping conditions including intellectual deficit and/or information processing deficit and/or developmental adaptive behavior deficit. *(Criteria D does not include students whose learning problems are due primarily to visual, auditory or motor handicaps, emotional disturbance, environmental deprivation or English as a second language.)*

-
- 1. Generic, mild educational impairment.
 - 2. Mentally retarded (*mild*).
 - 3. Mentally retarded (*moderate, severe*).
 - 4. Specific learning disability.

A student who is multihandicapped or is preschool handicapped should be identified in each of the applicable handicapping areas above.

Check as appropriate for items 15 through 18.

15. Grade level (*chronological age appropriate*).

- Preschool
- Kindergarten
- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- Beyond high

16. Special requirements.

- a. Large print.
- b. Optical aide (*magnification devices, projective devices*).
- c. Requires Braille instruction.
- d. Is Braille proficient.
- e. Requires Braille material.
- f. Talking books.
- g. Requires ongoing mobility training.
- h. Only requires support for independence (*seeing-eye dog, cane, direction ability*).
- i. Amplification (*hearing aid, phonic ear*).
- j. Speech and language training for hearing impairment or deafness.

- k. Total communication.
- l. Oral communication.
- m. Environmental adaption (*ambulation or sitting, such as wheelchair*).
- n. Non-oral communication (*communications board, computer*).
- o. Signing.
- p. Alternatives to graphomotor productions (*tape recorder, typewriter, computer, oral exams, etc.*).
- q. Special adaptations for fatigue, endurance, strength or pain.

17. Does the student require related services? Yes No. If so, which one(s)?

- a. Occupational therapy.
- b. Physical therapy.
- c. Audiology.
- d. Counseling.
- e. Psychological services (*diagnostic*).
- f. Psychological services (*therapeutic*).
- g. Adaptive physical education.
- h. Recreational services.
- i. Vocational education.
- j. Cooperative work study (*job training, sheltered workshop*).
- k. Speech Therapy.
- l. Special transportation (*special adaptations for safety, ambulatory or health needs*).

18. Types of placement.

- a. Regular class placement with modifications.
- b. Special education resource class 10-20% of the school day.
- c. Special education part-time class 20-50% of the school day.
- d. Special education class 50-100% of the school day.
- e. Placement in a special day school.
- f. Educational instruction provided in a hospital or at home.
- g. Placement in a residential institution.
- h. Placement in an early childhood preschool program.

19. Please indicate any other special requirements of the student.

20. Yes No. This child is one of the exceptional few for whom a move out of his or her current educational setting would be extremely detrimental.

Authorization from school

(School official filling out form)

(Year/Month/Date)

Definitions:

1. **Special day** — a State or private day school for children with a homogeneous need such as deaf, blind, deaf-blind, seriously emotionally disturbed, other health impaired, autistic or multiple handicapped.

2. **Residential or institutional** — a facility that provides 24-hour care usually including a medical support need.

3. **Preschool handicapped** — youngsters between the ages of 3 and 5 with handicaps and/or significant developmental delays who are entitled to receive special educational and/or related services through the non-categorical preschool programs for exceptional children. Children whose 3rd or 5th birthday falls before December 31 meet the age requirement for fall enrollment. The developmental delays and/or handicapping conditions may occur in one or more of the following areas:

- | | |
|----------------------------|---------------------------|
| a. Gross motor. | e. Cognitive development. |
| b. Fine motor. | f. Social/Emotional. |
| c. Perceptual development. | g. Sensory impairment. |
| d. Language/Speech. | h. Physical handicap. |

4. **Infant stimulation** — children between the ages of birth to 3 with identifiable handicaps and/or significant developmental delays who require medical, physical and/or educational intervention prior to the preschool program. These children are identified as requiring intervention in the eight general areas listed above for the preschool handicapped.

EXCEPTIONAL FAMILY MEMBER PROGRAM CODING SUMMARY

For use of this form, see AR 600-75; the proponent agency is DCSPER.

PATIENT'S NAME:

SPONSOR'S SSN:

MEDICAL

CODABLE DIAGNOSIS:

HEALTH CARE PROVIDER SPECIALTY REQUIRED:

DEVELOPMENTAL PEDIATRICS OCCUPATIONAL THERAPIST SPEECH/LANGUAGE PATHOLOGIST

PSYCHIATRIST PHYSICAL THERAPIST CHILD RESOURCE TEAM

OTHER MENTAL HEALTH (Specify) _____

OTHER (Specify) _____

HOME OR NEAR HOME SPECIAL CARE

LEVEL _____

TYPE _____

EDUCATION (Check appropriate space)

QUALIFIES UNDER PL 94 142

YES

NO

HANDICAPPING CONDITION

PHYSICAL IMPAIRMENT

LEARNING IMPAIRMENT

SPEECH/LANGUAGE IMPAIRMENT

SERIOUSLY EMOTIONALLY IMPAIRED

SPECIAL EDUCATION PREREQUISITE

LARGE PRINT

SPEECH & LANGUAGE TRAINING

OPTICAL AIDS

TOTAL COMMUNICATIONS

BRAILLE INSTR. (Begin)

ORAL COMMUNICATIONS

BRAILLE INSTR. (Adv.)

ENVIRONMENTAL ADAPTATION

BRAILLE MATERIAL

NON-ORAL COMMUNICATION

TALKING BOOKS

SIGNING

MOBILITY TRAINING

ALTERNATIVES TO GRAPHOMOTOR

SUPPORT FOR INDEPENDENCE

SPECIAL ADAPTATIONS

AMPLIFICATION

SPECIAL EDUCATION PLACEMENT:

REGULAR CLASS WITH MODIFICATIONS

10-20 PERCENT SPECIAL EDUCATION

21-50 PERCENT SPECIAL EDUCATION

51-100 PERCENT SPECIAL EDUCATION

SPECIAL DAY SCHOOL

HOME/HOSPITAL TYPE EDUCATION

RESIDENTIAL INSTITUTION

EARLY CHILDHOOD PRESCHOOL

GRADE LEVEL:

PRESCHOOL

KINDERGARTEN

1st thru 12th

OTHER

REMARKS:

CODING TEAM

CODING TEAM MEMBERS

1. _____

2. _____

3. _____

MEDCEN

DATE

RESPIRE CARE AGREEMENT

For use of this form, see AR 500-75; the proponent agency is DCSPER.

As a condition of receiving respite care services for the handicapped individual in my/our care, I/we agree to the following:

I/we shall not hold the _____ responsible or liable in any way whatsoever as a result of any incident which might be construed to affect adversely the health, safety, or welfare of the handicapped person or other member of the same household in the caregiver's charge, while he or she is cared for by a respite caregiver.

I/we shall provide the Respite Care Coordinator and caregivers of the Respite Care Program with all the necessary facts to enable the handicapped individual to be cared for in a healthful, safe, and responsive manner including:

Clear, written instructions on medical care and the giving of medication.

Where I/we can be reached while the handicapped individual is in the caregiver's charge, and the names and telephone numbers of an emergency contact and physician.

Clear, written descriptions of the special needs, capabilities, likes and dislikes, important habits, etc., of the handicapped individual.

I/we shall make the final decisions whether or not to utilize the services of a particular caregiver for the respite period.

I/we shall inform the Respite Care Coordinator of other household members who will also need care or supervision in my/own absence, and of any special household circumstances about which a caregiver would need to be aware.

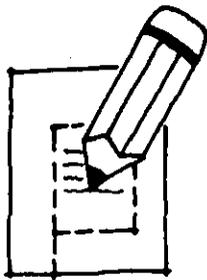
I/we shall pay the contribution agreed upon directly to the caregiver in cash, upon completion of the respite period.

The Respite Care Coordinator shall have my/our permission to arrange for an alternate caregiver for our handicapped family member, if he/she is unable to contact us (or the person designated by us as responsible in our absence) to inform us that the caregiver initially providing care is unable to complete the respite period.

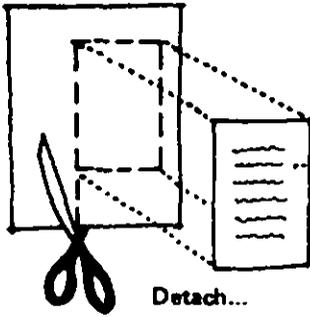
I/we shall provide on request to the Respite Care Coordinator my/our assessment of the performance of a caregiver who has provided a respite care service to me/us in order to assist him/her in evaluating the overall performance of that caregiver and/or the program.

SIGNATURE OF PARENT, GUARDIAN, OR RESPONSIBLE FAMILY MEMBER	DATE
SIGNATURE OF RESPIRE CARE COORDINATOR	DATE

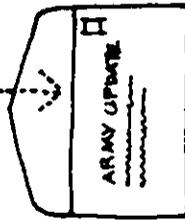
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AR 600-75

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