

S/S by AR 608-75 dtd ; 15 October 2002  
Army Regulation 608-75

Personal Affairs

# Exceptional Family Member Program

Pentagon Library (ANR-PL)  
ATTN: Military Documents Section  
Room 1A518, Pentagon  
Washington, DC 20310-6050

Headquarters  
Department of the Army  
Washington, DC  
24 May 1996

**Unclassified**

*See chg 2, dtd 28 April 2000*

# **SUMMARY of CHANGE**

AR 608-75

Exceptional Family Member Program

This revision--

- o Transfers responsibilities from the Office of The Surgeon General to the U.S. Army Medical Command in accordance with restructuring of the Army Medical Department (para 1-18).
- o Requires initial entry training soldiers to identify exceptional family members during reception battalion inprocessing (para 1-29).
- o Expands use of appropriated funds for respite care (para 2-5).
- o Strengthens interface with other military Services regarding Exceptional Family Member Program enrollment (para 3-1).
- o Modifies EFMP processing procedures for civilian employees (paras 1-6 and 3-3).
- o Contains medical and educational criteria for enrolling soldiers with exceptional family members in the program (app B).
- o Revises family member deployment screening guidance (app E).
- o Modifies DA Form 4723-2-R (Health-Related Survey-Individual Facility Report), DA Form 5862-R (Army Exceptional Family Member Program Medical Summary), DA Form 5863-R (Exceptional Family Member Program Information Sheet), and DA Form 5864-R (Exceptional Family Member Program (EFMP) Report).
- o Prescribes new DA Form 7351-R (Exceptional Family Member Program (EFMP) Assessment Guide).

Personal Affairs

Exceptional Family Member Program

Posted  
11/6/00  
add

**History.** This regulation was originally published on 24 May 1996. This printing publishes Change 2.

**Summary.** This regulation outlines the policies and procedures for the Exceptional Family Member Program. It implements portions of 32 CFR Part 80, Department of Defense Directive 1342.17, and portions of Department of Defense Directive 1020.1. It also implements Department of Defense Instruction 1010.13, Department of Defense Instruction 1342.12, and Department of Defense Instruction 1342.14.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-SF-A, 4700 King Street, Alexandria, VA 22302-4418.

1. AR 608-75, 24 May 1996, is changed as follows:

*Cover page 2. Summary of Change items are added as follows:*

- Implements portions of 32 CFR Part 80 and DODI 1342.12 (Provision of Early Intervention and Special Education Services to Eligible DOD Dependents in Overseas Areas).
- Requires military personnel agencies to coordinate with medical special needs advisors about the availability of medical resources for the soldier's exceptional family member.
- Requires military personnel agencies to coordinate with DODDS to identify exceptional family member's needs and obtain recommendation for communities with pre-established educational services outside the United States.
- Requires medical special needs advisors to respond to military personnel agencies about the availability of medical resources within 5 working days for CONUS assignments and 30 calendar days for OCONUS assignments from receipt of Exceptional Family Member Program query.
- Requires DODDS to recommend communities with pre-established educational services to military personnel agencies within 30 calendar days from receipt of Exceptional Family Member Program query.
- Revises guidance for enrolling U.S. Army Reserve and Army National Guard personnel in the Exceptional Family Member Program.
- Revises DA Form 7351-R (Exceptional Family Member Program (EFMP) Assessment Guide).
- Prescribes new DA Form 7413-R (Exceptional Family Member Program (EFMP) Assignment Coordination Sheet and DA Form 7415-R (Exceptional Family Member Program (EFMP) Querying Sheet).

- Rescinds DA Form 4723-2-R (Health-Related Survey—Individual Facility Report).

*Page 1. Subparagraph 1-4g is changed as follows:*

*g.* Department of Defense Instruction 1342.12, Provision of Early Intervention and Special Education Services to Eligible DOD Dependents in Overseas Areas, 12 March 1996, establishes policies and procedures for providing a free appropriate public education for children with disabilities who are eligible to enroll in Department of Defense Dependents Schools (DODDS); early intervention services (EIS) for infants and toddlers, birth through age 2 years who, but for their age, would be eligible to enroll in the DODDS; and a comprehensive and multidisciplinary program of EIS for infants and toddlers with disabilities and their families.

*Page 1. Paragraph 1-4, add the following new subparagraphs j and k as follows:*

*j.* Section 2164, title 10, United States Code, requires Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS) to provide programs designed to meet the special needs of students with disabilities in specific locations in the United States and certain territories, commonwealths, and possessions of the United States.

*k.* The 32 CFR Part 80 requires provision of EIS to eligible infants and toddlers with disabilities and their families and special education and related services to children with disabilities within the DDESS arrangements.

*Page 2. Paragraph 1-8, add the following new subparagraph g:*

*g.* To provide EIS to eligible infants and toddlers and their families per 32 CFR Part 80 and DODI 1342.12.

*Page 2. Subparagraph 1-14b is changed as follows:*

*b.* Ensure that U.S. Army Reserve Personnel Command

(1) Coordinates with the appropriate medical special need advisor to determine availability of medical resources for the soldier's exceptional family member. (See para 3-2.)

\* This regulation supersedes AR 608-75, 7 December 1993. It also rescinds DA Form 5288, February 1984; DA Form 5343, February 1984; DA Form 5510-R, February 1990; and rescinds DA Form 4723-2-R, August 1995.

(2) Coordinates with DODDS point of contact (App C) to identify exceptional family member's needs and obtain recommendation for communities with pre-established educational services outside the United States (See para 3-2.)

(3) Completes DA Form 7413-R (Exceptional Family Member Program (EFMP) Assignment Coordination Sheet) to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process. DA Form 7413-R will be locally reproduced on 8 1/2 by 11-inch paper. A copy for local reproduction purposes is located at the back of this change. A copy of DA Form 7413-R is also available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web [www.usapa.army.mil](http://www.usapa.army.mil).

(4) Enrolls eligible reservists in EFMP.

Page 2. Subparagraph 1-14c is rescinded in its entirety.

Page 2. Subparagraphs 1-15b and c are changed as follows:

b. Coordinate with the appropriate medical special needs advisor to determine availability of medical resources for the soldier's exceptional family member. (See para 3-2.)

c. Coordinate with DODDS point of contact (App C) to identify exceptional family member's needs and obtain recommendation for communities with pre-established educational services outside the United States (See para 3-2.)

Page 3. Paragraph 1-15, add the following new subparagraphs k and l as follows:

k. Complete DA Form 7413-R to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.

l. Enroll eligible National Guard personnel in EFMP.

Page 3. Subparagraphs 1-17b and c are changed as follows:

b. Coordinate with the appropriate medical special needs advisor to determine availability of medical resources for the soldier's exceptional family member. (See para 3-2.)

c. Coordinate with DODDS point of contact (App C) to identify exceptional family member's needs and obtain recommendation for communities with pre-established educational services outside the United States. (See para 3-2.)

Page 3. Subparagraph 1-17n is added as follows:

n. Complete DA Form 7413-R to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.

Page 3. Subparagraphs 1-18a, h, i, k, l, q, and w are changed as follows:

a. Designate appropriate staff at the command level to supervise and manage the EFMP medical components to include screening, coding, EIS, and medically related services.

h. Provide necessary travel funding for Army representatives on the DOD team monitoring the provision of

early intervention, special education and related services to children with disabilities in DDESS and DODDS.

i. Ensure that the necessary technical assistance and logistic support is provided to the DOD team monitoring the provision of early intervention, special education and related services to children with disabilities in DDESS and DODDS during visits to installations and geographic areas for which they are responsible.

k. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

l. Allocate and distribute budget resources to regional medical commands (RMCs).

q. Ensure coordination among AMEDD, the offices of the other Surgeons General, and Department of Defense Education Activity with respect to implementation of this regulation.

w. Develop a comprehensive system of personnel development for all locations providing EIS and medically related services.

Page 4. Subparagraph 1-18ae is added as follows:

ae. Review and forward EFMP Assignment Coordination Quarterly Summary (RCS ACSIM-002) to U.S. Army Community and Family Support Center, ATTN: CFSC-SF-A, 4700 King Street, Alexandria, Virginia 22302-4418. The summaries should arrive at USACFSC no later than 15 working days after the end of the reporting period.

Page 4. Subparagraphs 1-18j, m, n, o, x, and y are rescinded in their entirety.

Page 4. Subparagraphs 1-19a, c, and v are changed as follows:

a. Designate appropriate staff at the command level to manage and supervise the EFMP medical components to include screening, coding, EIS, and medically related services.

c. Provide necessary technical assistance and logistical support to the DOD team monitoring the provision of early intervention, special education and related services to children with disabilities in DODDS during visits to facilities for which they are responsible. Cooperate with the monitoring team including making all pertinent records available to the team.

v. Ensure the provision of inservice training on EIS and medically related services to educational, legal, line, and other suitable personnel.

Page 4. Subparagraphs 1-19w and x are added as follows:

w. Provide oversight and monitoring for the EFMP medical components (includes EIS).

x. Ensure that a comprehensive system of personnel development is implemented at all locations providing EIS and medically related services.

Page 5. Paragraph 1-21 title is changed as follows:

**Commanders, Regional Medical Commands in the United States.**

*Page 5. Subparagraphs 1-21a, b, e, g, and h(4) are changed as follows:*

a. Designate an EFMP medical director to supervise the overall medical operations of EFMP throughout the region, including EIS where required.

b. Provide necessary logistic support to ensure the effective operation of the EFMP throughout the command.

e. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE.

g. Provide adequate resources (funds and manpower) to meet all requirements for the EFMP medical components (including EIS where required).

h.(4) Education is provided in identification and referral of EFMs and care of children with disabilities to appropriate medical training programs.

*Page 5. Subparagraphs 1-21i through n are added as follows:*

i. Provide oversight and monitoring for the EFMP medical components (includes EIS where required).

j. Ensure that training is available for each health-care provider serving as a member of the EIS team. This training will include information about the roles and responsibilities of the EIS team and the development of an individualized family service plan.

k. Ensure the provision of inservice training on EIS to educational, legal, line, and other suitable personnel.

l. Ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

m. Implement a comprehensive system of personnel development at all locations providing EIS.

n. Review and consolidate summary information from the completed DA Forms 7413-R for their region. Prepare EFMP Assignment Coordination Quarterly Summary (RCS ACSIM-002). Forward the EFMP Assignment Coordination Quarterly Summary to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-H, 2050 Worth Road, Fort Sam Houston, Texas 78234-6010, no later than 10 working days after the end of the reporting period.

*Page 5. Paragraph 1-22 title is changed as follows:*

**Commander, European Regional Medical Command**

*Page 5. Subparagraphs 1-22a and c are changed as follows:*

a. Carry out the responsibilities in subparagraphs 1-21a through m, in addition to the items listed below.

c. Provide necessary technical assistance and logistic support to the DOD team monitoring the provision of early intervention, special education, and related services to children

with disabilities in DODDS during visits to geographic areas for which they are responsible.

*Page 5. Subparagraphs 1-22e through i and s are rescinded in their entirety.*

*Page 5. Subparagraph 1-23b is changed as follows:*

b. Provide decision to military personnel divisions/personnel service battalions within 30 calendar days of receiving family travel request involving exceptional family members.

*Page 6. Subparagraph 1-25l is added as follows:*

l. Provide a copy of completed DA Forms 7415-R (Exceptional Family Member Program (EFMP) Querying Sheet) to the appropriate medical special needs advisor on a weekly basis. DA Form 7415-R will be locally reproduced on 8½- by 11-inch paper. A copy for local reproduction purposes is located at the back of this change. A copy of DA Form 7415-R is also available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web [www.usapa.army.mil](http://www.usapa.army.mil).

*Page 6. Paragraph 1-26 title is changed as follows:*

**Military treatment facility commanders**

*Page 6. Subparagraphs 1-26a, b, k, l and m are changed as follows:*

a. Designate a physician to provide medical oversight for EFMP and an appropriately qualified individual to coordinate, supervise, and manage the EFMP medical components to include screening, coding, EIS, and medically related services. These individuals will be members of the installation EFMP committee.

b. Identify, coordinate, and submit EFMP resource requirements (includes EIS) through budget channels to the regional medical command.

k. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE.

l. Appoint a special needs advisor to respond to queries from PERSCOM, U.S. Army Reserve Personnel Command and Army National Guard about the availability of medical resources.

m. Ensure that the MTF special needs advisor:

(1) Completes DA Form 7413-R to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.

(2) Forwards a summary of completed DA Forms 7413-R to their RMC EFMP office on a quarterly basis. The completed DA Forms 7413-R should arrive at the RMC no later than 5 working days after the end of the reporting period.

*Page 6. Subparagraphs 1-26o through t are added as follows:*

o. Ensure that the special needs advisor is a member of the installation EFMP committee.

p. Appoint an appropriately qualified individual on installations with DDESS and in overseas locations to--

(1) Plan, implement, and manage a program of EIS per 32 CFR Part 80 and DODI 1342.12.

(2) Communicate and collaborate with all individuals, organizations, or agencies that provide EIS. Ensure the MTF does not duplicate any existing programs and services.

(3) Ensure that early intervention is included in the child find and referral system and public awareness program for overall EFMP.

(4) In coordination with the installation EFMP manager, maintain a central directory of local EIS and other relevant resources.

(5) Maintain a database of all EIS enrollments and services per DOD guidance.

(6) Develop and implement procedures to ensure that an individualized family service plan (IFSP) is developed by a multidisciplinary team, including the parent or parents of each infant or toddler with a disability who meet the eligibility criteria in appendix F.

(a) Ensure that meetings to develop and review the IFSP include, in addition to the parent or parents of the child, other family members, as requested by the parent, if possible; an advocate outside the family, if the parent requests that person's participation; the service coordinator who has worked with the family since the initial referral of the child who has been designated as responsible for the implementation of the IFSP; the person(s) directly involved in conducting the evaluations and assessments; and as appropriate, persons who shall provide services to the child or family. If the persons are unable to attend a meeting, make arrangements for the person's involvement through other means, including the following: participating in a telephone conference call, having a knowledgeable representative attend the meeting; and making pertinent records available at the meeting.

(b) Ensure that the IFSP is completed within 45 days of referral and contains the following:

1. A statement of the child's current developmental levels including physical, cognitive, communication, social or emotional, and adaptive behavior based on acceptable objective criteria.

2. A statement of the family's resources, priorities, and concerns that would enhance the child's development.

3. A statement of the major outcomes expected to be achieved for the child and the family. Also, the statement shall contain the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modification or revision of the outcomes and services are necessary.

4. A statement of the specific EIS necessary to meet the unique needs of the child and the family including the frequency, intensity, and method of delivering services.

5. A statement of the natural environments in which EIS shall be provided.

6. The projected dates for initiation of services and the anticipated duration of those services.

7. The name of the service coordinator.

8. The steps to be taken supporting the transition of the toddler with a disability to preschool or other services.

(c) Ensure that the IFSP is evaluated at least once a year and the family is provided an opportunity to review the plan at 6-month intervals (or more frequently, based on the child and family needs).

(d) Ensure that the contents of the IFSP are explained to the parents and an informed, written consent from the parents is obtained before providing EIS described in that plan.

(7) Ensure that early intervention families receive written notice of their legal rights and entitlements as provided in 32 CFR Part 80 and DODI 1342.12, Enclosure 8, and that all families and service providers know the process for handling disputes.

(8) Ensure the MTF commander is informed of the status of EIS implementation and any issues that impact effectiveness or quality of service.

(9) Ensure that personnel necessary to implement EIS are prepared and trained.

(10) Establish an intercomponent coordinating council to ensure coordination and integration of services to infants and toddlers and their families. This council should be a subcommittee of the installation EFMP committee. At least 20 percent of the members should be parents with infants and toddlers with disabilities or children ages 12 or younger with disabilities, with knowledge of, or experience with, programs for infants and toddlers with disabilities. At least one such member shall be a parent of an infant or toddler or a child age 6 or younger.

q. Ensure access to required medical treatment, EIS and medically related services outside the United States per paragraph 2-3.

r. Supervise multidisciplinary team of service providers.

s. Ensure the multidisciplinary teams do the following:

(1) Conduct multidisciplinary evaluations of children referred by a DODDS CSC, or infants and toddlers referred for EIS, within the timeframe specified in MOUs with DODDS or the EIS guidance.

(2) Provide written or in-person input to the CSC or the EIS treatment team as it is considering questions of eligibility or IEP/IFSP development.

(3) Provide the early intervention or medically related services stipulated by the IEP or IFSP with the same priority as medical care to the active duty soldier.

t. Serve as the medically related services liaison officer

to--

(1) Provide liaison between MTF and DODDS.

(2) Offer, on a consultative basis, training for DODDS personnel on medical aspects of specific disabilities.

(3) Offer consultation and advice (as needed) regarding the health services provided by the school (for example, tracheotomy care, tube feeding, and speech and language therapy).

(4) Participate with DODDS and legal personnel in developing and delivering in-service training programs that include familiarization with various conditions that interfere with a child's educational endeavors, the relationship of medical findings to educational functioning, medically related services, and this regulation.

*Page 7. Paragraph 1-27 title is changed as follows:*

**Designated military treatment facility EFMP physicians in the United States**

These physicians will—

*Page 7. Subparagraphs 1-27a, c, f, g, j, k, and l are changed as follows:*

- a. Provide medical oversight for EFMP.
- c. Appoint an appropriate EFMP case coordinator who will--
- f. Ensure all medical providers receive training to become knowledgeable of EFMP requirements.
- g. Establish SOPs to ensure effective screening, identification, and referral for enrollment in EFMP.
- j. Coordinate medical evaluations for disabling conditions of EFMs in concert with the capabilities of local MTFs.
- k. Ensure that all EFMP medical and administrative staff participates in MTF quality improvement program.
- l. Supervise multidisciplinary team of early intervention service providers at required locations (see para 2-3).

*Page 7. Paragraph 1-28 is rescinded in its entirety.*

*Page 7. Subparagraph 1-29b is changed as follows:*

b. Query initial training (IET) soldiers about the existence of an exceptional family member during reception battalion in-processing using DA Form 7415-R. Forward completed DA Forms 7415-R to the installation EFMP manager on a weekly basis.

*Page 7. Paragraph 1-30 title is changed as follows:*

**Commanders of CONUS and OCONUS military personnel divisions/personnel service battalions**

*Page 7. Subparagraph 1-30b is changed as follows:*

b. Query soldiers about the existence of an exceptional family member during in-processing, readiness processing,

during reassignment interview, and out-processing using DA Form 7415-R. Provide completed DA Forms 7415-R to the installation EFMP manager on a weekly basis.

*Page 8. Subparagraph 2-1b(2) is changed as follows:*

(2) Family members will be screened when the soldier is at the OCONUS duty station serving an unaccompanied tour and requests command sponsorship/family member travel (includes soldiers who acquire family members OCONUS).

*Page 9. Subparagraph 2-1d(3) is added as follows:*

(3) Transportation and related costs for obtaining EIS, including evaluations and developmental services stipulated in the child's IFSP, are the responsibility of the community that provides base operations support to DODDS. Because most evaluations are clinic based, transportation will be required for some families. The IFSP may include services that are not the responsibility of the MTF, for example, respite care. Developmental services as defined in the glossary should be used to clarify responsibility.

*Page 9. Subparagraph 2-1e is changed as follows:*

c. Transportation and per diem for diagnostic and evaluation purposes. Infants and toddlers who meet all eligibility requirements for space-required and space-available tuition free DODDS status except for the age requirements and space-required and space-available tuition free DODDS students who are family members of active duty members and who are or may be considered disabled under DODI 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable to the same extent prescribed in Joint Travel Regulation (JTR), Volume 2, when competent medical or educational authorities request a diagnosis or evaluation under the provisions of DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. If those authorities request that one or both of the child's or student's parents or guardian be present, either to participate in the diagnosis or evaluation, or to escort the child or student, transportation expenses and per diem or actual expense allowances, as applicable, are also authorized for the parents or guardians. Transportation and per diem or actual expenses will be according to temporary duty travel provisions in Joint Federal Travel Regulation (JFTR), Volume 1 or JTR, Volume 2 as applicable.

*Page 9. Subparagraph 2-1h is added as follows:*

h. On installations with DDESS arrangements, transportation and related cost for obtaining EIS, including evaluations and developmental services stipulated in the IFSP, are the responsibility of the MTF.

*Page 9. Subparagraphs 2-2b through d are changed as follows:*

b. Infants and toddlers of DA civilians who meet all eligibility requirements for space-required tuition free DODDS status, except for their age, are eligible to receive EIS at no charge and with the same priority as health care for active duty soldiers. 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 soldiers.

## Commanders, Regional Medical Commands in the United States.

Page 5. Subparagraphs 1-21a, b, e, g, and h(4) are changed as follows:

a. Designate an EFMP medical director to supervise the overall medical operations of EFMP throughout the region, including EIS where required.

b. Provide necessary logistic support to ensure the effective operation of the EFMP throughout the command.

e. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE.

g. Provide adequate resources (funds and manpower) to meet all requirements for the EFMP medical components (including EIS where required).

h(4) Education is provided in identification and referral of EFMs and care of children with disabilities to appropriate medical training programs.

Page 5. Subparagraphs 1-21i through n are added as follows:

i. Provide oversight and monitoring for the EFMP medical components (includes EIS where required).

j. Ensure that training is available for each health-care provider serving as a member of the EIS team. This training will include information about the roles and responsibilities of the EIS team and the development of an individualized family service plan.

k. Ensure the provision of inservice training on EIS to educational, legal, line, and other suitable personnel.

l. Ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

m. Implement a comprehensive system of personnel development at all locations providing EIS.

n. Review and consolidate summary information from the completed DA Forms 7413-R for their region. Prepare EFMP Assignment Coordination Quarterly Summary (RCS ACSIM-002). Forward the EFMP Assignment Coordination Quarterly Summary to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-H, 2050 Worth Road, Fort Sam Houston, Texas 78234-6010, no later than 10 working days after the end of the reporting period.

Page 5. Paragraph 1-22 title is changed as follows:

## Commander, European Regional Medical Command

Page 5. Subparagraphs 1-22a and c are changed as follows:

a. Carry out the responsibilities in subparagraphs 1-21a through m, in addition to the items listed below.

c. Provide necessary technical assistance and logistic support to the DOD team monitoring the provision of early intervention, special education, and related services to children

with disabilities in DODDS during visits to geographic areas for which they are responsible.

Page 5. Subparagraphs 1-22e through i and s are rescinded in their entirety.

Page 5. Subparagraph 1-23b is changed as follows:

b. Provide decision to military personnel divisions/personnel service battalions within 30 calendar days of receiving family travel request involving exceptional family members.

Page 6. Subparagraph 1-25l is added as follows:

l. Provide a copy of completed DA Forms 7415-R (Exceptional Family Member Program (EFMP) Querying Sheet) to the appropriate medical special needs advisor on a weekly basis. DA Form 7415-R will be locally reproduced on 8 1/2 by 11-inch paper. A copy for local reproduction purposes is located at the back of this change. A copy of DA Form 7415-R is also available on the Army Electronic Library CD-ROM (EM001) and on the USAPA web [www.usapa.army.mil](http://www.usapa.army.mil).

Page 6. Paragraph 1-26 title is changed as follows:

## Military treatment facility commanders

Page 6. Subparagraphs 1-26a, b, k, l and m are changed as follows:

a. Designate a physician to provide medical oversight for EFMP and an appropriately qualified individual to coordinate, supervise, and manage the EFMP medical components to include screening, coding, EIS, and medically related services. These individuals will be members of the installation EFMP committee.

b. Identify, coordinate, and submit EFMP resource requirements (includes EIS) through budget channels to the regional medical command.

k. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE.

l. Appoint a special needs advisor to respond to queries from PERSCOM, U.S. Army Reserve Personnel Command and Army National Guard about the availability of medical resources.

m. Ensure that the MTF special needs advisor:

(1) Completes DA Form 7413-R to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.

(2) Forwards a summary of completed DA Forms 7413-R to their RMC EFMP office on a quarterly basis. The completed DA Forms 7413-R should arrive at the RMC no later than 5 working days after the end of the reporting period.

Page 6. Subparagraphs 1-26o through t are added as follows:

o. Ensure that the special needs advisor is a member of the installation EFMP committee.

p. Appoint an appropriately qualified individual on installations with DDESS and in overseas locations to--

c. 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 IFSP or IEP under DODI 1342.12 is chargeable.

d. Infants and toddlers who meet all eligibility requirements for space-required and space-available tuition free DODDS status except for the age requirement and space-required and space-available tuition free DODDS students who are or may be considered disabled under DODI 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 DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. Such travel and per diem or actual expense will be borne by the community that provides base operations support to the DODDS in that location. Normally only one non-medical attendant is authorized to travel as an escort for a family member. If competent medical or educational authorities request that one or both of the child's or student's parents or guardian be present, either to participate in the diagnosis or evaluation, or to escort the child or student, transportation and per diem or actual expense allowances, as applicable, are similarly authorized for the parents or guardian.

*Page 9. Subparagraph 2-3a through d are changed as follows:*

a. The AMEDD will provide EIS to eligible infants and toddlers and their families and medically related services for eligible DODDS students in those geographic areas of responsibility assigned by the Assistant Secretary of Defense (Health Affairs).

b. EIS provided to infants and toddlers at locations where the Army is responsible for providing these services or medically related services required by children attending DODDS will be provided with the same priority as health care for active duty military members. General medical care provided to infants and toddlers receiving EIS, DODDS students who have IEPs, and to other EFMs, even though such care may be for disabling conditions, will be provided according to locally established priorities for care.

c. In the Army area of responsibility outside the United States, the AMEDD will provide EIS at no cost to the infant or toddler's family when the child meets all eligibility requirements for tuition-free DODDS status, except for the age requirement. The AMEDD will provide medically related services to tuition-free DODDS students at no cost to the students' families.

d. In the United States, the AMEDD will provide EIS to those infants and toddlers, who but for their ages, would be eligible to enroll in DDESS schools on Army installations. These services will be provided at no cost to the infants' and toddlers' families.

*Page 10. Subparagraphs 2-5a(1) and (2) are changed as follows:*

a. Information, referral, and placement

(1) The ACS centers will maintain comprehensive, accurate, easily accessible and up-to-date information on military and civilian community resources related to disabilities and

chronic illnesses. Information will be collected from existing data sources.

(2) In response to specific requests for assistance, ACS will support exceptional family members and their families by informing them about the availability of community support services and educational resources.

*Page 11. Subparagraphs 3-1a(3)(b) through (e) are changed as follows:*

(b) Enrolling eligible Active Army soldiers in EFMP.

(c) Forwarding originals of the DA Form 5291-R (Army Exceptional Family Member Program Educational Summary) and DA Form 5862-R (Army Exceptional Family Member Program Medical Summary) with a memorandum under the signature of the EFMP physician when enrollment is warranted for National Guard EFMs to Army National Guard, ATTN: NGB-ARZ-T (EFMP point of contact), 1411 Jefferson Davis Highway, Suite P1200, Arlington, Virginia 22202-3231. If enrollment is not warranted, the DA Form 5291-R and DA Form 5862-R will be returned to the sending military treatment facility. Block 32 of the DA Form 5862-R will indicate that enrollment is not warranted.

(d) Forwarding originals of the DA Form 5291-R and DA Form 5862-R with a memorandum under the signature of the EFMP physician when enrollment is warranted for USAR AGR soldier EFMs to Commander, U.S. Army Reserve Personnel Command, ATTN: ARPC-ARO (officers) or ATTN: ARPC-ARE (enlisted), 1 Reserve Way, St. Louis, MO 63132. If enrollment is not warranted, the DA Form 5291-R and DA Form 5862-R will be returned to the sending military treatment facility. Block 32 of the DA Form 5862-R will indicate that enrollment is not warranted.

(e) Forwarding originals of the DA Form 5291-R and DA Form 5762-R with a memorandum under the signature of the EFMP physician when enrollment is warranted for other eligible USAR soldier EFMs to Commander, U.S. Army Reserve Personnel Command, ATTN: ARPC-SFS-F, 1 Reserve Way, St. Louis, MO 63132. If enrollment is not warranted, the DA Form 5291-R and DA Form 5862-R will be returned to the sending military treatment facility. Block 32 of the DA Form 5862-R will indicate that enrollment is not warranted.

*Page 12. Paragraph 3-2 is changed as follows:*

a. The following procedures will be used in considering the documented special education and medical needs of family members during the nominative phase of the assignment process.

b. PERSCOM

(1) The PERSCOM assignment manager will notify the PERSCOM EFMP coordinator (TAPC-EPC-S) of all soldiers enrolled in EFMP who are being considered for assignment.

(2) Upon notification, the PERSCOM EFMP coordinator will—

(a) Forward the EFMP Summary for soldiers considered for assignment to the appropriate medical special needs advisor to verify availability of medical resources for the soldier's EFM. If the special needs advisor can access the

soldier's EFM data on the PERSCOM personnel network, forward only the name and social security number of soldiers considered for assignment.

(b) Forward the EFMP Summary for soldiers considered for assignment outside the United States to the DODDS point of contact (app C) to identify exceptional family member's needs and obtain recommendation for communities with pre-established educational services.

(3) The medical special needs advisor will notify the PERSCOM EFMP coordinator about availability of medical resources within 5 working days for CONUS assignments and 30 calendar days for OCONUS assignments from receipt of EFMP query.

(4) The DODDS point of contact will recommend communities with pre-established educational services to the PERSCOM EFMP coordinator within 30 calendar days from receipt of EFMP query.

(5) Upon notification, the PERSCOM EFMP coordinator will forward the medical and DODDS recommendations (as appropriate) to the assignment manager.

(6) The assignment manager will consider the medical and DODDS recommendations (as appropriate) in the assignment process.

c. Reserve and National Guard. U.S. Army Reserve Personnel Command and Army National Guard will follow the above procedures. The DA Form 5291-R and DA Form 5862-R will be used, where applicable, instead of the EFMP Summary.

*Page 15, Appendix A, Section III, Prescribed Forms, add the following:*

DA Form 7413-R (Exceptional Family Member Program (EFMP) Assignment Coordination Sheet). (Prescribed in para 1-14.)

DA Form 7415-R (Exceptional Family Member Program (EFMP) Querying Sheet). (Prescribed in para 1-29.)

*Page 16, Appendix B, B-4 title is changed as follows:*

**Enroll all soldiers who have family members that require early intervention or special education services**

*Page 16, Appendix C, DODDS Points of Contact, is changed as follows:*

The following list contains DODDS points of contact:

EUROPE AREA OFFICE  
DODDS Europe Area Office  
ATTN: Special Education Coordinator  
CMR 443, Box 125  
APO AE 09096  
Commercial telephone number: 011-49-611-380-7662  
Facsimile: 011-49-611-380-7565

PACIFIC AREA OFFICE  
DODDS Pacific Area Office  
ATTN: Special Education Coordinator

Unit 35007  
FPO AP 96373-5007  
Commercial telephone number: 011-81-98-876-0279  
Facsimile: 011-8198-876-4263

*Page 16, Appendix D, attention line for Europe is changed as follows:*

ATTN: ERMCM-EFMP

*Page 16, Appendix D, second line of message address for Europe is changed as follows:*

ERMCM-EFMP//.

*Page 17, Appendix F is added as follows.*

#### **Appendix F Eligibility Criteria for Early Intervention Services**

Infants and toddlers with disabilities from birth through age 2 are eligible for EIS because they meet one of the following criteria:

a. The child is experiencing a developmental delay as measured by diagnostic instruments and procedures of 2 standard deviations below the mean in at least one area, or by a 25 percent delay in at least one area on assessment instruments that yield scores in months, or a developmental delay of 1.5 standard deviations below the mean in two or more areas, or by a 20 percent delay on assessment instruments that yield scores in months in two or more of the following areas of development: cognitive, physical, communication, social or emotional, or adaptive.

b. The child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, such as chromosomal disorders or genetic syndromes.

*Page 18, Glossary, Section I, Abbreviations. Insert the following new abbreviation:*

**DDESS**  
Domestic Dependent Elementary and Secondary Schools

**EIS**  
Early Intervention Services

**IFSP**  
Individualized Family Service Plan

**RMC**  
Regional Medical Command

*Page 18, Glossary, Section II, Terms. Insert the following new terms:*

**Assistive technology device**

Any item, piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of children with disabilities.

**Assistive technology service**

Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. The term includes the following:

- a. The evaluation of the needs of an individual with a disability, including a functional evaluation in the individual's customary environment.
- b. Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities.
- c. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- d. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing educational and rehabilitative plans and programs.
- e. Training or technical assistance for an individual with disabilities or the family of an individual with disabilities.
- f. Training or technical assistance for professionals (including individuals providing educational rehabilitative services), employers, or other individuals who provide services to employ, or are otherwise substantially involved in the major life functions of an individual with a disability.

**Developmental delay**

The term is described as follows:

- a. A significant discrepancy in the actual functioning of an infant, toddler, or child, birth through age 5, when compared with the functioning of a nondisabled infant, toddler, or child of the same chronological age in any of the following areas: physical, cognitive, communication, social or emotional, and adaptive development as measured using standardized evaluation instruments and confirmed by clinical observation and judgment.
- b. High probability for developmental delay. An infant or toddler, birth through age 2, with a diagnosed physical or mental condition, such as chromosomal disorders or genetic syndromes, that places the infant or toddler at substantial risk of evidencing a developmental delay without the benefit of EIS.

**Early identification**

The implementation of a formal plan for identifying a disability as early as possible in a child's life.

**Early intervention services**

- a. Developmental services that meet the following criteria:
  - (1) Are provided under the supervision of a military medical department.
  - (2) Are provided using Military Health System resources at no cost to the parents. Parents may be charged in

those instances where Federal law provides for a system of payments by families including a schedule of sliding fees, if any, (and incidental fees identified in Army guidance) that are normally charged to infants, toddlers, and children without disabilities or to their parents.

(3) Are designed to meet the developmental needs of an infant or toddler with a disability in any one or more of the following areas:

- (a) Physical.
- (b) Cognitive.
- (c) Communication.
- (d) Social or emotional.
- (e) Adaptive development.

(4) Meet the standards developed or adopted by the Department of Defense.

(5) Are provided by qualified personnel including early childhood special educators, speech and language pathologists and audiologists, occupational therapists, physical therapists, psychologists, social workers, nurses, nutritionists, family therapists, orientation and mobility specialists, pediatricians and other physicians.

(6) Maximally, are provided in natural environments including the home and community settings where infants and toddlers without disabilities participate.

(7) Are provided in conformity with an IFSP.

b. Developmental services include, but are not limited to the following services: family training, counseling, and home visits; special instruction; speech pathology and audiology; occupational therapy; physical therapy; psychological services; service coordination services; medical services only for diagnostic or evaluation purposes; early identification, screening and assessment services; vision services; and social work services. Also included are assistive technology devices and assistive technology services; health services necessary to enable the infant or toddler to benefit from the above EIS; and transportation and related costs necessary to enable an infant or toddler and the family to receive EIS.

**Family training, counseling, and home visits**

Services provided by social workers, psychologists and other qualified personnel to assist the family of an infant or toddler eligible for EIS. Those services assist a family in understanding the special needs of the child and enhancing the child's development.

**Health services**

Services necessary to enable an infant or toddler to benefit from the other EIS being received. The term includes the following:

- a. Services such as clean intermittent catheterization, tracheotomy care, tube feeding, changing of dressings or colostomy collection bags and other health services.

b. Consultation by physicians with other service providers about the special health care needs of infants and toddlers with disabilities that shall need to be addressed in the course of providing other EIS.

c. The term does not include the following:

- (1) Services that are surgical or solely medical.
- (2) Devices necessary to control or treat a medical condition.
- (3) Medical or health services routinely recommended for all infants or toddlers.

#### **Individualized family service plan (IFSP)**

A written document for an infant or toddler, ages birth through 2, with a disability and the family of such infant or toddler that is based on a multidisciplinary assessment of the unique needs of the child and concerns and priorities of the family, and identifies the early intervention and other services appropriate to meet such needs, concerns, and priorities.

#### **Infants and toddlers with disabilities**

Children, ages birth through 2, who need EIS because they:

- a. Are experiencing a developmental delay; or,
- b. Have a diagnosed physical or mental condition that has high probability of resulting in a developmental delay.

#### **Special instruction**

The term includes the following:

- a. The design of learning environments and activities to promote acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction.
- b. Curriculum planning, including the planned interaction of personnel, materials, time, and space that leads to achieving the outcomes in an IEP or an IFSP.
- c. Providing families with information, skills, and support to enhance skill development.
- d. Working with a child to enhance development and cognitive processes.

*Page 18. Section II. Terms. The following term definition is changed as follows:*

#### **Individualized Education Program**

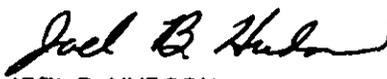
A written document defining specially designed instruction for a student with a disability, ages 3-21, inclusive. This document is developed and implemented in accordance with DODI 1342.12.

2. Post these changes per DA Pam 25-40.
3. File this change in front of the publication.

By Order of the Secretary of the Army:

**ERIC K. SHINSEKI**  
*General, United States Army*  
*Chief of Staff*

Official:

  
**JOEL B. HUDSON**  
*Administrative Assistant to the*  
*Secretary of the Army*

---

**Distribution.** Distribution of this publication is made in accordance with the requirements of initial distribution number (IDN) 092216 intended for command levels C, D, and E for the Active Army, D and E for the Army National Guard, and C, D, and E for the U.S. Army Reserve.



**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSESSMENT GUIDE**

*For use of this form, see AR 608-75; the proponent agency is OACSIM*

**AGENCY: ARMY COMMUNITY SERVICE (ACS)**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
1. Full time EFMP manager has been designated to manage the installation EFMP. If not, indicate percentage of time manager devotes to EFMP.					
2. EFMP manager participates in training.					
3. EFMP manager's office is accessible to persons with disabilities.					
4. EFMP manager submits annual budget request to ACS director.					
5. Installation EFMP committee meets at least quarterly.					
6. Comprehensive EFMP committee minutes are presented to the installation commander for approval.					
7. A copy of EFMP minutes is furnished to medical treatment facility (MTF) commander.					
8. EFMP committee minutes are on file.					
9. EFMP committee representation is appropriate.					

**AGENCY: ARMY COMMUNITY SERVICE (ACS)**

ITEM	Y	N	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
10. Special Needs Resource Team (SNRT) is a subcommittee of installation EFMP committee.					
11. SNRT membership is appropriate.					
12. Installation EFMP standing operating procedure is on file.					
13. EFMP roster is established.					
14. Installation EFMP committee meets at least quarterly.					
15. Relocating soldier's EFM needs are shared with gaining command prior to arrival.					
16. EFMP families are assisted in developing solutions to EFMP issues and problems.					
17. EFMP is monitored per AR 608-75.					
18. Special education information is updated annually from existing information sources.					
19. Families are informed about military and civilian community support services.					

**AGENCY: ARMY COMMUNITY SERVICE (ACS)**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(include required action)</i>
20. Family members are provided with information about rights and responsibilities under laws.					
21. ACS facilities EFMP support groups.					
22. Relocating families of exceptional school age children obtain information for transitioning to the new school per para 2-5b(2), AR 608-75.					
23. Relocating families with exceptional school age children are linked with school officials and medical providers.					
24. ACS assists in the IEP process upon request of parents.					
25. Family-find activities are implemented.					
26. Respite care is provided for children.					
27. Respite care is provided for adults.					
28. Recreational and cultural activities are provided for exceptional family members.					

**AGENCY: ARMY MEDICAL DEPARTMENT**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
1. A physician is designated to provide medical oversight for the EFMP (includes early intervention services).					
2. The EFMP physician ensures that eligible exceptional family members are coded and EFMP summary forwarded for enrollment per para 3-1, AR 608-75.					
3. The EFMP physician has appointed an appropriate EFMP case coordinator.					
4. The EFMP case coordinator performs the responsibilities in para 1-27c, AR 608-75.					
5. Medical resourcing needs are identified and reported to the MTF commander.					
6. All medical providers receive training to become knowledgeable of EFMP requirements.					
7. Standing operating procedures are established in coordination with each medical department or clinic in the MTF to ensure effective screening, identification, and referral for enrollment in EFMP.					
8. The EFMP physician provides professional technical assistance to ACS in development and execution of family-find activities.					
9. The EFMP physician coordinates medical evaluations for disabling conditions of EFMs in concert with the capabilities of local MTF.					

**AGENCY: ARMY MEDICAL DEPARTMENT**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
10. EFMP medical chief provides or coordinates assistance to adult EFMs in concert with capabilities of local MTF.					
11. The EFMP physician ensures that all EFMP medical and administrative staff participates in MTF quality improvement program.					
12. The EFMP physician supervises multidisciplinary team of early intervention service providers at required locations in the United States.					
13. The MTF commander supervises multidisciplinary team of service providers outside the United States.					
14. The MTF commander ensures that multidisciplinary teams outside the United States perform responsibilities in para 1-26, AR 608-75.					
15. The MTF commander performs the responsibilities of the medically related services liaison officer in para 1-26s, AR 608-75.					
16. OCONUS family member deployment screening is completed per para 2-1b, AR 608-75.					
17. Family members have the same priority as active duty military for purpose of OCONUS family member deployment screening and evaluation.					

**AGENCY: ARMY MEDICAL DEPARTMENT**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
18. DA Form 7246-R is completed prior to face-to-face screening.					
19. Family members <i>(children and adults)</i> are screened during routine health care visits.					
20. DA Form 5571 and SF 600 are documented at least annually that patient does or does not have a condition warranting referral for EFMP.					
21. SF 600 is documented when an enrollment referral has been made to the MTF EFMP point of contact.					
22. Physicians are directed to refer soldiers for EFMP enrollment immediately upon diagnosis of an eligible condition of a family member.					
23. Families with EFMs are provided accurate information regarding benefits of TRICARE.					
24. Statistical data for DA Form 5864-R and other pertinent EFMP information are provided to installation EFMP manager.					
25. An appropriately qualified individual is appointed to coordinate, supervise, and manage the EFMP medical components— screening, coding, early intervention services and medically related services.					

**AGENCY: ARMY MEDICAL DEPARTMENT**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
26. An MTF special needs advisor is appointed to respond to queries from U.S. Total Army Personnel Command (PERSCOM), U.S. Army Reserve Personnel Command, and Army National Guard Readiness Center about availability of medical resources.					
27. The MTF special needs advisor responds to PERSCOM, U.S. Army Reserve Personnel Command, and Army National Guard Readiness Center about availability of medical resources within 5 working days for CONUS assignments and 30 calendar days for OCONUS assignments from receipt of EFMP query.					
28. The MTF special needs advisor completes DA Form 7413-R (EFMP Assignment Coordination Sheet) to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.					
29. The MTF special needs advisor forwards a copy of the completed DA Forms 7413-R to their regional medical command on a quarterly basis.					
30. The EFMP physician, the manager of the EFMP medical components, and the MTF special needs advisor attend installation EFMP committee meetings.					

**AGENCY: ARMY MEDICAL DEPARTMENT**

ITEM	YES	NO	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
31. Early intervention at required locations is family centered, community based, with services provided in the child's natural setting and with the parents/primary caregivers present.					
32. All EFMP staff <i>(includes early intervention services)</i> is appropriately qualified and receive annual professional training per medical department guidance.					
33. All children receiving services under Individual With Disabilities Education Act have appropriate documentation on file, including individualized education program/ individualized family service plan, eligibility documentation, due process notification, and progress notes.					

**AGENCY: MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
1. EFMP standard operating procedure is on file.					
2. Soldiers are queried about an EFM during inprocessing using DA Form 7415-R (EFMP Querying Sheet).					
3. Soldiers are queried about an EFM during readiness processing using DA Form 7415-R.					
4. Soldiers are queried about an EFM during reassignment interview using DA Form 7415-R.					
5. Soldiers are queried about an EFM during outprocessing using DA Form 7415-R.					
6. Completed DA Forms 7415-R are provided to the installation EFMP manager on a weekly basis.					
7. OCONUS family member deployment screening is implemented per para 2-1b, AR 608-75					
8. DA Form 4787, DA Form 5889-R, and all EFMP documentation are processed expeditiously.					
9. Soldiers are deferred (except AIT soldiers) until notification is received from OCONUS travel approval authority about available EFMP services.					
10. Local statistical data and other pertinent EFMP information are provided to the installation EFMP manager.					
11. Representative is provided to the installation EFMP committee.					

**AGENCY: CIVILIAN PERSONNEL OFFICE**

ITEM	YES	NO	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS (Include required action)
1. Standing operating procedure is on file.					
2. Facility is accessible to persons with disabilities.					
3. All civilian employees relocating outside U.S. where family member travel is authorized at government expense complete DA Form 5863-R.					
4. DA Form 5863-R is retained on left side of relocating civilian employee's official personnel folder when special needs do not exist.					
5. DA Form 5863-R is forwarded to HQDA (CFSC-FSA) when relocating civilian employee's family member has special needs.					
6. Coordination occurs with gaining DODDS regional office before employee relocates outside U.S. with children requiring special education.					
7. Coordination occurs with gaining medical activity before employee relocates outside U.S. with family members with medical needs.					
8. All civilian employees relocating outside the U.S. are referred to ACS for general information about the new duty station.					
9. Procedures exist for identifying and imposing sanctions against civilian employees who refuse to participate in EFMP.					
10. Statistical data for DA Form 5864-R and other pertinent information on EFMP are provided to installation EFMP manager.					
11. Representative is provided to the installation EFMP committee.					

**AGENCY: DIRECTORATE OF PUBLIC WORKS**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
1. Standing operating procedure exists for processing exceptions to housing assignments.					
2. Facility is accessible to persons with disabilities.					
3. Quarters are specifically set aside for persons with disabilities.					
4. Requests for housing modifications are accommodated.					
5. Statistical data for DA Form 5864-R and other pertinent EFMP information are provided installation EFMP manager.					
6. Representative is provided to the installation EFMP committee.					

**AGENCY: CHILD DEVELOPMENT SERVICES (CDS)**

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS (Include required action)
1. EFMP standing operating procedure for CDS programs is on file.					
2. Facility is accessible to persons with disabilities.					
3. All CDS delivery systems are available to children with disabilities through SNRT process.					
4. Technical assistance requirements are outlined to the installation EFMP manager prior to CDS delivery of services to children with disabilities.					
5. Special needs training is provided to CDS staff.					
6. Local statistical data and other pertinent information on EFM children served by CDS are provided to the installation EFMP manager.					
7. CDS representation is provided to the installation EFMP committee and the SNRT.					
8. CDS works with installation EFMP committee to identify funding sources to support CDS special needs inclusion costs.					
9. Coordination is accomplished with SNRT on youth identified as needing transition from CDS to YS programs.					

**AGENCY: YOUTH SERVICES (YS)**

ITEM	S	Y	N	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS (Include required action)
1. EFMP standing operating procedure for YS programs and activities is on file.						
2. Facility is accessible to persons with disabilities.						
3. All YS programs and activities are available to children with disabilities as determined through SNRT process.						
4. Technical assistance requirements are outlined to the installation EFMP manager prior to delivery of services for youth with disabilities.						
5. Coordination occurs with SNRT on youth identified as needing transition from CDS to YS programs and activities.						
6. Special needs training is provided to YS staff.						
7. YS representation is provided to installation EFMP committee and SNRT.						
8. YS works with installation EFMP committee to identify funding sources to support YS special needs inclusion costs.						
9. Local statistical data and other pertinent information on EFM youth served by YS are provided to the installation EFMP manager.						

**AGENCY: COMMUNITY RECREATION**

ITEM	Y N	O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYY/MM/DD)	COMMENTS <i>(Include required action)</i>
1. EFMP standing operating procedure for community recreation programs and activities is on file.					
2. Facility is accessible to persons with disabilities.					
3. Individuals with disabilities are provided reasonable accommodation.					
4. Technical assistance requirements are outlined to installation EFMP manager prior to delivery of services for individuals with disabilities.					
5. Special needs training is provided to community recreation staff.					
6. Local statistical data and other pertinent information on EFMP are provided to installation EFMP manager.					
7. Representative is provided to installation EFMP committee.					

## EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSIGNMENT COORDINATION SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; E.O. 9397 (SSN); Army Regulation 608-75, EFMP.

**PRINCIPAL PURPOSE:** To document EFMP assignment coordination during the nominative phase of the CONUS military personnel assignment process.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary.

1a. SPONSOR NAME	b. RANK	c. SSN
------------------	---------	--------

2a. FAMILY MEMBER NAME	b. * DIAGNOSIS	c. * SERVICES (Required)	AVAILABLE		d. * EXPLANATION
			YES	NO	

3a. PROJECTED ASSIGNMENT LOCATION	b. * ZIP CODE
-----------------------------------	---------------

**4. INDIVIDUAL WITH WHOM COORDINATION OCCURRED**

a. NAME AND TITLE	b. PHONE NUMBER
-------------------	-----------------

5a. * COMPLETING MILITARY TREATMENT FACILITY	b. COMMERCIAL PHONE NUMBER
	c. DSN PHONE NUMBER
	d. FAX PHONE NUMBER

e. E-MAIL ADDRESS

**6. INDIVIDUAL COMPLETING FORM**

a. PRINTED NAME AND TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
---------------------------	--------------	--------------------

**\* To be completed by Military Treatment Facility, Special Needs Advisor, ONLY**

## EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; E.O. 9397 (SSN); and Army Regulation 608-75, EFMP.

**PRINCIPAL PURPOSE:** To identify soldiers that have family members for enrollment in the EFMP.

**ROUTINE USES:** To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

**DISCLOSURE:** Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

1. NAME OF SOLDIER	2. SSN	3. RANK
--------------------	--------	---------

4. UNIT

5a. HOME ADDRESS	b. HOME PHONE NUMBER
------------------	----------------------

6a. DUTY ADDRESS	b. DUTY PHONE NUMBER
	c. FAX NUMBER

d. EMAIL ADDRESS

7. Do you have a family member (child or adult) with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner?  YES  NO

8. If the answer to the above question is yes, is the family member enrolled in EFMP?  YES  NO

9. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.

10. The above information is true and correct to the best of my knowledge.

a. SIGNATURE OF SOLDIER	b. DATE SIGNED (YYYYMMDD)
-------------------------	---------------------------

Personal Affairs

**Exceptional Family Member Program**

---

**History.** This regulation was last published on 24 May 1996. This printing publishes a change 1.

**Summary.** This change revises DA Form 5291-R (Army Exceptional Family Member Program Educational Summary) and DA Form 5862-R (Army Exceptional Family Member Program Medical Summary).

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, U.S. Army Community and Family Support Center, ATTN: CFSC-SFA, Alexandria, VA 22331-0521.

---

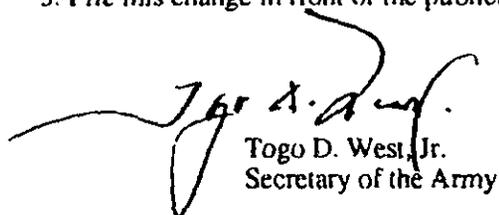
1. AR 608-75, 24 May 1996 is changed as follows:

Page 45. Replace DA Form 5291-R.

Page 53. Replace DA Form 5862-R.

2. Post these changes per DA PAM 310-13.

3. File this change in front of the publication.



Togo D. West, Jr.  
Secretary of the Army

---

**Distribution:** Distribution of this publication is made in accordance with the requirements of initial distribution number (IDN) 092216 intended for command levels C, D, and E for Active Army; D and E for the Army National Guard, and C, D, and E for the U.S. Army Reserve.

## ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

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

**AUTHORITY:** PL 95-561 (*Defense Dependents' Education Act of 1978*); PL 101-476 (*Individuals with Disabilities Education Act*); PL 102-119 (*Individuals with Disabilities Education Act Amendments of 1991*); DODI 1342.12 (*Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*), March 12, 1996; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependents Schools Outside the United States*), August 28, 1986; 10 USC 3013; 20 USC 921 *et seq.* and 1400 *et seq.*

**PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of:

- (1) Family members of all soldiers.
- (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

**ROUTINE USES:**

- (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --
  - (a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.
  - (b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.
- (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude --

- (1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Readiness Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. A soldier's refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.
- (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense.

### SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (and for military personnel recommendations for my next assignment).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

### SECTION B - SPONSOR INFORMATION (please print or type)

4. NAME (Last, First, Middle Initial)

5. MILITARY DEPARTMENT AFFILIATION (Specify if Civilian)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (Must be a 3-line address which includes street address or P.O. Box, and Zip Code)

10. HOME PHONE (Include Area Code)

11. DUTY ADDRESS (Must be a 3-line address which includes street address or P.O. Box, and Zip Code)

12. DUTY PHONE

a. DSN

b. COMMERCIAL (Include area code)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (If known)

14. PROJECTED DATE OF NEXT ASSIGNMENT

**SECTION C - FAMILY MEMBER INFORMATION (please print or type)**

15. NAME (Last, First, Middle Initial)	16. SEX	17. DATE OF BIRTH (DDMMYYYY)	18. FAMILY MEMBER PREFIX
--	---------	------------------------------	--------------------------

**SECTION D - EDUCATIONAL SUMMARY**

TO BE COMPLETED BY EARLY INTERVENTION PROVIDER/SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this child's military sponsor. Please provide complete and accurate information.

19. IS THIS STUDENT ELIGIBLE FOR EARLY INTERVENTION OR SPECIAL EDUCATION AS DESCRIBED IN INDIVIDUALS WITH DISABILITIES EDUCATION ACT? (X one)

a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor	SIGNATURE	DATE SIGNED
b. If "YES," complete and sign items 19b thru 30, except for block 29.	SIGNATURE	DATE SIGNED

20. UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? (May only select 20a, 20b, or 20c)

a. Ages 3-21 (X all that apply)

(X)	CODE	(X)	CODE	(X)	CODE
	N07 Autistic		N04 Mentally Retarded		N06 Orthopedically Impaired
	N02 Blind		Mild to moderate		N08 Other Health Impaired
	N11 Visually Impaired		Moderate to severe (trainable)		N10 Seriously Emotionally Disturbed
	N01 Deaf		Severe to profound		N12 Specific Learning Disability
	N03 Hearing Impaired		N05 Traumatic brain injury		N09 Speech Impaired

b. Birth through age 2 (infants and toddlers)

N13 Developmental Delay       N14 At Risk for Developmental Delay

c. If student is enrolled in the Department of Defense Dependents Schools (DODDS), under which criteria are they qualified for special education?

Criterion A       Criterion B       Criterion C       Criterion D       Criterion E

21. PRESENT LEVEL OF PERFORMANCE (X appropriate column to indicate student's present level in each area)

CODE	(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay
Q01 a. Self-Help					
Q02 b. Gross Motor					
Q03 c. Fine Motor					
Q04 d. Social					
Q05 e. Cognitive					
Q06 f. Expressive Language					
Q07 g. Receptive Language					

h. Reading and Math Grade Levels (Use the following codes to indicate reading and math grade levels)

O - kindergarten    9 - 9th grade    A - 10th grade    B - 11th grade    C - 12th grade    W - preschool  
 Y - no formal education    Z - unknown

Reading Grade Level       Math Grade Level

22. SERVICES REQUIRED AND LISTED ON INDIVIDUALIZED EDUCATION PROGRAM (IEP) (X and complete, as applicable, all services currently received)

CODE	(X)	(1) Duration of Contact (Minutes)	(2) Frequency of Contact (D, W, M, Q, Y)	(3) Select Highest Level of Intensity		
				Monitoring	Consult	Direct
S01 a. Audiology						
S02 b. Counseling						
S03 c. Occupational Therapy						
S04 d. Psychological Services						
S05 e. Physical Therapy						
S06 f. Therapeutic Recreation						
S07 g. School Health Services						
S08 h. Social Work Services						
S09 i. Speech Therapy						



**SECTION E - ACKNOWLEDGEMENTS**

**30. SPONSOR OR SPONSOR'S SPOUSE:**

The above information has been reviewed and found to be accurate and complete.

a. SIGNATURE	b. DATE SIGNED
--------------	----------------

**31. SCHOOL PERSONNEL**

a. TYPED OR PRINTED NAME <i>(Last, First, MI)</i>	b. TITLE	c. TELEPHONE <i>(Include area code)</i>
d. NAME OF SCHOOL	e. ADDRESS <i>(Include Zip Code)</i>	f. SCHOOL DISTRICT
g. SIGNATURE		h. DATE SIGNED

**31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY**

**32. FOR USE IN THE EFMP CODING PROCESS:**

a. Special medical needs that need to be coordinated with overseas command     YES     NO

b. Disenrollment code *(If applicable, please enter one of the following)*

D - Death    E - Educational Condition No Longer Exists    M - Medical Condition No Longer Exists   

N - No Longer Meets Requirements    S - Separation/Retirement    V - Divorce

c. NAME OF CODER <i>(Last, First, Middle Initial)</i>	d. MEDICAL TREATMENT FACILITY CODE
---	------------------------------------

## ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

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

**AUTHORITY:** PL 95-561 (*Defense Dependents' Education Act of 1978*); PL 101-476 (*Individuals With Disabilities Education Act*); PL 102-119 (*Individuals With Disabilities Education Act Amendments of 1991*); DODI 1342.12 (*Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas*), March 12, 1996; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), August 28, 1986; 10 USC 3013, 20 USC 921 *et seq.* and 1400 *et seq.*

**PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of:  
(1) Family members of all soldiers and (2) Family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

**ROUTINE USES:** (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --

(a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.

(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children and medical needs of family members of Department of the Army civilian employees.

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

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude --

(1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Readiness Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. A soldier's refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

(2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with family members with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their family members transported to the duty assignment outside the United States at Government expense.

### SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

### SECTION B - SPONSOR INFORMATION (*please print or type*)

4. NAME (*Last, First, MI*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P.O. Box, and Zip Code*)

10. HOME PHONE (*Include area code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P.O. Box, and Zip Code*)

12. DUTY PHONE

a. DSN

b. COMMERCIAL (*Include area code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT ASSIGNMENT

### SECTION C - FAMILY MEMBER INFORMATION (*please print or type*)

15. NAME (*Last, First, MI*)

16. SEX

17. DATE OF BIRTH  
(DDMMYYYY)

18. FAMILY MEMBER PREFIX

**SECTION D - MEDICAL SUMMARY**  
(To be completed only by a physician or other designated medical practitioner)

MEDICAL PRACTITIONER. Please fill out this form as completely and as accurately as possible. Utilize ICD 9-CM or DSM-IV, if possible. List additional diagnoses and problems under "e" Explanation below.

**19. DIAGNOSES AND CARE FREQUENCY**

a. CURRENT ACTIVE DIAGNOSES	b. ICD-9/DSM-IV	c. SEVERITY A - Mild B - Moderate C - Severe	d. FREQUENCY OF CARE (Insert appropriate letter) Y - Yearly Q - Quarterly M - Monthly W - Weekly D - Daily N - None Use 0 thru 9 for number of times Y, Q, M, W, D, N.	
			(1) Inpatient Care	(2) Outpatient Care

e. Explanation of diagnoses that are not described exactly as the ICD-9 or DSM-IV diagnosis:

**20. CARE PROVIDERS.** In column a, X the current medical providers essential for care of the patient. Use the same frequency codes as 19d. Column 20a is a mandatory entry.

a. CODE	TYPE	b. FREQUENCY	a. CODE	TYPE	b. FREQUENCY
	C01 Allergist			C28 Obstetrician	
	C02 Cardiologist, General			C29 Orthodontist	
	C03 Cardiologist, Pediatric			C30 Pediatrician	
	C04 Dentist			C31 Podiatrist	
	C05 Dermatologist			C32 Psychiatrist	
	C06 Developmental Pediatrician			C33 Pulmonologist	
	C07 Dietary/Nutrition Specialist			C34 Podiatrist	
	C08 Endocrinologist, General			C35 Psychiatrist, General	
	C09 Endocrinologist, Pediatric			C36 Psychiatrist, Child	
	C10 Family Practitioner			C37 Psychologist, Clinical	
	C11 Gastroenterologist, General			C38 Psychologist, Clinical w/Child Exp.	
	C12 Gastroenterologist, Pediatric			C39 Rheumatologist, General	
	C13 General Medical Officer			C40 Rheumatologist, Pediatric	
	C14 Geneticist			C41 Transplant Team	
	C15 Gynecologist			C42 Surgeon, Cardio-thoracic	
	C16 Hemodialysis Team			C43 Surgeon, General	
	C17 Hematologist/Oncologist, General			C44 Surgeon, Neuro	
	C18 Hematologist/Oncologist, Pediatric			C45 Surgeon, Oral	
	C19 Immunologist			C46 Surgeon, Otorhinolaryngologist	
	C20 Internist			C47 Surgeon, Orthopedic, General	
	C21 Nephrologist, General			C48 Surgeon, Orthopedic, Pediatric	
	C22 Nephrologist, Pediatric			C49 Surgeon, Pediatric	
	C23 Neurologist, General			C50 Surgeon, Plastic	
	C24 Neurologist, Pediatric			C51 Urologist	
	C25 Nuclear Medicine Physician			C52 Other (Specify)	
	C26 Ophthalmologist, General				
	C27 Ophthalmologist, Pediatric				

**21. ARTIFICIAL OPENINGS/SHUNTS (X all that apply)**

CODE	TYPE	F05	Colostomy
	F01 Gastrostomy		F06 Ileostomy
	F02 Tracheostomy		F99 Other (Specify)
	F03 CSF Shunt		
	F04 Cystostomy		

**22. SERVICES REQUIRED (X all that apply)**

CODE	TYPE	J10	Audiology Services
J01	Cognitive Enrichment Program	J11	High Risk Newborn Follow-up Services
J02	Program for Visually Impaired	J20	Standard Therapy for Speech/Language Impairments
J03	Social Work Services	J21	Therapy for Hearing Impaired (Includes signing)
J04	Occupational Therapy	J22	Total Communication Therapy (Includes signing for hearing persons)
J05	Community Health Nurse Services	J23	Augmentative Speech Therapy (Uses Communication Devices)
J06	Program for Oral Motor RX	J24	Alaryngeal Speech Therapy (Rehabilitation after laryngeal surgery)
J07	Apnea Monitor Home Program	J99	Other (Specify)
J08	Physical Therapy		
J09	Community Mental Health Services		

**23. ADAPTIVE EQUIPMENT NEEDS (X all that apply)**

CODE	TYPE	L08	Wheelchair (Manual)
L01	Ambulatory Aids	L09	Cardiac Pacemaker
L02	Communication Aids	L10	Wheelchair (Electric)
L03	Apnea Monitor	L11	Augmentative Speech Aids
L04	Hearing Aids/Auditory Trainer	L12	Home Oxygen Therapy
L05	Artificial Limbs	L99	Other (Specify)
L06	Respiratory Aids		
L07	Braces/Splints		

24. ARCHITECTURAL CONSIDERATIONS (X if applicable)  Limited Steps  Complete Wheelchair Accessibility

25. MEDICATIONS (List all medications required by the patient on a routine basis, including chemotherapy, radiation therapy, psychotropics and blood products. This block must be filled in with either medication or none.)

26. Has this patient had cancer or leukemia in the past?  YES  NO

If yes, this patient has been disease-free for \_\_\_\_\_ years and has a \_\_\_\_\_ % chance of remaining disease-free. The above statement should be completed only by a physician knowledgeable about the disease and its prognosis.

27. TREATMENT PLANNED (Describe treatment or surgery planned or likely within the next 3 years, including expected duration. List any other problems or family circumstances that should be considered in the assignment of the sponsor. This block should be filled out in detail for any chronic disorder requiring weekly to monthly care or more than four specialists yearly)

28. HAS THERE BEEN INTENSIVE MENTAL HEALTH CARE WITHIN THE LAST 5 YEARS? (If yes, explain inpatient and/or outpatient care with emphasis on clinical course, compliance, prognosis, and participation of family members in treatment.)  YES  NO

29. FUNCTIONAL DISABILITY SCALE

INSTRUCTIONS

1. The functional disability scale should be completed by the practitioner after discussion with the family member and review of medical records.

a. The functional disability scale records the impact the patient's disease process or disability is having on selected activities of daily living. These activities are listed as:

- (1) Bathing, dressing, eating. This reflects ability to care for one's self in a manner appropriate for one's age.
- (2) Quiet activity such as reading, playing a board game, doing handwork.
- (3) Vigorous activity such as gym class in school, organized sports, hiking, etc.
- (4) School or work. This reflects endurance and absences due to illness.
- (5) Sleep. This reflects the frequency with which sleep is disrupted by the illness or disability.
- (6) Socialization with peers such as conversations, going to the movies with one's peers, attending parent groups, etc.

b. The level of disability indicates the extent to which the activity is constrained or impacted by the illness or disability.

- (1) None means none.
- (2) Partial means the disability partly, but not completely, prevents or impacts the activity.
- (3) Total means the disability totally prevents the activity from occurring.

c. Equipment assistance indicates those activities that are possible or greatly improved with the use of adaptive equipment or durable medical equipment. Examples would be a forearm prosthesis assisting with bathing, dressing, and eating, sleeping assisted with nasal prong oxygen, or a communication board assisting with socialization with peers.

d. Frequency of interference asks you to estimate how often the activity is compromised by the illness or disability.

2. The scale should reflect the ability of the patient to engage in the activities in comparison to his or her same aged, non-disabled peers. For instance, if 2-month-old infant has an illness that is not impacting his or her ability to eat in a manner comparable to non-disabled peers, that child would have "none" listed for level of disability under "bathing, dressing, eating" even though the infant is not independent in those activities.

a. Activity	b. Level of Disability (Enter N - None, P - Partial, T - Total)	c. Equipment (Enter N - Not Used, U - Used)	d. Frequency of Interference (Enter appropriate letter and number: Y - Yearly, Q - Quarterly, M - Monthly, D - Daily, N - N/A. Use 0 - 9 for number of times Y, Q, M, D)
(1) Bathing, Dressing, Eating			
(2) Quiet Activity			
(3) Vigorous Activity			
(4) School or Work			
(5) Sleep			
(6) Socialization with Peers			

**SECTION E - ACKNOWLEDGEMENTS**

**30. PATIENT OR SPONSOR:**

The above medical information has been reviewed and found to be accurate and complete.

a. SIGNATURE

b. DATE SIGNED

**31. MEDICAL PRACTITIONER**

a. TYPED OR PRINTED NAME OF MEDICAL PRACTITIONER COMPLETING THE DA FORM 5862-R

b. TELEPHONE NUMBER

(1) DSN

c. ADDRESS OF MEDICAL PRACTITIONER *(Include Zip Code)*

(2) COMMERCIAL *(Include area code)*

d. SIGNATURE OF MEDICAL PRACTITIONER

e. DATE SIGNED

**f. PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes the DA Form 5862-R)***

g. TYPED OR PRINTED NAME OF PHYSICIAN

h. RANK OF PHYSICIAN *(typed or printed)*

i. TITLE OF PHYSICIAN *(typed or printed)*

j. GRADE OF PHYSICIAN *(typed or printed)*

k. SIGNATURE OF PHYSICIAN

l. DATE SIGNED

**32. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY**

**33. FOR USE IN THE EFMP CODING PROCESS**

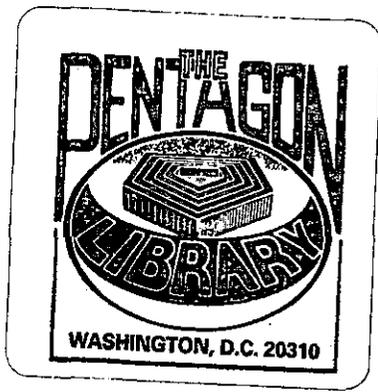
a. Child is in residential treatment facility receiving medical care not available overseas; assign with  YES  NO  
*Individual case consideration.*

b. Please enter disenrollment code *(if applicable)*: D - Death E - Educational condition no longer exists  
M - Medical condition no longer exists N - No longer meets requirements S - Separation/Retirement V - Divorce

c. NAME OF CODER *(Last, first, middle initial)*

d. MEDICAL TREATMENT FACILITY CODE





0001057593

6

0001057593



PENTAGON LIBRARY

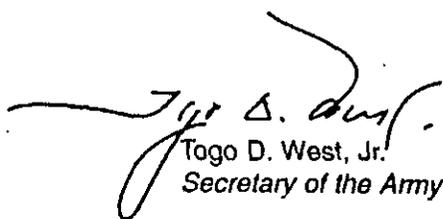
**Unclassified**

PIN 071778-000

Effective 24 June 1996

Personal Affairs

Exceptional Family Member Program



Togo D. West, Jr.  
Secretary of the Army

Army Reserve. It also applies to Department of the Army civilians and retired military personnel and their families.

**Proponent and exception authority.**

The proponent of this regulation is the Assistant Chief of Staff for Installation Management. The Assistant Chief of Staff for Installation Management has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. The Assistant Chief of Staff for Installation Management may delegate this authority, in writing, to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

**Army management control process.**

This regulation contains management control provisions in accordance with AR 11-2, but does not contain checklists for conducting management control reviews that are used to accomplish assessment of management controls.

**Supplementation.** Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from ATTN DAIM-ZA, ASSISTANT CHIEF OF STAFF INSTALLATION MANAGEMENT, 600 ARMY PENTAGON, WASHINGTON DC 20310-0600.

**Interim changes.** Interim changes to this

regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521.

**Committee Continuance Approval.** The Department of the Army Committee Management Officer concurs in the continuance of the Headquarters, Department of the Army and installation Exceptional Family Member Program committees.

**Distribution.** Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 2216, intended for command levels C, D, and E for the Active Army, D and E for the Army National Guard, and C, D, and E for the U.S. Army Reserve.

**History.** This issue publishes a revised Army regulation.

**Summary.** This regulation outlines the policies and procedures for the Exceptional Family Member Program. It implements Department of Defense Directive 1342.17 and portions of Department of Defense Directive 1020.1. It also implements Department of Defense Instruction 1010.13, Department of Defense Instruction 1342.12, and Department of Defense Instruction 1342.14.

**Applicability.** The regulation applies to the Active Army, the Army National Guard in the United States (ARNGUS), and the U.S.

**Contents** (Listed by paragraph and page number)

**Chapter 1**  
**Program Management, page 1**

*Section 1*

General, page 1

Purpose • 1-1, page 1

References • 1-2, page 1

Explanation of abbreviations and terms • 1-3, page 1

Statutory and Department of Defense requirements • 1-4, page 1

Concept • 1-5, page 1

Identification and enrollment • 1-6, page 1

Sanctions • 1-7, page 1

Objectives of the Exceptional Family Member Program • 1-8, page 2

General prohibitions against discrimination • 1-9, page 2

*Section 11*

Responsibilities, page 2

Assistant Secretary of the Army (Manpower and Reserve Affairs) • 1-10, page 2

Assistant Chief of Staff for Installation Management • 1-11, page 2

The Chief of Public Affairs • 1-12, page 2

The Judge Advocate General and the Chief of Chaplains • 1-13, page 2

Chief, Army Reserve • 1-14, page 2

Chief, National Guard Bureau • 1-15, page 2

Commanding General, U.S. Army Community and Family Support Center • 1-16, page 3

Commanding General, U.S. Total Army Personnel Command • 1-17, page 3

Commander, U.S. Army Medical Command • 1-18, page 3

Commander, 18th Medical Command, Korea • 1-19, page 4

Commanders of major Army commands • 1-20, page 4

Commanders, U.S. Army Medical Command Health Service Support Areas in the United States • 1-21, page 5

\*This regulation supersedes AR 608-75, 7 December 1993.

## Contents—Continued

Commander, U.S. Army Medical Command Health Service  
Support Area outside the United States • 1-22, *page 5*  
Commanders of OCONUS travel approval authorities • 1-23,  
*page 5*  
Installation commanders • 1-24, *page 5*  
Installation Exceptional Family Member Program managers • 1-25,  
*page 6*  
Medical treatment facility commanders • 1-26, *page 6*  
Medical treatment facility Exceptional Family Member Program  
medical chiefs in the United States • 1-27, *page 7*  
Medical treatment facility Exceptional Family Member Program  
medical chiefs outside the United States • 1-28, *page 7*  
Army training center commanders • 1-29, *page 7*  
Commanders of CONUS and OCONUS military personnel  
divisions and personnel service companies • 1-30, *page 7*  
Chiefs of civilian personnel offices • 1-31, *page 7*  
Installation staff judge advocates • 1-32, *page 7*  
Installation public affairs officers • 1-33, *page 8*  
Directors of Public Works • 1-34, *page 8*  
Child development services coordinators • 1-35, *page 8*  
Youth services program managers • 1-36, *page 8*  
Community recreation division chiefs and program managers  
• 1-37, *page 8*

### Chapter 2

#### Policy, *page 8*

Military personnel • 2-1, *page 8*  
Department of the Army civilian employees • 2-2, *page 9*  
Medical services • 2-3, *page 9*  
Housing • 2-4, *page 10*  
Community support services • 2-5, *page 10*

### Chapter 3

#### Procedures, *page 11*

Army Medical Department • 3-1, *page 11*  
Military personnel agencies • 3-2, *page 12*  
Civilian Personnel Office • 3-3, *page 12*

### Chapter 4

#### Exceptional Family Member Program Report, *page 13*

General • 4-1, *page 13*  
Installation Exceptional Family Member Program Report  
(RCSGPA-1730) • 4-2, *page 13*  
Review and summary of reports • 4-3, *page 13*

### Appendixes

A. References, *page 15*  
B. Exceptional Family Member Program Medical and  
Educational Criteria for Enrollment\*, *page 16*  
C. DODDS Points of Contact, *page 16*  
D. Medical Points of Contact, *page 16*  
E. Instructions for Completing DA Form 5888-R, *page 17*

### Table List

Table 4-1: Preparation instructions for DA Form 5864-R, *page 14*

### Figure List

Figure 2-1: Sample respite care course outline, *page 11*

### Glossary

### Index

# Chapter 1 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 requirements

a. Section 4151, et seq. title 42, United States Code, requires certain federally owned, leased, or funded buildings and facilities to be accessible to persons with physical disabilities.

b. Section 794, title 29, United States Code, prohibits discrimination based on disability in programs and activities receiving Federal financial assistance.

c. Section 1400, et seq. title 20, United States Code, requires free appropriate public education for all children with disabilities, to include special education and certain related services.

d. Section 921, et seq. title 20, United States Code, requires Department of Defense Dependents Schools (DODDS) to provide programs designed to meet the special needs of students with disabilities in locations outside the United States.

e. Department of Defense Directive (DODD) 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense, 31 March 1982, prohibits discrimination based on disability in programs and activities receiving Federal financial assistance, disbursed by the Department of Defense in programs and activities conducted by the Department of Defense.

f. DODD 1342.17, Family Policy, 30 December 1988, establishes policies, assigns responsibilities, and prescribes procedures on family policy for DOD personnel (military personnel in an Active, National Guard, Reserve, or Retired status and civilian personnel) and their families. *See change, dtd 28 April 2000*

\*g. Department of Defense Instruction (DODI) 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 children with disabilities 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 students with disabilities in DODDS.

h. DODI 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States, 28 August 1986, establishes policies and procedures to provide medically related services to children receiving or eligible to receive special education. It requires that, if medically related services are likely to be required or considered, military assignments be pinpointed to areas where resources are available and that medical centers be established in consultation with DODDS within designated areas of geographical responsibility outside the U.S. capable of providing necessary medically related services to support the needs of eligible beneficiaries. It also promotes the development of a coordinated network for health care provider training and delivery of medically related services.

i. DODI 1342.14, Monitoring of the Provision of Related Services to Handicapped Children in the DOD Dependents Schools, 25 August 1986, establishes policies and procedures for monitoring the provision of related services.

\* ADD PAR (See change 3, dtd 28 April 00)

### 1-5. Concept

The EFMP, working in concert with other military and civilian agencies, is designed to provide a comprehensive, coordinated, multi-agency approach for medical, educational, community support, housing, and personnel services to families with special needs. Delivery of reimbursable and non-reimbursable services is based on legislative and DOD authority and Army policy.

### 1-6. Identification and enrollment

a. The following soldiers with exceptional family members (EFMs) (children and adults) will enroll in the EFMP.

(1) Active Army.

(2) U.S. Army Reserve (USAR) soldiers in the USAR-Active Guard Reserve (AGR) program and other USAR soldiers on active duty exceeding 30 days.

(3) Army National Guard AGR personnel serving under authority of title 10, United States Code (10 USC).

b. Participants in the EFMP are enrolled permanently in the program unless medical or special education needs warrant case closure or the soldier is separated from the Army. Soldiers are responsible for keeping the medical and/or special education needs documentation current as EFM condition changes or at least every 3 years whichever comes first. Procedures for periodic update and termination of enrollment are contained in paragraph 3-1b.

c. Soldiers who are members of the Army Married Couples Program will both enroll in the EFMP when they have a family member that qualifies. This process will ensure that the assignment manager of each sponsor considers the family's special needs.

d. Department of the Army civilians will identify dependent children with special education and medically related service needs and family members with medical needs each time they process for an assignment to a location outside the United States where family member travel is authorized at Government expense. Identification procedures are described in paragraph 3-3.

### 1-7. Sanctions

a. Soldiers and Department of the Army (DA) civilians will provide accurate information as required by this regulation when requested to do so by authorized Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. DA civilians who refuse to provide such information will be denied the privilege of having their family members transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.

b. Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to initially enroll in EFMP, and who knowingly and willfully disregard the 3 year anniversary to update review of the EFM condition. (A false official statement is a violation of article 107, Uniform Code of Military Justice (UCMJ); knowing failure or refusal to enroll in the EFMP or willfully disregarding the mandatory update review of the EFM condition may constitute a dereliction of duty in violation of Article 92, UCMJ). These actions will include at a minimum a general officer letter of reprimand. However, a letter of reprimand must be based on evidence that the soldier willfully refused enrollment, knowingly provided false information either regarding special education or medical services or both, or disregarded the requirement to periodically update the condition of the family member (at least every 3 years).

c. The fact that a civilian employee has a dependent child with special education and medically related service needs or a family member with medical needs cannot be the basis for nonselection for a position outside the United States. However, knowingly providing false information or concealing such information may subject an employee to criminal prosecution and administrative disciplinary action.

## 1-8. Objectives of the Exceptional Family Member Program

The following are objectives of the EFMP:

a. To provide certain reimbursable and nonreimbursable medically related services to children with disabilities per DODI 1342.12 with the same priority as medical care to the active duty soldier.

b. To assess, document, and code the special education and medical needs of eligible family members in all locations, and forward these coded needs to the military personnel agencies in paragraph 3-1 for consideration during the assignment process.

c. To consider the medical needs of the EFM during the continental United States (CONUS) and outside the continental United States (OCONUS) assignment process. To consider the special education needs of the EFM during the OCONUS assignment process (excludes Alaska and Hawaii). To assign soldiers to an area where the EFM's medical and special education needs can be accommodated, provided there is a valid personnel requirement for the soldier's grade and specialty.

d. To provide a mechanism for DA civilians to—

(1) Inform the Department of Defense Dependents Schools of the arrival of dependent children with special education and medically related service needs.

(2) Inform the gaining medical activity of the arrival of family members with medical needs.

e. To ensure that all eligible family members receive information and assistance needed to involve them with community support services to meet their needs.

f. To ensure facility and program accessibility to individuals with disabilities. (See AR 600-7.)

g. *ADD CS see change, dtd. April 2000*

## 1-9. General prohibitions against discrimination

a. No qualified person with a disability will, on the basis of disability, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination under the EFMP in any program or activity that receives or benefits from Federal financial assistance disbursed by HQDA. (See AR 600-7.)

b. Each EFMP component will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified person. An exception is if the installation commander demonstrates to the Assistant Secretary of the Army (Manpower and Reserve Affairs) or designee that the accommodation would impose an undue hardship on the operation of the program. Reasonable accommodation includes the following:

(1) Making facilities readily available, usable, and accessible to persons with disabilities.

(2) Acquisition or modification of equipment or devices, such as telecommunication devices for the deaf or other electronic devices for impaired sensory, manual, or speaking skills.

(3) Provision of readers or sign-language interpreters.

(4) Wide dissemination of information on how persons with disabilities can access services.

## Section II Responsibilities

### 1-10. Assistant Secretary of the Army (Manpower and Reserve Affairs)

The Assistant Secretary of the Army (Manpower and Reserve Affairs) will provide a civilian personnel representative to the HQDA EFMP committee.

### 1-11. Assistant Chief of Staff for Installation Management

The Assistant Chief of Staff for Installation Management (ACSIM) will—

a. Develop policy guidance to implement the EFMP.

b. Be the program manager for the Army Family Housing (AFH) and Military Construction, Army appropriations.

c. Serve as the functional manager for the AFH, Unaccompanied

Personnel Housing, and Guest House programs including the Operation, Administration, and Furnishings (H) Account of the Operation and Maintenance, Army appropriation.

d. Develop policy and procedures for the administration, operation, and management of the Army's housing programs.

e. Designate the Chief, Army Housing Division of the Directorate for Facilities and Housing as advisor and executive agent for the ACSIM in matters pertaining to the day-to-day operation and management of Army housing programs. As such, the Chief will perform as functional manager for the execution of Army housing programs and provide a representative to the HQDA EFMP committee.

### 1-12. The Chief of Public Affairs

The Chief of Public Affairs will—

a. Develop communications strategy and policy and advise the HQDA EFMP committee members on policy regarding the release of information.

b. Provide feedback to the HQDA EFMP committee on the effectiveness of the communications strategy.

c. Provide a representative to the HQDA EFMP committee.

### 1-13. The Judge Advocate General and the Chief of Chaplains

The Judge Advocate General (TJAG) and the Chief of Chaplains (CCH) assignment authorities will maintain and use computer hard copy printout of EFMP Summary provided by PERSCOM in assignment considerations for officer personnel under their control.

### 1-14. Chief, Army Reserve

*See change, April 2000*  
The Chief, Army Reserve (CAR), will—

a. Implement and maintain a system for assessing the needs of EFM's in the military personnel assignment process.

\*b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)

\*c. Coordinate with ACS on CONUS installations to determine availability of services for the soldier's EFM. (See para 3-2.)

d. When possible, assign soldiers to an area where the special needs of their EFM can be accommodated per paragraph 2-1.

e. Consider, when possible, alternate assignments for soldiers when family travel or command sponsorship OCONUS is disapproved due to lack of general medical care or soldiers are pending assignment to a CONUS location where care for the EFM is not available.

f. Assign soldiers with children who have educational disabilities within the Army area of geographic responsibility for the provision of medically related services when consistent with the needs of the Army and the career progression of the soldier.

g. Notify soldiers of EFMP enrollment.

h. Remind soldiers of their responsibility to update EFMP enrollment at least by the 3 year anniversary.

i. Provide statistical reports as required.

j. Provide a representative to the HQDA EFMP committee.

### 1-15. Chief, National Guard Bureau

The Chief, National Guard Bureau (CNGB), will—

a. Implement and maintain a system for assessing the needs of EFM's in the military personnel assignment process.

\*b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)

\*c. Coordinate with ACS on CONUS installations to determine availability of services for the soldier's EFM. (See para 3-2.)

d. When possible, assign soldiers to an area where the special needs of their EFM can be accommodated per paragraph 2-1.

e. Consider, when possible, alternate assignments for soldiers when family travel or command sponsorship OCONUS is disapproved due to lack of general medical care or soldiers are pending assignment to a CONUS location where care for the EFM is not available.

f. Assign soldiers with children who have educational disabilities within the Army area of geographic responsibility for the provision

*See change 2, dtd April 2000*

of medically related services when consistent with the needs of the Army and the career progression of the soldier.

- g. Notify soldiers of EFMP enrollment.
- h. Remind soldiers of their responsibility to update EFMP enrollment at least by the 3 year anniversary.
- i. Provide statistical reports as required.
- j. Provide a representative to the HQDA EFMP committee.

*ADD See change 2, dtd April 2000*  
**1-16. Commanding General, U.S. Army Community and Family Support Center**

The Commanding General, U.S. Army Community and Family Support Center (USACFSC), will perform the following functions for the ACSIM:

- a. To the extent permitted by law, formulate DA policy on EFMP using the following criteria:
  - (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 increase or decrease family earnings? Do the proposed benefits of the action justify the impact on the family budget?
  - (4) Can the activity be carried out by a lower level of Government or by the family itself?
  - (5) What message, intended or otherwise, does the program send to the public concerning the status of the family?
  - (6) What message does the program send to young people concerning the relationship between their behavior, their personal responsibility, and the norms of our society.
- b. Ensure that soldiers, civilians, and their families are informed of the policy in this regulation.
- c. Ensure that EFMPs are developed based on installation-specific needs and mission requirements.
- d. Analyze major Army command (MACOM) and installation EFMP program reports and resource requirements.
- e. Coordinate and submit EFMP resource requirements through budget channels.
- f. Ensure that EFMP activities are allocated the resources required to accomplish their mission, as developed by installation commanders in coordination with subclaimants, MACOMs, and Army headquarters.
- g. Ensure that EFMP activities collaborate with other military and civilian agencies to maximize use of allocated resources.
- h. Develop and implement a program evaluation system to assess service effectiveness and efficiency of overall EFMP operations, and to ensure that results of the evaluation process are included in plans for program improvement.
- i. When related services of a medical nature are at issue, ensure that DOD monitoring team recommendations (including those to be furnished through an interagency agreement) are promptly implemented, unless otherwise directed by the Assistant Secretary of Defense (Personnel and Readiness) in consultation with the Assistant Secretary of Defense (Health Affairs).
- j. Ensure that medically related service program implementation plans are submitted to the Assistant Secretary of Defense (Health Affairs).
- k. Establish and chair a multiagency HQDA EFMP committee. Members will include, at a minimum, representatives from the Army Community Service (ACS), Child Development Services (CDS), the U.S. Army Medical Command (USAMEDCOM), U.S. Total Army Personnel Command (PERSCOM), the Office of the ACSIM, the National Guard Bureau, the Office of the Chief of Army Reserve, the Office of the Chief of Public Affairs, and the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs). This committee will advise USACFSC on EFMP issues.
  - l. Provide technical assistance through CONUS and OCONUS field visits.
  - m. Monitor compliance with this regulation and DODI 1342.14.

n. Sponsor training workshops for MACOM and installation personnel.

o. Develop guidance for family-find activities in coordination with USAMEDCOM and DODDS.

p. Approve memorandums of understanding (MOUs) among Army, MACOM staffs, and DODDS.

q. Ensure that EFMP research and program evaluation are directed towards an increased understanding of the following:

- (1) The relationship between family factors, 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, civilians, and their families.
- (4) Soldiers, civilians, and their families (for example, their strengths, needs, and demographic characteristics).
- (5) The impact of mobilization on family support systems and its effect on soldiers, civilians, and their families.

**1-17. Commanding General, U.S. Total Army Personnel Command**

The Commanding General, U.S. Total Army Personnel Command (PERSCOM), will—

- a. Implement and maintain an automated data system for assessing the needs of EFM in the military personnel assignment process.
- b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)
- c. Coordinate with ACS on CONUS installations to determine availability of services for the soldier's EFM. (See para 3-2.)
- d. When possible, assign soldiers to an area where the special needs of their EFM can be accommodated per paragraph 2-1.
- e. Consider, when possible, alternate assignments for soldiers when family travel or command sponsorship OCONUS is disapproved due to lack of general medical care or soldiers are pending assignment to a CONUS location where care for the EFM is not available.
- f. Assign soldiers with children who have educational disabilities within the Army area of geographic responsibility for the provision of medically related services when consistent with the needs of the Army and the career progression of the soldier.
- g. Notify soldiers of EFMP enrollment.
- h. Remind soldiers of their responsibility to update EFMP enrollment at least by the 3 year anniversary.
- i. Provide annual reports of prevalence rates of disabling conditions among military family members and other reports as required.
- j. Coordinate with ACSIM, USACFSC, USAMEDCOM, and DODDS in accomplishing responsibilities in a through k above.
- k. Provide technical support to USACFSC in monitoring compliance with this regulation and DODI 1342.14.
- l. Provide a representative to participate in CONUS and OCONUS technical assistance visits with USACFSC and USAMEDCOM.
- m. Provide a representative to the HQDA EFMP committee.

**1-18. Commander, U.S. Army Medical Command**

The Commander, U.S. Army Medical Command will—

- a. Designate an EFMP director and appropriate staff at the command level to manage and supervise the EFMP.
- b. Provide technical and professional guidance to the ACSIM and CG, USACFSC regarding policy related to all aspects of the Army EFMP to include—
  - (1) Assessing and coding the special education and medical needs of family members.
  - (2) Level of general medical care and medically related services to be provided in Army areas of responsibility worldwide consistent with the assignment needs of the Army.
- c. Ensure that procedures are implemented for OCONUS family member deployment screening per this regulation.
- d. Ensure that procedures are implemented for screening family

*See Change of Date April 2000*

members for enrollment in EFMP during the provision of routine health services.

e. Ensure that procedures are implemented to refer soldiers for enrollment in EFMP immediately upon diagnosis of an eligible EFMP condition of a family member.

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

g. Ensure that technical and professional guidance is provided to medical treatment facilities (MTF) commanders and designees and 1st PERSCOM regarding medical aspects of the EFMP.

h. Provide necessary travel funding for Army representatives on the DOD team monitoring the provision of related services to children with disabilities in DODDS.

i. Ensure that the necessary technical assistance and logistical support is provided to the DOD team monitoring the provision of related services to children with disabilities in DODDS during visits to facilities for which they are responsible.

j. Analyze medical department activity (MEDDAC) and medical center (MEDCEN) budget submissions to formulate resource requirements.

k. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

l. Allocate and distribute budget resources to Health Service Support Areas (HSSAs).

m. Submit program personnel requirements through the total Army analysis process.

n. Allocate program personnel resources to MEDDAC and MEDCEN.

o. Distribute authorizations and ensure assignment of staff to EFMP.

p. Ensure that Army Medical Department (AMEDD) resources are allocated per health care provider workload standards and performance levels developed under the direction of the Assistant Secretary of Defense (Health Affairs).

q. Ensure the cooperation and coordination among AMEDD, the offices of the other Surgeons General, and DODDS with respect to implementation of this regulation.

r. Share appropriate information with medical and personnel officers when providing medically related services becomes the responsibility of another military department.

s. Ensure development and implementation of an AMEDD EFMP quality improvement program to include screening, evaluation, coding, and treatment.

t. Identify and initiate changes to appropriate AMEDD training programs to include screening, diagnosis and treatment of medical and educational EFMP conditions, training for family-find activities, EFM evaluation, and management skills.

u. Ensure that continuing and graduate medical education programs and positions exist to train necessary military physicians and medically related service providers to staff the EFMP.

v. Ensure provision of orientation training programs for new health professionals assigned to locations outside the United States. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

w. Ensure that training is available for each health-care provider serving as a member of a Case Study Committee (CSC). This training will include information about the roles and responsibilities of the CSC and the development of an individualized education program (IEP).

x. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

y. Ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

z. Sponsor training workshops for EFMP personnel as needed and as funds permit.

aa. Coordinate medical pilot and research projects with USACFSC.

ab. Provide technical support to USACFSC in monitoring compliance with this regulation and DODI 1342.14.

ac. Provide a representative to participate in CONUS and OCONUS technical assistance visits with USACFSC and PERSCOM.

ad. Provide a representative to the HQDA EFMP committee.

#### **1-19. Commander, 18th Medical Command, Korea**

The Commander, 18th Medical Command will—

a. Designate an EFMP director and appropriate staff at the command level to manage and supervise the EFMP.

b. Provide technical and professional guidance to medical treatment facility (MTF) commanders and designees and 8th PERSCOM regarding medical aspects of the EFMP.

c. Provide necessary technical assistance and logistical support to the DOD team monitoring the provision of related services to children with disabilities in DODDS during visits to facilities for which they are responsible. Cooperate with the monitoring team including making all pertinent records available to the team.

d. Ensure that procedures are implemented for OCONUS family member deployment screening per this regulation.

e. Ensure that procedures are implemented for screening family members for enrollment in EFMP during the provision of routine health services.

f. Ensure that procedures are implemented to refer soldiers for enrollment in EFMP immediately upon diagnosis of an eligible EFMP condition of a family member.

g. Analyze MTF budget submissions to formulate resource requirements.

h. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

i. Submit program personnel requirements through the total Army analysis process.

j. Allocate program personnel resources to MTFs.

k. Distribute authorizations and ensure assignment of staff to EFMP.

l. Review and make recommendations on inter- and intra-theatre transfers and permanent change of station (PCS) requests regarding family members with medical needs.

m. Conduct staff assistance visits to ensure care is consistent with program goals and missions.

n. Provide onsite evaluation and technical assistance.

o. Establish a continuing medical education program for EFMP personnel.

p. Establish a system to ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

q. Sponsor training workshops for EFMP personnel as needed and as funds permit.

r. Provide pertinent EFMP data requested by USACFSC.

s. Provide a representative to DODDS regional meetings as required.

t. Ensure provision of orientation training programs for new health professionals assigned to locations outside the United States. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

u. Ensure training is available for each health-care provider serving as a member of a CSC. This training will include information about the roles and responsibilities of the CSC and the development of an IEP.

v. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

#### **1-20. Commanders of major Army commands**

Commanders of major Army commands (MACOMs) will—

a. Manage and supervise the overall operation of MACOM EFMPs to ensure compliance with this regulation and (to the extent

*See Change 2, dtd. April 2000*

permitted by law) the criteria in paragraph 1-16a. 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 manager in ACS to coordinate all components of the program at the MACOM level.

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 (I-IV) and Program and Budget Guidance.

d. Allocate MACOM EFMP resources.

e. Ensure DA civilian employees are able to gain access to comprehensive information on communities outside the United States.

f. Ensure that ACS on CONUS installations, in coordination with MTF managed care office, provides timely and accurate responses to inquiries from military personnel agencies on the availability of services.

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

#### **1-21. Commanders, U.S. Army Medical Command Health Service Support Areas in the United States**

These commanders will—

a. Designate an EFMP medical director to manage and supervise the overall medical operation of EFMP throughout the region. This individual will be a member of the installation EFMP committee.

b. Provide necessary logistical support to ensure the effective operation of the EFMP throughout the HSSA.

c. Implement OCONUS family member deployment screening per paragraph 2-1b.

d. Ensure that family members have the same priority as active duty military for purposes of OCONUS family member deployment screening and evaluation.

e. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and managed care program.

f. Identify, coordinate, and submit EFMP resource requirements through budget channels to USAMEDCOM.

g. Ensure that appropriate personnel are hired and assigned to the MTFs for the EFMP.

h. Ensure the following at a MEDCEN with regional responsibility and where a coding team has been established.

(1) Special education and medical needs are coded per paragraph 3-1.

(2) Consultation is provided in developmental pediatrics, nursing, speech and language pathology, physical and occupational therapy, clinical child psychology, and social work service to family members.

(3) Training and technical assistance including staff assistance visits are provided to the MTFs within their areas of responsibility regarding all aspects of this regulation.

(4) Education is provided in identification and referral of EFMs, care of children with disabilities, and responsibilities of CSC members to appropriate medical training programs.

#### **1-22. Commander, U.S. Army Medical Command Health Service Support Area outside the United States**

The commander will—

a. Carry out the responsibilities in paragraphs 1-21, a through h, in addition to the items listed below.

b. Provide technical and professional guidance to MTF commanders and designees and 1st PERSCOM regarding medical aspects of the EFMP.

c. Provide necessary technical assistance and logistical support to the DOD team monitoring the provision of related services to children with disabilities in DODDS during visits to facilities for which they are responsible. Cooperate with the monitoring team including making all pertinent records available to the team.

d. Analyze MTF budget submissions to formulate resource requirements.

e. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

f. Allocate and distribute budget resources to MTFs.

g. Submit program personnel requirements through the total Army analysis process.

h. Allocate program personnel resources to MTFs.

i. Distribute authorizations and ensure EFMP staffing requirements.

j. Review and make recommendations on inter- and intra-theater transfers and PCS requests regarding family members with medical needs.

k. Conduct staff assistance visits to ensure care is consistent with program goals and missions.

l. Perform onsite evaluation and technical assistance.

m. Establish a continuing medical education program for EFMP personnel.

n. Establish a system to ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

o. Sponsor training workshops for EFMP personnel as needed and as funds permit.

p. Provide a representative to DODDS regional meetings as required.

q. Ensure provision of orientation training programs for new health professionals. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

r. Ensure that training is available for each health-care provider serving as a member of a CSC. This training will include information about the roles and responsibilities of the CSC and the development of an IEP.

s. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

#### **1-23. Commanders of OCONUS travel approval authorities**

These commanders will—

a. Coordinate with medical and educational representatives to determine the availability of required services.

b. Respond to inquiries from PERSCOM, U.S. Army Reserve Personnel Center, and National Guard Personnel Center within 30 days on the availability of required services.

#### **1-24. Installation commanders**

Installation commanders will—

a. Have overall responsibility for the EFMP per AR 5-3.

b. Identify EFMP component resource requirements (except medical) and include requirements in the appropriate process for resource planning, budgeting, staffing, acquisition, or construction process.

c. Assign the Director of Personnel and Community Activities or Director of Community Activities as installation EFMP proponent who will designate an EFMP manager within ACS to coordinate all components of the EFMP (ACS, MTF, military personnel division (MPD)/personnel service company (PSC), civilian personnel office (CPO), Directorate of Public Works (DPW), staff judge advocate (SJA), CDS, youth services (YS), community recreation, public affairs office, and schools) at the installation level.

d. Establish a multiagency EFMP committee, with the installation EFMP manager as chair, to advise the commander on EFMP issues.

*See Change 2, dtd. April 2010*

and take final approval or other action on meeting minutes. The committee may be a subcommittee of the Human Resource Council.

e. Inform soldiers of their responsibility for the care and welfare of their family members and the availability of services.

f. Inform the soldier that his or her participation in the program will not adversely affect selection for promotion, schools, or assignment.

g. Advise the soldier of provisions in this regulation.

h. Establish procedures for identifying soldiers with EFMs who refuse to enroll in the EFMP according to paragraph 1-7.

i. Ensure that reassignment processing (to include OCONUS family member deployment screening) is completed within 30 days of the Enlisted Distribution Assignment System (EDAS) cycle and Officer Request for Orders (RFO) date.

### **1-25. Installation Exceptional Family Member Program managers**

Installation EFMP managers will—

a. Advise the installation commander and supported troop commanders of EFMP issues that affect their soldiers.

b. Serve as chair of the installation EFMP committee and, at a minimum, conduct meetings quarterly. If the committee is not in existence, submit appropriate documents to the installation commander to establish such a committee. The committee may be a subcommittee of the Human Resource Council. The EFMP manager will—

(1) Provide comprehensive minutes to the installation commander for approval and furnish a copy to the MTF commander.

(2) Maintain approved minutes on file under file number 608-75a and destroy minutes when no longer needed for current operations.

(3) Include, at a minimum, representatives from ACS, MTF, MPD/PSC, CPO, DPW, SJA, CDS, YS, community recreation, public affairs office, and schools. One or more representatives of EFMs or parents of EFMs are invited to participate when appropriate.

c. Establish a special needs resource team (SNRT) as a subcommittee of the installation EFMP committee and serve as a member of the SNRT, and assume or designate a chairperson of the team.

(1) The team will—

(a) Explore child care and youth activities options for children with special needs in installation child and youth programs.

(b) Determine child, youth, and family care options for care and activities considering feasibility of program accommodation and availability of technical support.

(c) Recommend placement that accommodates to the extent possible the child or youth's individual needs and parent mission requirements and preference for care/activity setting.

(d) Perform secondary functions of technical support, need for increased staff/provider support, make referral to special education/services, and conduct periodic placement review of children enrolled in installation child and youth programs.

(2) Members, in addition to the installation EFMP manager, will include the community health nurse, CDS coordinator, YS program manager, other program managers who work in the care/activity setting in which placement is being considered, and parents of the child. The team can be augmented by the child's primary medical care provider, psychologist, assigned social worker, therapists, early intervention program personnel as appropriate. Consultation may be provided by other health care professionals.

(3) The installation EFMP manager will coordinate care for the child/youth, as part of the individualized family service plan or the IEP, with the SNRT.

d. Participate in inservice and ongoing professional training.

e. Submit annual EFMP budget request to the ACS director.

f. Develop an installation EFMP standing operating procedure.

g. Track installation EFMP participants using documents provided by MTF EFMP staff, MPD/PSC, and other authoritative sources.

h. Prepare and forward the Exceptional Family Member Program Report through MACOM to COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521. (See chap 4.)

i. Assess relocating soldier's EFM housing and community support needs (for example, ACS, CDS, YS, and community recreation) prior to departure. Share required service information with the gaining CONUS installation EFMP manager or OCONUS MACOM EFMP manager who will notify the affected installation agencies prior to EFM's arrival.

j. Assist families in developing solutions to individual and community EFM issues and problems (for example, inaccessible facilities and programs) and inform and advise the installation commander of EFM needs and resource requirements.

k. Monitor compliance with this regulation at least annually using DA Form 7351-R (Exceptional Family Member Program (EFMP) Assessment Guide). Provide a copy of the completed guide to the appropriate installation management control office. DA Form 7351-R will be reproduced on 8 1/2- by 11-inch paper. A copy for reproduction is located at the back of this regulation.

### **1-26. Medical treatment facility commanders**

MTF commanders will—

a. Designate an EFMP medical chief to manage and supervise the overall medical operation of EFMP. This individual will be a member of the installation EFMP committee.

b. Identify, coordinate, and submit EFMP resource requirements through budget channels to the HSSA.

c. Provide necessary logistical support.

d. Ensure that appropriate personnel are hired and assigned to the MTF.

e. Ensure that EFMP staff are involved in the MTF quality improvement program and managed care program.

f. Implement OCONUS family member deployment screening per paragraph 2-1b.

g. Ensure that family members have the same priority as active duty military for purposes of OCONUS family member deployment screening and evaluation.

h. Ensure that the DA Form 7246-R (Exceptional Family Member Program (EFMP) Screening Questionnaire) is completed by soldier or adult family member prior to face-to-face screening (includes OCONUS family member deployment screening and other screening determined appropriate by ACSIM, USACFSC, and medical commands). Ensure that original questionnaire is retained in the MTF EFMP office until disposition instructions are issued by AR 25-400-2 and a copy of questionnaire is provided to soldier or adult family member upon request.

i. Direct health care providers to—

(1) Screen family members (adults and children) for possible enrollment in EFMP during routine health care services.

(2) Note on the DA Form 5571 (Master Problem List) and the SF 600 (Health Record-Chronological Record of Medical Care) at least annually that the examined or treated family member does or does not have a condition which warrants referral for EFMP evaluation and enrollment.

(3) Note on the SF 600 that a referral has been made to the MTF EFMP point of contact when the family member is a possible EFMP enrollee.

j. Direct physicians to refer soldiers for enrollment in EFMP immediately upon diagnosis of an eligible condition of a family member.

k. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE, CHAMPUS, and managed care program.

l. Appoint an individual from the managed care office to serve on the installation EFMP committee.

m. Ensure that the managed care office provides support to ACS in their efforts to collect military and civilian health-related data in the United States. Ensure that the managed care office assists ACS in reporting to military personnel agencies on available services.

n. Provide statistical data for DA Form 5864-R (Exceptional Family Member Program (EFMP) Report) and other pertinent information on EFMP to the installation EFMP manager. Approve the DA Form 5864-R prior to MACOM submission.

*See change 2, dtd April 2000*

**1-27. Medical treatment facility Exceptional Family Member Program medical chiefs in the United States**

These chiefs will—

- a. Manage and supervise the overall medical operation of EFMP.
- b. Ensure that eligible EFMs are coded and EFMP Summary is forwarded for enrollment per paragraph 3-1.
- c. Appoint a single appropriate EFMP administrative point of contact who will—
  - (1) Maintain records which reflect actual patient visits and record screening workload.
  - (2) Review and annotate completed evaluation and coding actions in the MTF EFMP suspense file.
  - (3) Publish within the MTF EFMP medical and educational indications for enrollment. (See app B.)
  - (4) Forward face sheet information on the DA Form 5862-R (Army Exceptional Family Member Program Medical Summary) and DA Form 5291-R (Army Exceptional Family Member Program Educational Summary) to the installation EFMP manager when a family member is enrolled or warrants enrollment in the program.
  - (5) Refer soldiers and family members to installation EFMP manager for community support services.
- d. Report medical resourcing needs to the MTF commander.
- e. Plan for and effectively use resources allocated to EFMP.
- f. Be responsible for staff training and external and internal in-service programs.
- g. Establish standing operating procedures.
- h. Provide professional technical assistance, in coordination with ACS, in the development and execution of family-find activities.
- i. Attend the installation EFMP committee meeting.
- j. Provide or coordinate medical evaluations for disabling conditions of EFMs from birth to 21 years of age and assistance to adult EFMs in concert with the capabilities of the local MTFs.
- k. Participate in the MTF quality improvement program.
- l. Provide medical treatment at locations in the United States per paragraph 2-3.

**1-28. Medical treatment facility Exceptional Family Member Program medical chiefs outside the United States**

These chiefs will—

- a. Carry out the responsibilities in paragraphs 1-27a through k in addition to the items listed below.
- b. Ensure that eligible EFMs are coded and EFMP Summary is forwarded for enrollment per paragraph 3-1a.
- c. Provide medical treatment outside the United States per paragraph 2-3.
- d. Supervise multidisciplinary medical teams.
- e. Ensure that multidisciplinary medical teams do the following:
  - (1) Provide multidisciplinary evaluations of children referred by a DODDS CSC within the timeframe specified by the CSC.
  - (2) Provide appropriate written or in-person input to the CSC as it is considering questions of eligibility or IEP development.
  - (3) Provide the medically related services stipulated by the IEP for DODDS students outside the United States with the same priority as medical care to the active duty soldier.
  - (4) Provide training as requested by ACS or installation commander staff regarding various conditions that cause educational disabilities and health care specific issues.
  - (5) Respond immediately to reports of unavailability of medically related services filed by DODDS.
  - (6) Implement and document quality improvement procedures.
  - (7) Provide written summary to DODDS of each student's progress in therapy as specified in local MOUs.
- f. Serve as the medically related services liaison officer to—
  - (1) Provide liaison between MTF and DODDS.
  - (2) Offer, on a consultative basis, training for DODDS personnel on medical aspects of specific disabilities.
  - (3) Offer consultation and advice (as needed) regarding the health services provided by the school (for example, tracheostomy care, tube feeding, and speech and language therapy).

(4) Participate with DODDS and legal personnel in developing and delivering inservice training programs that include familiarization with various conditions that interfere with a child's educational endeavors, the relationship of medical findings to educational functioning, medically related services, and this regulation.

**1-29. Army training center commanders**

These commanders will—

- a. Establish EFMP standing operating procedure.
- b. Query initial entry training (IET) soldiers about an EFM during reception battalion inprocessing. Refer soldiers with known or suspected EFMs to the installation EFMP manager for assessment. Provide weekly rosters of referred soldiers to the installation EFMP manager.
- c. Ensure that all IET soldiers are briefed on the EFMP prior to their departure for their first duty station.

**1-30. Commanders of CONUS and OCONUS military personnel divisions and personnel service companies**

These commanders will—

- a. Establish EFMP standing operating procedure.
- b. Query soldiers about an EFM during inprocessing, readiness processing, during reassignment interview, and outprocessing. Refer soldiers with known or suspected EFMs to the installation EFMP manager for assessment. Provide weekly rosters of referred soldiers to the installation EFMP manager.
- c. Implement family member deployment screening per paragraph 2-1b.
- d. Expedite processing of DA Form 4787-R (Reassignment Processing) and DA Form 5888-R (Family Member Deployment Screening Sheet) and all EFMP documentation. DA Form 4787-R is prescribed by AR 600-8-11. A copy of DA Form 5888-R for reproduction is located at the back of this regulation. It will be reproduced on 8 1/2- by 11-inch paper.
- e. Defer soldiers with EFMs (excluding advanced individual training soldiers) until notification is received from OCONUS travel approval authority about availability of EFM services.
- f. Provide local statistical data and other pertinent information on the EFMP to the installation EFMP coordinator.
- g. Provide a representative to the installation EFMP committee.

**1-31. Chiefs of civilian personnel offices**

Chiefs of CPOs will—

- a. Establish EFMP standing operating procedure.
- b. Identify and process civilian employees who are relocating outside the United States with dependent children who have special education and medically related service needs. (See para 3-3 and app C.)
- c. Identify and process civilian employees who are relocating outside the United States with family members who have medical needs. (See para 3-3 and app D.)
- d. Forward completed EFMP forms for civilian employees relocating outside the United States to DODDS point of contact and/or gaining medical activity and COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521. (See para 3-3.)
- e. Establish procedures for identifying and imposing sanctions against those civilian employees with EFMs who refuse to participate in the EFMP according to paragraph 1-7.
- f. Provide statistical data for DA Form 5864-R and other pertinent information on the EFMP to the installation EFMP manager.
- g. Provide a representative to the installation EFMP committee.

**1-32. Installation staff judge advocates**

Installation SJAs will—

- a. Provide legal advice to installation and DODDS personnel on official matters under this regulation. Legal advice to DODDS personnel will be provided only when requested and only after coordination with DODDS General Counsel.
- b. Provide a representative to the installation EFMP committee.

*Sec. Change 2, dated April 2000*

### 1-33. Installation public affairs officers

Installation public affairs officers (PAOs) will—

- a. Conduct media campaigns to increase community awareness of the EFMP.
- b. Be the only release authority for information to the public, with the exception of information responding to Freedom of Information Act and/or Privacy Act (FOIA/PA) requests. FOIA/PA requests will be processed and released by the appropriate installation FOIA/PA official.
- c. Monitor the communications efforts and provide guidance to the installation EFMP committee and the installation commander.
- d. Inform internal audiences of the program and provide the installation commander with feedback on the effectiveness of the communication program.
- e. Provide a representative to the installation EFMP committee.

### 1-34. Directors of Public Works

These directors will—

- a. Establish EFMP standing operating procedure.
- b. Provide engineering and funding guidance concerning facility modernization and construction.
- c. Provide and use housing guidance according to AR 210-50.
- d. Provide statistical data for the DA Form 5864-R and other pertinent information on the EFMP to the installation EFMP manager.
- e. Provide a representative to the installation EFMP committee.

### 1-35. Child development services coordinators

CDS coordinators will—

- a. Establish EFMP standing operating procedure for CDS programs.
- b. Ensure all CDS delivery systems (child development centers, family child care homes, and supplemental programs and services options) are available to children with disabilities as determined through the SNRT process.
- c. Outline technical assistance requirements to the installation EFMP manager prior to CDS delivery of services for children with disabilities.
- d. Ensure that special needs training is provided to CDS staff.
- e. Provide local statistical data and other pertinent information on EFM children served by CDS to the installation EFMP manager.
- f. Ensure CDS representation on both the installation EFMP committee and the SNRT.
- g. Work with the installation EFMP committee to identify funding sources to support CDS special needs inclusion costs.
- h. Coordinate with the SNRT on youth identified as needing transition from CDS to YS programs and activities.

### 1-36. Youth services program managers

These managers will—

- a. Establish EFMP standing operating procedure for YS programs and activities.
- b. Ensure all YS programs and activities are available to youth with disabilities as determined through the SNRT process.
- c. Outline technical assistance requirements to the installation EFMP manager prior to delivery of services for youth with disabilities.
- d. Coordinate with the SNRT on youth identified as needing transition from CDS to YS programs and activities.
- e. Ensure that special needs training is provided to YS staff.
- f. Ensure YS representation on both the installation EFMP committee and the SNRT.
- g. Provide local statistical data and other pertinent information on EFM youth served by YS to the installation EFMP manager.
- h. Work with the installation EFMP committee to identify funding sources to support YS special needs inclusion costs.

### 1-37. Community recreation division chiefs and program managers

These chiefs and managers will—

- a. Establish EFMP standing operating procedure.
- b. Ensure that individuals with disabilities are provided reasonable accommodation and included in all community recreation program planning.
- c. Outline technical assistance requirements to the installation EFMP manager prior to delivery of services for individuals with disabilities.
- d. Provide local statistical data and other pertinent information on the EFMP to the installation EFMP manager.
- e. Provide a representative to the installation EFMP committee.

## Chapter 2 Policy

### 2-1. Military personnel

a. Assignment policies.

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

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

(3) When consistent with the needs of the Army and the career progression of the soldier, assignment managers will assign soldiers with children who have educational disabilities within the Army's area of geographic responsibility for the provision of medically related services.

(4) Soldiers who enroll in the EFMP after receipt of OCONUS assignment instructions need to be aware that enrollment may not affect that assignment. If general medical care is not available, the soldier may be required to serve an "all others" tour.

(5) Requests for deletion, deferment, or compassionate reassignment must be processed under AR 614-100 or AR 614-200. Participation in the EFMP is not the basis for deletion, deferment, or compassionate reassignment.

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

b. Family travel or command sponsorship.

(1) Family members will be screened when the soldier is on assignment instructions to an OCONUS area for which command sponsorship/family member travel is authorized and the soldier elects to serve the accompanied tour. This applies to CONUS-to-OCONUS and OCONUS-to-OCONUS reassignments.

(2) Family members will be screened when the soldier is at the OCONUS duty station serving an unaccompanied tour and requests command sponsorship/family member travel.

(3) The PSC will not request command sponsorship/family member travel to the soldier's OCONUS duty station until the DA Form 5888-R is completed for all family members and attached to the soldier's DA Form 4187 (Personnel Action), DA Form 4787-R or appropriate major command form. Instructions for completing DA Form 5888-R are in appendix E.

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

(5) Family travel or command sponsorship cannot be denied when medically related services deemed necessary to the education of the EFM are not available. It can be denied when general medical care deemed necessary to the health of the EFM is not available. The 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 8-2) based solely on lack of medical or educational facilities until

*See change 2, dtd. April 1988*

all other means to resolve the problem have been exhausted. 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.

**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 child with disabilities, is the responsibility of DODDS.

(2) Travel from school to the MTF and return for the purpose of obtaining medically related services stipulated in the student's IEP is the responsibility of the community that provides base operations support to DODDS when the Army does not provide medically related services in the student's school. 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 family members of active duty members and who are or may be considered disabled under DODI 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent prescribed in Joint Travel Regulation (JTR), Volume 2, when competent medical or educational authorities request a diagnosis or evaluation under the provisions of DODI 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 according to temporary duty travel provisions in Joint Federal Travel Regulation (JFTR), Volume 1 or JTR, Volume 2 as applicable.

**f. Transportation and actual expenses for treatment.**

(1) Overseas, the designated AMEDD approving authority may authorize transportation of family members to the nearest MTF capable of providing required medical care when the following occurs:

(a) The family member's sponsor is an active duty uniformed member stationed outside the continental United States and is on active duty for 30 days or more. The family member must have accompanied the sponsor overseas but need not have been command sponsored.

(b) The family member 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 (not to exceed the per diem rate prescribed for the area concerned) incurred for the family member's travel between the carrier terminal, treating MTF, and the family member's temporary place of lodging while undergoing outpatient treatment at a medical facility outside the area of the soldier's permanent duty station (JFTR, Volume 1, Chapter 5, U5240-G3).

(3) If the family member is not able to travel unattended, transportation and travel expenses may also be authorized for required nonmedical attendant.

(4) When so authorized by the designated overseas AMEDD approving authority, funding for the family member 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 2-2d.

**2-2. Department of the Army civilian employees**

**a. DA civilians** are required to provide information about dependent children with special education and medically related service needs and family members with medical needs when processing for an assignment to a location outside the United States where family member travel is authorized at Government expense. Information

will not affect the employee's selection for assignment. Advance information is required to ensure a smooth transition for the family.

**b. 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 soldiers.

**c. 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 DODI 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.

**d. Space-required and space-available tuition free DODDS students,** who are or may be considered disabled under DODI 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 DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. Such travel and per diem or actual expense will be borne by the community that provides base operations support to the DODDS in that location. Normally only one nonmedical attendant is authorized to travel as an escort for a family member. If competent medical or educational 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 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 medically related services for eligible DODDS students in those geographic areas of responsibility assigned by the Assistant Secretary of Defense (Health Affairs). These areas include Korea, Panama, Belgium, Italy (only Aviano, Rimini, Verona, and Vicenza), Netherlands, Federal Republic of Germany (excludes Bitburg, Hahn, and Weisbaden) and the embassies in the aforementioned countries (except Italy) plus embassies in Latin America and China.

**b. Medically related services** provided to children attending DODDS who have an IEP will be provided with the same priority as health care for active duty military members. General medical care provided to DODDS students who have an IEP and to other EFMs outside the United States, even though such care may be for disabling conditions, will be provided according to locally established priorities for care. Medical services for EFMs in the United States are provided with the same priority as routine medical care; therefore, family member may be required to rely heavily on services provided by the local civilian community through CHAMPUS or other publicly funded programs.

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

**d. The Army** will charge for medically related services provided to tuition-paying DODDS students if they are not entitled to free medical care on some other basis. The appropriate outpatient reimbursement rate as established in AR 40-330, DA Circular 40-FY-330, and AR 40-3, chapter 4, will be charged for IEP related diagnosis and treatment services provided to tuition paying DODDS students.

**e. The AMEDD** will screen for EFM conditions during provision of routine health care, OCONUS family member deployment, and upon referral. OCONUS family member deployment screening and evaluation will be provided with the same priority as health care for active duty military members.

**f. The special education and medical needs** of family members of active duty soldiers will be assessed, documented, and coded by the

*see change 3, dtd April 2000*

1- AMEDD and forwarded to military personnel officials outlined in  
P paragraph 3-1.  
T

## 2-4. Housing

AR 210-50 provides guidance regarding the housing of personnel, including personnel participating in the EFMP. Housing managers and housing representatives on the installation EFMP committee will refer to AR 210-50 for specific policy guidance when determining appropriate action to assist an EFM:

## 2-5. Community support services

### a. Information, referral, and placement.

(1) ACS centers will maintain directories of military and civilian special education and health-related services in their communities. Health-related data will be collected in CONUS through mail survey or in-person interviews by ACS on DA Form 4723-2-R (Health-Related Survey—Individual Facility Report). Military and civilian health-related facilities (excluding residential treatment facilities) will be surveyed 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 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 in CONUS from existing information data sources.

(3) Health-related data will be collected in coordination with the MTF managed care office.

(4) DA Form 4723-2-R will be reproduced locally on 8 1/2- by 11-inch paper. A copy for reproduction is located at the back of this regulation.

(5) When a soldier is selected for assignment to a particular location, ACS will support military personnel agencies as described in paragraph 3-2. ACS will not report to military personnel agencies on the availability of health-related services until coordination has been completed with the MTF managed care office.

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

### b. Advocacy.

(1) ACS will provide eligible family members with information on the following:

(a) Their rights and responsibilities under local, State and Federal laws following coordination with servicing staff or command judge advocate.

(b) The type of advocacy services available to meet their needs and facilitate support groups.

(2) The losing ACS will ensure that relocating families of exceptional school age children obtain the following information for transitioning to the new school.

(a) A copy of the IEP.

(b) A summary of educational activities and performance for the current or past school year.

(c) Any medical records.

(3) The gaining ACS will ensure that parents are linked with appropriate special education school officials and medical care providers and, upon request of parents, assist in the IEP process.

c. *Family-find activities.* ACS will initiate an EFMP command information and education program to include on- and off-post publicity, awareness briefings, and education and training sessions to locate family members who show indications that they might be in need of specialized medical care, therapy, developmental services, or special education. DOD schools conduct ongoing activities designed to locate children who might be in need of special education and related services. In many instances, ACS and DODDS activities will be conducted jointly. Once located, ACS will refer families to the nearest Army MTF EFMP point of contact for screening and

evaluation. In locations outside the United States, the ACS will report the birthdate, sex of child, military service, and projected date of rotation of EFMs (from birth to 21) to the local DODDS school.

### d. Respite care.

(1) If not available or accessible through military CDS (for example, adult respite care and care user's home) and civilian resources, ACS will establish and maintain a respite care program for eligible family members with disabilities 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 person with a disability.

(2) Two levels of care will be available according to the needs of family members with disabilities: 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 family members with disabilities will be recruited from the community. They must have installation record checks and be screened, trained, and certified by ACS. Installation record checks will include, at a minimum, police (base and/or military police, security office, criminal investigators, or local law enforcement) local files checks, Drug and Alcohol Program, Family Housing, MTF for Family Advocacy Program Service Central Registry records, mental health records, and any other records checks as appropriate and permitted by law. 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 Children or Adults with Disabilities) will be completed and returned to ACS by prospective caregivers within 30 days of initial contact. At least one in-person interview is required. The following data will be recorded for the caregiver screening interview: date and name; identifying information (that is, 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 or income, motivation); self-assessment (strengths, weaknesses, ability to handle emergencies); preference and availability (ages, disabling conditions; day and hours; transportation; personal care; subsidized families); summary and recommendations. DA Form 5187-R and DA Form 5188-R will be reproduced locally on 8 1/2- by 11-inch paper. Copies of the forms are located at the back of this regulation.

(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 the requirements for special needs family child care homes in AR 608-10, chapter 6.

(4) Training will be completed according to local and state guidelines prior to providing respite care. An orientation respite care course outline is shown in figure 2-1 for use by those ACS centers where guidelines do not exist. Coverage of the subjects in figure 2-1 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 9 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 Children and Adults with Disabilities) and DA Form 5190-R (Clinician's Information) and returning them to ACS. After the completed forms are returned, ACS will make at least one home visit. The following data will be recorded for the care user screening interview—name, address, telephone number, summary of contacts, presenting request,

See change 2, dtd April 2010

household composition (client, other family members), income, description of disability, social history, summary and recommendations. 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 Individual with Disability) available for the respite caregiver. Respite care providers should be advised to carry personal liability insurance. (DA Form 5189-R, DA Form 5190-R, DA Form 5191-R, and DA Form 5512-R will be reproduced locally on 8 1/2 by 11-inch paper. Copies of the forms are located at the back of this regulation.)

(6) Respite care information will be safeguarded according to 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. Appropriated funds may only be used to pay or subsidize the cost of respite care for child abuse prevention and in open cases of suspected or substantiated child abuse or neglect where the Family Advocacy Case Management Team determines the following:

(a) Respite care is required to prevent further abuse or neglect or as part of an ongoing program of treatment.

(b) The parents or guardians of the child or children concerned are financially unable to pay for the cost of respite care according to criteria established by the installation commander.

(8) The Family Advocacy Program Manager, in consultation with the Chief of Social Work Services, will determine whether respite care is required as part of a child abuse prevention plan.

e. *Provision of recreational and cultural programs.* ACS will coordinate with YS, military community recreation, and with applicable civilian agencies to ensure that recreational and cultural programs are available and accessible to family members with disabilities. Programs may include sports (basketball, volleyball, soccer, swimming, and bowling), camps, art, and music.

---

#### 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

Figure 2-1. Sample respite care course outline

---

## Chapter 3 Procedures

### 3-1. Army Medical Department

The following procedures will be used within the AMEDD to screen, evaluate, document, and code the needs of family members suspected of having conditions which need consideration in the military assignment process. The soldier (or representative) will report to the MTF EFMP point of contact to initiate the following evaluation process for enrollment, periodic update, or termination of enrollment in the program.

#### a. Enrollment.

(1) The MTF EFMP point of contact will assist the family in obtaining the necessary evaluations to determine diagnosis and treatment needs. He or she will ensure that the DA Form 5862-R is completed by a physician (or a medical practitioner such as a nurse or physician's assistant under the supervision of a physician) for each family member with an eligible condition. If other than a physician completes the DA Form 5862-R, it will be co-signed by a physician. If the family member is a school-age child, the EFMP point of contact will ensure that DA Form 5291-R is completed by personnel at the child's school. During summer months when school personnel are not available, the DA Form 5291-R will be completed by a physician (or a medical practitioner under the supervision of a physician) and the child's parents. If the child has an IEP, a copy will be attached to the DA Form 5291-R. The EFMP point of contact will forward a copy of the DA Form 5862-R and the DA Form 5291-R (if necessary) to the EFMP medical coding team. The originals of the DA Form 5862-R and DA Form 5291-R will be transmitted to the outpatient treatment records section for filing below the DA Form 5571 on the left side of the outpatient treatment record of the EFM. DA Form 5862-R and DA Form 5291-R will be reproduced locally on 8 1/2 by 11-inch paper. Copies of the forms are located at the back of this regulation.

(2) The physician (or medical practitioner under the supervision of a physician) who reviews the medical needs of the referred family member will ensure that the DA Form 5862-R is completed accurately. Additional examinations and consultations may be necessary to gain the required information. The physician (or medical practitioner under the supervision of a physician) should ensure that the information on the DA Form 5862-R reflects an appropriate and realistic level of care for the patient based upon knowledge of the patient and condition.

(3) The EFMP medical coding teams (composed of at least two members from the following specialties—pediatrics, speech, mental health, and occupational or physical therapy) will have the following functions:

(a) Coding the medical and educational needs of the family member using the automated EFMP program within 10 working days of receiving DA Form 5862-R and DA Form 5291-R and related information.

(b) Forwarding the automated EFMP Summary for Active Army EFMs to the Commander, US Total Army Personnel Command, ATTN: TAPC-EPC-S, Alexandria, VA 22331-0451 for EFMP enrollment within 10 working days of receiving DA Form 5862-R and DA Form 5291-R from the MTF.

(c) Forwarding the computer hard copy printout of EFMP Summary for National Guard EFMs to National Guard Personnel Center, Full Time Support Division Tour Management Branch, ATTN: NGB-ARP-FT, 111 South George Mason Drive, Arlington, VA 22204-1382.

(d) Forwarding the computer hard copy printout of EFMP Summary for USAR AGR soldier EFMs to Director, Full-Time Support Management Center, ATTN: ARPC-AR, P.O. Box 46806, St. Louis, MO 63146-6906.

(e) Forwarding the computer hard copy printout of EFMP Summary for other eligible USAR soldier EFMs to Commander, U.S. Army Reserve Personnel Center, 9700 Page Boulevard, St. Louis, MO 63132-5200.

(f) Forwarding the computer hard copy printout of EFMP Summary to the EFMP point of contact who initiated enrollment within 10 working days of receiving DA Form 5862-R and DA Form 5291-R.

(4) The EFMP point of contact will transmit computer hard copy printout of EFMP Summary to the outpatient treatment records section for filing below DA Form 5571 on the left side of the outpatient treatment record of the EFM. If the soldier and/or spouse wishes, the EFMP point of contact will assist in making an appointment with a physician (or a medical practitioner under the supervision of a physician) to explain the computer hard copy printout of the EFMP Summary. A copy of the computer hard copy printout of EFMP Summary will be provided to the soldier or spouse.



selectee to complete and sign DA Form 5863-R (Exceptional Family Member Program Information Sheet). When the CPO from another Service is requested to do courtesy processing, the gaining CPO will send a copy of the appropriate paragraphs of this regulation (to include appendixes C and D and the necessary forms) in the processing package. DA Form 5863-R will be reproduced locally on 8 1/2- by 11-inch paper. A copy for reproduction is located at the back of this regulation.

b. When there are no family members or special needs do not exist, the employee selectee will so certify and sign the DA Form 5863-R. The DA Form 5863-R will be retained on the left side of the official personnel folder for the duration of the tour outside the United States.

c. When special needs exist and the employee selectee does not intend to take the family member, he or she will so certify and sign the DA Form 5863-R. The completed DA Form 5863-R will be forwarded to the COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521. The CPO will advise the employee selectee that the DA Form 5862-R and/or DA Form 5291-R must be completed for the family member should he or she decide, at a later date, to have the family member join him or her. These forms must be completed and provided to the CPO for coordinating with the appropriate DODDS and/or medical point of contact (app C and app D) prior to the family member's arrival at the location outside the United States.

d. If the family member is a dependent child with special education and medically related service needs and the employee selectee intends to take the child, the CPO will give the DA Form 5862-R and DA Form 5291-R to the employee selectee who will arrange for completion of the forms by school and medical officials for each child. The employee selectee will return the completed forms to the CPO.

(1) The CPO will forward the following information to the appropriate DODDS point of contact in the geographic area concerned (app C) by the fastest available method:

(a) Name and social security number of civilian employee selectee.

(b) Name and age of child.

(c) Projected assignment location and projected arrival date.

(d) Medical (DA Form 5862-R) and educational (DA Form 5291-R) information.

(2) The DODDS point of contact will immediately share the information with the receiving medical command. A statement that coordination was accomplished with the DODDS point of contact will be documented on DA Form 5863-R. The DA Form 5863-R will be forwarded immediately upon completion of coordination with DODDS point of contact to the COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA ALEXANDRIA, VA 22331-0521.

(3) The CPO ensures that the employee selectee receives comprehensive information regarding the available services in the community outside the United States in which the position is located. Special education and medically related services information will be obtained by contacting the DODDS point of contact in appendix C. The employee selectee will be referred to ACS for other general relocation information.

(4) When feasible, alternative positions providing equal career enhancement and pay may be offered to a civilian, if it is known that the projected location currently lacks adequate resources to

serve the special education requirements of the civilian's child with an educational disability.

e. If the family member has medical needs and the employee selectee intends to take the family member, the CPO will give the DA Form 5862-R to the employee selectee who will arrange for completion of the form by medical officials for each family member. The employee selectee will return the completed form to the CPO. The CPO will forward the DA Form 5862-R to the appropriate medical point of contact in the geographic area concerned (app D) by the fastest available method. The medical point of contact will review the form and immediately inform the CPO about available services. The CPO will share the information about services with the employee selectee. A statement that coordination was accomplished with the medical point of contact will be documented on DA Form 5863-R. The DA Form 5863-R will be forwarded immediately upon completion of coordination with medical point of contact to the COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521.

f. An employee or prospective employee may not be subjected to coercion or any other form of pressure to decline a job offer because he or she has a family member with special needs.

## **Chapter 4 Exceptional Family Member Program Report**

### **4-1. General**

In order to provide information to installation commanders and supervisors responsible for overall management of the EFMP, installation EFMP managers will prepare a program synopsis (to include funding, staffing, and services provided). EFMP managers must ensure that data is collected on an ongoing basis to support the annual report, conduct cost studies, and determine workload requirements.

### **4-2. Installation Exceptional Family Member Program Report (RCSGPA-1730)**

a. Installation EFMP managers will prepare DA Form 5864-R for approval by the DPCA (or equivalent) and the MTF commander (or designee). (See table 4-1.)

b. Reports will be prepared annually. The report will cover the period from 1 October—30 September.

c. Installation EFMP reports will be forwarded through command channels to arrive at the MACOMs not later than 30 days after the end of the reporting period.

### **4-3. Review and summary of reports**

After review of the DA Form 5864-R, MACOMs will prepare a report summary and forward one copy to ATTN CFSC-SFA, COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, 2461 EISENHOWER AVENUE, ROOM 1400, ALEXANDRIA, VA 22331-0521. The report summary should arrive at USACFSC not later than 60 days after the end of the reporting period.

**Table 4-1  
Preparation Instructions for DA Form 5864-R**

Heading or block	Instructions
1-14.	Self-explanatory.
15. Army Community Service (ACS)	Enter the total dollar amount of nonappropriated funds received.
16. Army Medical Department (AMEDD)	Enter the total dollar amount of appropriated received for the fiscal year.
17-25.	Calculate and cost out the amount of appropriated funds spent on the ACS EFMP (salaries, contracts, supplies, equipment and travel). Enter the dollar amount spent for each category of AMEDD EFMP expenditure.
26a. Position title	Enter those ACS EFMP positions that are on the installation Table of Distribution and Allowances (TDA). These may include positions that do not carry an EFMP title but require performance of an EFMP function either on a full-time, part-time, or collateral duty basis.
26b. Rank or grade	Enter those AMEDD EFMP positions that are on the medical treatment facility TDA.
26c. MOS or GS	Enter the appropriate military rank or civilian grade for each of the positions.
26d. No. of requirements	Enter the appropriate military occupational specialty (MOS) or civilian GS series for each of the positions.
26e. No. of authorizations	Enter the number of requirements for each position as recorded on the installation and medical treatment facility TDAs.
26f-k.	Enter the number of authorizations for each position as recorded on the installation and medical treatment facility TDAs.
27. Installation EFMP manager	Enter the status of each position (filled authorizations, filled overhire, filled temporary, filled contract, unfilled recruiting, and unfilled not recruiting).
28a. Total number of single contacts	Self-explanatory.
28b. Case management and counseling	Record the total number of one-time, EFMP single contacts with clients, or service on behalf of clients. These contacts do not require follow up action or multiple sessions. A case file is not opened on clients. Examples are providing information or referring someone to the appropriate service provider.
28c. Awareness briefings	Record the total number of EFMP cases open during the reporting period and the number of individuals served in those cases. Record the total hours devoted to all case management and counseling cases.
28d. Education and training	Record the number of informational briefings about EFMP and the number of people who attend those briefings. "Command" may be a unit commander and/or command staff. "Unit" is an entire unit such as a company or may be the unit plus family members. "Community" is a session open to the public with the audience drawn from the installation at large.
29a-c.	Record the number of workshops and classes offered on EFMP and the number of people attending them. "Unit" and "community" are defined in 28c.
29d. Respite care	Record the number of programs and participants as appropriate.
30. United States	Record the number of Army certified ACS and Child Development Services (CDS) respite care homes in the appropriate space. Record the number of new respite homes certified.
31. Outside of the United States	Enter the total number of patients served and total hours spent in categories (1)-(8).
32. Reports of Unavailability of Medically Related Services	Enter the total number of visits, total number of patients served, and total hours spent in categories (1)-(10).
33-34.	Enter the total number of reports of unavailability of medically related services. Of the number received, enter how many children were enrolled in EFMP prior to assignment of the soldier overseas and how many were not enrolled in EFMP.
35. Housing units specifically modified for exceptional family members	Enter the total number of EFMP requests submitted and approved for exception to housing assignment policy.
36-38.	Enter average cost of modification per unit and average time required to complete modification.
39. Progress	Enter total number of civilians processed for an assignment outside the United States. Of the number processed, enter how many were identified as having a dependent child with special education and medically related service needs. Of the number processed, enter how many were identified as having family members with medical needs.
41. Projected changes	Describe the accomplishments, new services or programs, and progress made during the reporting period.
	Describe any programmatic changes that are projected to occur during the next reporting period.

*See change 3, dtd April 2000*

**Appendix A  
References**

**Section I  
Required Publications**

**AR 40-3**  
Medical, Dental, and Veterinary Care. (Cited in paras 2-2 and 2-3.)

**AR 340-21**  
The Army Privacy Program. (Cited in paras 1-20, 2-5, and 3-1.)

**AR 600-7**  
Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army. (Cited in para 1-8.)

**Section II  
Related Publications**

**AR 5-3**  
Installation Management and Organization

**AR-37-100-FY**  
Army Management Structure

**AR 40-2**  
Army Medical Treatment Facilities: General Administration

**AR 40-330**  
Rates, Codes, Expense and Performance Reporting Systems, Centralized Billing, and Medical Service Accounts

**AR 55-46**  
Travel Overseas

**AR 210-50**  
Installations—Housing Management

**AR 215-2**  
The Management and Operation of Morale, Welfare, and Recreation Programs and Nonappropriated Fund Instrumentalities

**AR 600-37**  
Unfavorable Information

**AR 608-1**  
Army Community Service Program

**AR 608-10**  
Child Development Services

**AR 614-6**  
Permanent Change of Station Policy

**AR 614-30**  
Overseas Service

**AR 614-100**  
Officer Assignments Policies, Details, and Transfers

**AR 614-200**  
Selection of Enlisted Soldiers for Training and Assignment

**AR 635-100**  
Officer Personnel

**AR 635-200**  
Enlisted Personnel

my Guidance (Volumes I-IV )

**Program and Budget Guidance**

**DA Circular 40-FY-330**  
Medical, Dental, and Veterinary Care Rates; Rates for Subsistence; and Crediting FY Appropriation Reimbursement Accounts

**Joint Federal Travel Regulation**

**Joint Travel Regulation**

**RCSGPA-1730**  
Exceptional Family Member Program (EFMP) Report

**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 Children or Adults with Disabilities. (Prescribed in para 2-5.)

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

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

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

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

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

**DA Form 5862-R**  
Army Exceptional Family Member Program Medical Summary. (Prescribed in para 3-1.)

**DA Form 5863-R**  
Exceptional Family Member Program Information Sheet. (Prescribed in para 3-3.)

**DA Form 5864-R**  
Exceptional Family Member Program (EFMP) Report. (Prescribed in para 4-2.)

**DA Form 5888-R**  
Family Member Deployment Screening Sheet. (Prescribed in para 2-1.)

**DA Form 7246-R**  
Exceptional Family Member Program (EFMP) Screening Questionnaire. (Prescribed in para 1-26.)

**DA Form 7351-R**  
Exceptional Family Member Program (EFMP) Assessment Guide. (Prescribed in para 1-25.)

**Section IV  
Referenced Forms**

DA Form 4187  
Personnel Action

DA Form 4787-R  
Reassignment Processing

DA Form 5571  
Master Problem List

SF 600  
Health Record—Chronological Record of Medical Care

## Appendix B Exceptional Family Member Program Medical and Educational Criteria for Enrollment\*

### B-1. Enrolling soldiers

Enroll soldiers when—

- a. Traveling to a new duty station with family members.
- b. Family members are eligible for health care and/or education at Government expense at the new duty station.
- c. A family member requires medical care above the level normally provided by a Family Practitioner in an outpatient clinic setting.

### B-2. Enroll soldiers who have family members with serious or chronic medical problems, physical disabilities, and mental health disorders

Indications of severity requiring enrollment are—

- a. Potentially life threatening conditions including but not limited to asthma (recurrent wheezing treated with any medication) within the past 5 years, sickle cell disease, and insulin dependent diabetes.
- b. Chronic (greater than 6 months of continuous care or multiple episodes of care) outpatient mental health treatment over the past 5 years or inpatient mental health services within the past 5 years.
- c. Any level of mental health services required at the present time or projected for the future.
- d. Attention Deficit Hyperactivity Disorder requiring management and treatment by a pediatrician, mental health care provider or counselor.

### B-3. Enroll soldiers who have family members that require intensive followup support

Enroll soldiers who have family members that require intensive followup support (such as high risk newborns and patients with diagnosis of cancer within the past 5 years).

### B-4. Enroll all soldiers who have family members that require special education services

Enroll all soldiers who have family members that require special education services (including medically related services) that are specified on an Individualized Education Program from 3-21 years of age or early intervention services specified on an Individualized Family Services Plan from birth to 3 years of age.

\*Criteria for enrollment apply to the following soldiers with exceptional family members: Active Army, U.S. Army Reserve (USAR) soldiers in the USAR-Active Guard Reserve (AGR) program and other USAR soldiers on active duty exceeding 30 days, and Army National Guard AGR personnel serving under authority of title 10, United States Code.

## Appendix C DODDS Points of Contact

The following list contains DODDS points of contact:

### EUROPEAN AREA

*See changes, dtd April 2000*

Area Superintendent, Europe  
ATTN: Special Education Coordinator  
Unit 29649  
APO AE 09096

DSN: 338-7662  
Commercial: 011496113807662  
Facsimile: 01149611380-7565—DSN: 338-7565  
Message Address: Area Superintendent, Europe  
RHEINMAIN AB GE/WEISBADEN//

### PACIFIC AREA

Area Superintendent, Pacific DOD Dependents Schools  
ATTN: Special Education Coordinator  
PSC 556, Box 796  
FPO AP 96372-0796

DSN: 645-2267  
Commercial: 01181988768485, Ext. 2151,  
request Zukeran: 645-2267  
Facsimile: 01181988764263—DSN: 645-4263  
Message Address: DODDS-PA  
FUTENMA JA

### PANAMA/ISLANDS AREA

Area Superintendent, Panama/Islands  
DOD Dependents Schools  
ATTN: Director  
4040 North Fairfax Drive  
Arlington, VA 22203-1635

DSN: 226-4411  
Commercial: 703-696-4411  
Facsimile: 703-696-8921—DSN: 226-8921  
Message Address: DODDS WASH DC/EDUC//

## Appendix D Medical Points of Contact

### EUROPE

Commander  
2nd General Hospital  
CMR 402, ATTN: EURO-HSSA-EFMP  
APO AE 09180

DSN: 486-8184  
Commercial: 011496371868184  
Facsimile: DSN: 486-7395  
Commercial: 011496371867395  
Message address: CDR2DGENUSHOSP LANDSTUHL GE//  
EURO-HSSA-EFMP//

### KOREA

Commander  
121st Evacuation Hospital  
Unit 15244, ATTN: Chief, EFMP  
APO AP 96205-0017

*See change 2, add typed 2000*

DSN: 738-6754/5000  
Commercial: 01182279166754/5000  
Facsimile: DSN: 738-6746  
Commercial: 01182279166746  
Message address: CDR121STEVACHOSP SEOUL KOR/EFMP//

PANAMA  
Commander  
USAMEDDAC, Panama  
ATTN: HSXZ-EFMP  
APO AA 34004

DSN: 313-282-5339  
Commercial: 011507825339  
Facsimile: DSN: 313-282-5353  
Commercial: 011507825353  
Message address: CDRUSAMEDDAC QUARRY HEIGHTS PM//  
HSXZ-EFMP//

PACIFIC  
Commander  
Tripler Army Medical Center  
ATTN: Pediatrics/EFMP  
Tripler AMC, HI 96859-5000

DSN: 315-433-6205  
Commercial: 808-433-6205  
Facsimile: DSN: 315-433-4316  
Commercial: 808-433-4316  
Message address: CDRTAMC HONOLULU HI/HSHK-EFMP//

## Appendix E Instructions for Completing DA Form 5888-R

### E-1. Part A

The MPD or PSC representative will enter and authenticate soldier/family member data in consultation with the soldier. Family members will not be screened unless Part A is completed and authenticated by the MPD or PSC representative.

### E-2. Part B

a. Part B will only be completed by an Army medical treatment facility EFMP medical practitioner. When the EFMP medical practitioner is other than a physician, it will be authenticated by the Army MTF EFMP physician.

b. The soldier or spouse will contact the nearest Army MTF EFMP point of contact prior to screening regardless of whether it is being conducted at that MTF, another Department of Defense (DOD) MTF, or by a civilian physician. The contact with the Army MTF EFMP point of contact does not need to be in person if that MTF is not within 60 miles or one hour's driving distance. Below are the screening requirements.

(1) If the nearest Army MTF is within 60 miles or one hour's driving distance (at 55 miles per hour), the EFMP point of contact will make an appointment for soldier's family member at that facility.

(a) The physician or medical practitioner under the supervision of a physician will in the presence of the soldier and/or spouse screen

the military medical treatment facility and civilian medical records of all family members in addition to ensuring that all family members 72 months of age and under are seen for a physical examination and developmental screening.

(b) Developmental screening will include at a minimum use of the Preschool Developmental Questionnaire (PDQ). If the child does not pass the PDQ, the full Denver Developmental Screening Test will be administered.

(c) Physical examination and/or developmental screening may be waived by a physician or a medical practitioner under the supervision of a physician when there is sufficient recent justification of normal physical examination and developmental screen. The physician or medical practitioner under the supervision of a physician will so annotate the SF 600.

(d) A physical examination will be required for family members over 72 months of age in the absence of sufficient medical data on which to base a decision about enrollment.

(e) If no medical or developmental problems are identified, the physician or medical practitioner under the supervision of a physician will check enrollment not warranted in block 9a of DA Form 5888-R.

(f) If a family member requires further evaluation for possible enrollment, the physician or medical practitioner under the supervision of a physician will complete DA Form 5862-R (Army Exceptional Family Member Program Medical Summary). When the family member is a school-age child, the DA Form 5291-R (Army Exceptional Family Member Program Educational Summary) will be completed by personnel at the child's school. During summer months when school personnel are not available, the DA Form 5291-R will be completed by a physician or a medical practitioner under the supervision of a physician and the child's parents. If the child has an IEP, a copy will be attached to the DA Form 5291-R. Upon completion of the DA Form 5862-R and DA Form 5291-R (if needed), the physician or medical practitioner under the supervision of a physician will check either enrollment not warranted or consideration for enrollment warranted on DA Form 5888-R. If consideration for enrollment is warranted, the date the DA Form 5862-R and the DA Form 5291-R is sent for coding will be entered in block 9b of DA Form 5888-R.

(g) If a family member is already enrolled in EFMP at the time of screening, the physician or medical practitioner under the supervision of a physician will indicate whether there has been a substantial change in severity of condition and related medical needs since enrollment. If there has been a substantial change, a new DA Form 5862-R and DA Form 5291-R (if needed) will be completed. A new DA Form 5291-R will also be completed if the Army EFMP educational summary is older than one year at time of screening. The date the DA Form 5862-R and DA Form 5291-R is sent for coding will be noted in block 9c of DA Form 5888-R.

(h) The Army medical treatment facility EFMP physician will ensure that DA Form 5888-R is properly signed and copies of DA Form 5862-R and DA Form 5291-R (if needed) are attached to the DA Form 5888-R when enrollment is warranted or there has been a substantial change since enrollment.

(2) If there is no Army MTF within 60 miles or one hour's driving distance, but there is another DOD MTF within that radius, the nearest Army MTF EFMP point of contact will provide forms and guidance to the family member as if they were utilizing a physician in the civilian community. The soldier or spouse will make arrangements to complete deployment screening at the DOD MTF and return all appropriate documentation to the Army MTF EFMP point of contact.

(3) If there is neither an Army MTF nor another DOD MTF located within 60 miles or one hour's driving distance, screening may be performed by the family member's physician in the civilian community using procedures in paragraph (2) above.

(4) The family will not be reimbursed for traveling within 60 miles to an Army or DOD MTF. Payment for screening performed by a physician in the civilian community will be arranged by the nearest Army MTF EFMP point of contact.

## Glossary

### Section I Abbreviations

**ACS**  
Army Community Service

**ACSIM**  
Assistant Chief of Staff for Installation Management

**AGR**  
Active Guard Reserve

**AMEDD**  
Army Medical Department

**ARNGUS**  
Army National Guard of the United States

**CDS**  
Child Development Services

**CHAMPUS**  
Civilian Health and Medical Program of the Uniformed Services

**CONUS**  
continental United States

**CPO**  
civilian personnel office

**CSC**  
case study committee

**DA**  
Department of the Army

**DCA**  
Director of Community Activities

**DOD**  
Department of Defense

**DODDS**  
Department of Defense Dependents Schools

**DPCA**  
Director of Personnel and Community Activities

**DPW**  
Directorate of Public Works

**EDAS**  
Enlisted Distribution Assignment System

**EFM**  
exceptional family member

**EFMP**  
Exceptional Family Member Program

**HQDA**  
Headquarters, Department of the Army

**IEP**  
Individualized Education Program

*See Change 2, dtd April 2000*  
**JFTR**  
Joint Federal Travel Regulation

**JTR**  
Joint Travel Regulation

**MACOM**  
major Army command

**MEDCEN**  
U.S. Army Medical Center

**MEDDAC**  
medical department activity

**MOU**  
memorandum of understanding

**MPD**  
military personnel division

**MTF**  
medical treatment facility

**NGB**  
National Guard Bureau

**OCONUS**  
outside continental United States

**PAO**  
public affairs officer

**PCS**  
permanent change of station

**PERSCOM**  
U.S. Total Army Personnel Command

**PSC**  
personnel service company

**RFO**  
request for orders

**SJA**  
staff judge advocate

**USACFSC**  
U.S. Army Community and Family Support Center

**USAMEDCOM**  
U.S. Army Medical Command

**USAR**  
U.S. Army Reserve

**YS**  
youth services

### 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 (CSC)**  
A school level team comprised of, among others, principal, educators, parents, and

medically related service providers who do the following:

- Oversee screening and referral of children who may require special education.
- Oversee the multidisciplinary evaluation of such children.
- Determine the eligibility of the student for special education and related services.
- Formulate an individualized education curriculum reflected in an individualized education program (IEP).
- Monitor the development, reviewing, and revising of the IEPs.

#### Exceptional family member

A family member with any physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, or counseling.

#### Family-find

The ongoing process used by the Army to seek and identify families who have family members who may require specialized medical care, therapy, developmental services, or special education. Family-find activities include the dissemination of information to the public, the identification and screening of family members, and the use of referral procedures.

#### General medical care

Care associated with the prevention, evaluation, and treatment of medical illnesses and disabilities (other than those of an educational nature) and not a medically related service under DOD Instructions 1342.12 and 1010.13. Under 10 U.S.C., section 1076, general medical care is provided to family members on a space-available basis.

#### Individualized Education Program

A written document defining specially designed instruction for a student with a disability. The document is developed and implemented in accordance with DODI 1342.12.

#### Installation

The organization, activity, or military community that has overall command responsibility for EFMP where the soldier or employee is assigned.

#### Installation commander

The term refers to the commander of the organization, activity, or military community who has overall command responsibility for EFMP where the soldier or employee is assigned.

#### Medical center

Facility designated by the Surgeon General responsible for completing the Exceptional Family Member Program Summary.

#### Medically related services

- Medical services (as defined below) provided under professional medical supervision.

which are required by a CSC either to determine a student's eligibility for special education or, if the student is eligible, the special education and related services required by the student.

b. Direct or indirect services pursuant to the development or implementation of an IEP necessary for the student to benefit from the educational curriculum. These services may include the following: medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy.

#### **Medical services**

Those evaluative, diagnostic, therapeutic, and supervisory services provided by a licensed/credentialed physician to assist CSCs and to implement IEPs. Medical services include diagnosis, evaluation, and medical supervision of related services that, by statute, regulation, or professional tradition, are the responsibility of a licensed and credentialed physician.

#### **Respite care**

A program providing a temporary rest period for family members responsible for regular care of persons with disabilities. Care may be provided either in the respite care user's home or a caregiver's home.

#### **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 nonspace-required students.

#### **Space-required**

Pupil accommodations that must be provided by DODDS.

#### **Special education**

Specially designed instruction, including physical education, which is provided at no cost to the parent or guardian to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings.

#### **Section III**

##### **Special Abbreviations and Terms**

This section contains no entries.

## Index

This index is organized alphabetically, by topic and by subtopic within a topic. Topics and subtopics are identified by paragraph number.

Advocacy, 2-5

Army training commanders, responsibilities of, 1-29

Assistant Secretary of the Army (Manpower and Reserve Affairs), responsibilities of, 1-10

Assistant Chief of Staff for Installation Management, responsibilities of, 1-11

Chief, Army Reserve, responsibilities of, 1-14

Chief, National Guard Bureau, responsibilities of, 1-15

Chief of Public Affairs, responsibilities of, 1-12

Chiefs of civilian personnel offices, responsibilities of, 1-31

Child development services coordinators, responsibilities of, 1-35

Civilian personnel office procedures, 3-3  
Coding, 3-1

Commander, U.S. Army Medical Command Health Service Support Area outside the United States, responsibilities of, 1-22

Commanders of CONUS and OCONUS military personnel divisions/personnel-service companies, responsibilities of, 1-30

Commanders of major Army commands, responsibilities of, 1-20

Commanders of OCONUS travel approval authorities, responsibilities of, 1-23

Commanders, U.S. Army Medical Command Health Service Support Areas in the United States, responsibilities of, 1-21

Commanding General, U.S. Army Community and Family Support Center, responsibilities of, 1-16

Commanding General, U.S. Army Medical Command, responsibilities of, 1-18

Commanding General, 18th Medical Command, Korea, responsibilities of, 1-19

Commanding General, U.S. Total Army Personnel Command, responsibilities of, 1-17

Community recreation division chiefs and program managers, responsibilities of, 1-37

CONUS military assignment nominations, 3-2

Directors of Public Works, responsibilities of, 1-34

Family-find activities, 2-5

Family travel/command sponsorship, 2-1

General prohibitions against discrimination, 1-9

Housing, 2-4

Identification and enrollment, 1-6

Information, referral, and placement, 2-5

Installation commanders, responsibilities of, 1-24

Installation Exceptional Family Member Program managers, responsibilities, 1-25

Installation public affairs officers, responsibilities of, 1-33

Installation staff judge advocates, responsibilities of, 1-32

Medical treatment facility commanders, responsibilities of, 1-26

Medical treatment facility Exceptional Family Member Program medical chiefs in the United States, responsibilities of, 1-27

Medical treatment facility Exceptional Family Member Program medical chiefs outside the United States, responsibilities of, 1-28

OCONUS military assignment nominations, 3-2

Periodic update of enrollment, 3-1

Recreational and cultural programs, 2-5  
Respite care, 2-5

Sanctions, 1-7

Termination of enrollment, 3-1

The Judge Advocate General and the Chief of Chaplains, responsibilities of, 1-13

Youth services program managers, responsibilities of, 1-36

**HEALTH-RELATED SURVEY - INDIVIDUAL FACILITY REPORT**

For use of this form, see AR 608-75; the proponent agency is QACSIM

**OMB APPROVED  
NO. 0704-0175  
EXPIRATION DATE  
31 JULY 1998**

Public reporting burden for this collection of information is estimated to average one hour per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0175), Washington, DC 20503. Please DO NOT RETURN YOUR COMPLETED FORMS TO EITHER OF THESE ADDRESSES. Send completed forms to the Army installation requesting the information.

NOTE: This form will be completed by each individual facility. Use typewriter or print legibly in ink.

**SECTION A - GENERAL INFORMATION**

1. NAME OF FACILITY		2. CHIEF ADMINISTRATOR	
3. ADDRESS (Must be a 3-line address which includes street address or P.O. Box and ZIP Code)			
4. BUSINESS TELEPHONE (Include area code)		5. SERVICE HOURS	6. APPROXIMATE MILES FROM INSTALLATION
7. TYPE OF OWNERSHIP (Include the category which best describes the legal ownership of this facility. Check one box only.)			
Private - For profit			
Private - Not for profit			
Local government			
State government			
Federal government			
Other (Specify)			
8. ACCESSIBILITY (Transportation - Check all that apply and fill in blanks.)			
On bus line			
Not on bus line; distance to bus line is _____ blocks.			
Parking available _____ miles.			
Parking fee \$ _____			
Taxi stand at facility			
Facility operates own transportation system			
9. WHEELCHAIR ACCESS (Check all that apply.)			
Building			
Restrooms			
10. FEE FOR SERVICE (Check all that apply.)			
Full fee			
No fee			
Sliding scale			
Advance pay			
Medicaid			
CHAMPUS			
Private health insurance			
Other			



**SECTION B - HEALTH-RELATED SERVICE ASSISTANCE CAPABILITY**

11. Indicate whether or not your facility anticipates vacancies during the next year for new patients in the category applicable to the specified age groups. If vacancies are anticipated, indicate average wait for appointment in weeks in "YES" column.

CATEGORY	CHILDREN 0-12 YEARS		ADOLESCENTS 13-18 YEARS		ADULTS OVER 18 YEARS	
	YES	NO	YES	NO	YES	NO
Cognitive enrichment program <i>(A program which helps children learn to think and solve problems; usually includes a language component.)</i>						
Program for visually impaired						
Social work services						
Occupational therapy						
Community health nurse services						
Program for oral motor therapy						
Apnea monitor home program						
Physical therapy						
Community mental health services						
Audiology services						
High risk newborn follow-up services						
Standard therapy for speech and language impairments						
Therapy for hearing impaired <i>(includes signing)</i>						
Total communication therapy <i>(includes signing for hearing persons)</i>						
Augmentative speech therapy <i>(uses communication devices)</i>						
Laryngeal speech therapy <i>(rehabilitation after laryngeal surgery)</i>						

**SECTION C - ADAPTIVE EQUIPMENT CAPABILITY**

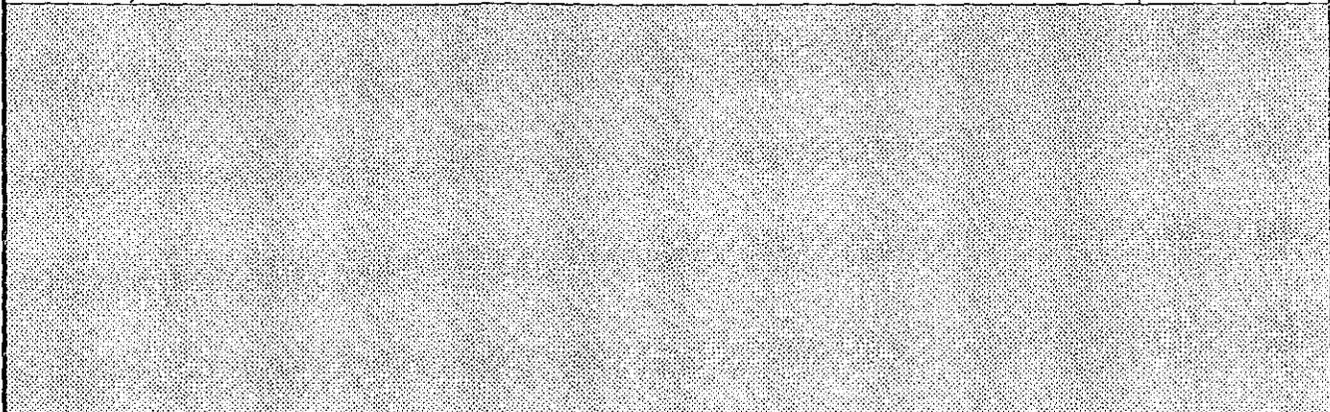
12. Indicate whether or not your facility provides adaptive equipment shown below.

CATEGORY	YES	NO
Ambulatory Aids		
Communication Aids		
Apnea Monitor		
Hearing Aids/Auditory Trainer		
Artificial Limbs		
Respiratory Aids		
Braces/Splints		
Wheelchair <i>(manual)</i>		
Cardiac pacemaker		
Wheelchair <i>(electric)</i>		
Augmentative speech aids		

**SECTION D - ARTIFICIAL OPENINGS/SHUNTS CAPABILITY**

13. Indicate whether or not your facility provides management and/or supplies for artificial openings/shunts shown below.

CATEGORY	YES	NO
Gastrostomy		
Tracheostomy		
CSF Shunt		
Cystostomy		
Colostomy		
Ileostomy		





**SECTION E - MEDICAL PRACTITIONER CAPABILITY**

14. Indicate the capability of your facility to provide medical practitioners in the categories shown below.

CATEGORY	YES	NO
Allergist		
Cardiologist, General		
Cardiologist, Pediatric		
Dentist		
Dermatologist		
Developmental Pediatrician		
Dietary/Nutrition Specialist		
Endocrinologist, General		
Endocrinologist, Pediatric		
Family Practitioner		
Gastroenterologist, General		
Gastroenterologist, Pediatric		
General Medical Officer		
Geneticist		
Gynecologist		
Hemodialysis Team		
Hematologist/Oncologist, General		
Hematologist/Oncologist, Pediatric		
Immunologist		
Internist		
Nephrologist, General		
Nephrologist, Pediatric		
Neurologist, General		
Neurologist, Pediatric		
Nuclear Medicine Physician		
Ophthalmologist, General		
Ophthalmologist, Pediatric		
Obstetrician		
Orthodontist		
Pediatrician		
Pedodontist		
Physiatrist		
Pulmonologist		
Podiatrist		
Psychiatrist, General		
Psychiatrist, Child		
Psychologist, Clinical		
Psychologist, Clinical with Child Experience		
Rheumatologist, General		
Rheumatologist, Pediatric		
Transplant Team		
Surgeon, Cardio-thoracic		
Surgeon, General		
Surgeon, Neuro		
Surgeon, Oral		
Surgeon, Otorhinolaryngologist		
Surgeon, Orthopedic, General		
Surgeon, Orthopedic, Pediatric		
Surgeon Pediatric		
Surgeon, Plastic		
Urologist		

15. TYPED NAME OF INDIVIDUAL COMPLETING REPORT

17. TELEPHONE NUMBER  
(Commercial/DSN)

16. SIGNATURE



## APPLICATION FOR RESPITE CAREGIVERS

For use of this form, see AR 608-75; the proponent agency is OACSIM

### DATA REQUIRED BY THE PRIVACY ACT

**AUTHORITY:** Title 5, United States Code, Section 301.  
**PRINCIPAL PURPOSE:** To recruit and select respite caregivers.  
**ROUTINE USES:** To determine the prospective respite caregiver's ability to care for individuals with disabilities.  
**DISCLOSURE:** Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite caregiver's application.

1. NAME		2. BIRTHDATE	
3. MAIDEN NAME <i>(Applicant or spouse)</i>		4. SPOUSE'S NAME	
5. ADDRESS <i>(Street, city and state) (Include ZIP Code)</i>		6. TELEPHONE NO. HOME: OFFICE:	7. SOCIAL SECURITY NUMBER
8. BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH CHILDREN OR ADULTS WITH DISABILITIES			
9. AVAILABILITY FOR PROVIDING CARE DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO                      EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO                      WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO OVERNIGHT WEEKDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO                      OVERNIGHT WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO  WILL PROVIDE CARE: <input type="checkbox"/> IN HOME OF CLIENT <input type="checkbox"/> IN MY OWN HOME <input type="checkbox"/> NO PREFERENCE			
10. DO YOU HAVE OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. AGE GROUP PREFERENCE	
12. EDUCATION <i>(High school, college, graduate studies, other)</i>			
NAME AND ADDRESS OF SCHOOL		DATES ATTENDED	MAJOR
13. EMPLOYMENT <i>(Present, and last three years)</i>			
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED	POSITION
14. REFERENCES <i>(List three, other than relative. Example: Pastor, supervisor, co-worker)</i>			
NAME AND ADDRESS <i>(Give complete mailing address) (Include ZIP Code)</i>		OCCUPATION	
<i>I hereby certify that all statements in this application are true to the best of my knowledge and belief.</i>			
SIGNATURE		DATE	



**MEDICAL REPORT ON APPLICANT FOR CERTIFICATION TO PROVIDE CARE  
FOR CHILDREN OR ADULTS WITH DISABILITIES**

For use of this form, see AR 608-75; the proponent agency is OACSIM

NAME	DATE
------	------

*FOR EXAMINING PHYSICIAN*

Application is being made to obtain certification to care for children or adults with disabilities 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 DISABLED 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 CHILDREN AND ADULTS WITH DISABILITIES

For use of this form, see AR 608-75; the proponent agency is OACSIM

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, United States Code, Section 301.  
**PRINCIPAL PURPOSE:** To identify specific disability of individual requiring respite care.  
**ROUTINE USES:** To identify specific problems that individual with disability 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.

### SECTION A - IDENTIFYING AND RESOURCE INFORMATION

1. NAME (Person with disability)		2. NAME (Parent, guardian, or responsible family member)	
3. BIRTHDATE	4. ADDRESS (Include ZIP Code)	5. TELEPHONE NUMBERS	
		HOME	
		MOTHER (work)	
		FATHER (work)	

6. 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 PERSON WITH A DISABILITY IN THE EVENT YOU CANNOT BE REACHED.

### 7. LIST OTHER HOUSEHOLD MEMBERS

a. NAME	b. BIRTHDATE

8. PHYSICIAN (Name, address and telephone no.)	9. DENTIST (Name, address and telephone no.)
--	--

10. PREFERRED HOSPITAL (Name and address)	11. REGULAR PROGRAM ATTENDED BY INDIVIDUAL (School, sheltered work, etc.)
---	---

### 12. DESCRIPTIVE INFORMATION (Individual with Disability)

a. DESCRIBE INDIVIDUAL'S DISABILITY

b. DESCRIBE ANY CHRONIC MEDICAL PROBLEMS A CAREGIVER SHOULD BE AWARE OF



c. LIST ANY ALLERGIES		
d. IS THERE A HISTORY OF SEIZURES <i>(If yes, what kind and how often)</i>		
e. DESCRIBE ANY SPECIAL EQUIPMENT THE INDIVIDUAL USES <i>(Braces, wheelchair, etc.)</i>	f. INDIVIDUAL'S HEIGHT	g. WEIGHT
h. INDICATE THE EXTENT TO WHICH THE INDIVIDUAL <u>CAN</u> 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	
<b>SECTION B - INSTRUCTIONS FOR CARE AND/OR SUPERVISION</b>		
1. LIST ANY MEDICATION GIVEN REGULARLY AND THE PURPOSE FOR WHICH IT IS USED		
2. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING SPECIFIC MEDICAL CONDITIONS <i>(Seizures, allergies, etc.)</i>		
3. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING BODILY FUNCTIONS <i>(Toileting, transferring, mobility, feeding, etc.)</i>		



**CLINICIAN'S INFORMATION**

For use of this form, see AR 608-75; the proponent agency is OACSIM

**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 children and adults with disabilities, 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)

BIRTHDATE

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 FUNCTIONS 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 INDIVIDUAL WITH DISABILITY

For use of this form, see AR 608-75; the proponent agency is OACSIM

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, USC, Section 301.  
**PRINCIPAL PURPOSE:** To identify specific needs of individual with disability requiring respite care.  
**ROUTINE USES:** To provide information regarding individual with disability to caregiver.  
**DISCLOSURE:** Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

1. NAME (Person with disability) (Last, First, MI)	2. NAME (Parent, or person completing this form)
3. ADDRESS (Include ZIP Code)	4. TELEPHONE NUMBERS HOME _____ FATHER (work) _____ MOTHER (work) _____
5. NAMES AND AGES OF CHILDREN IN HOME	
NAME	AGE
6. AGE OF INDIVIDUAL WITH DISABILITY	
7. WEIGHT	
8. PERSONS TO CONTACT IN CASE OF AN EMERGENCY	
NAME, ADDRESS AND TELEPHONE NUMBER	NAME, ADDRESS AND TELEPHONE NUMBER
9. GIVE BRIEF DESCRIPTION OF INDIVIDUAL'S DISABILITY	
10.a. IS SPECIAL EQUIPMENT USED (Braces, wheelchairs, etc)  <input type="checkbox"/> YES <input type="checkbox"/> NO	10.b. IF SPECIAL EQUIPMENT IS USED, WHEN AND HOW USED
10.c. DOES INDIVIDUAL (Check appropriate boxes)	
STAND <input type="checkbox"/> YES <input type="checkbox"/> NO	BATHE SELF <input type="checkbox"/> YES <input type="checkbox"/> NO
WALK <input type="checkbox"/> YES <input type="checkbox"/> NO	SIT UP ALONE <input type="checkbox"/> YES <input type="checkbox"/> NO
DRINK FROM A GLASS <input type="checkbox"/> YES <input type="checkbox"/> NO	FEED SELF <input type="checkbox"/> YES <input type="checkbox"/> NO
TALK <input type="checkbox"/> YES <input type="checkbox"/> NO	UNDERSTAND WORDS <input type="checkbox"/> YES <input type="checkbox"/> NO
11. MEALTIME (Please describe your typical menu for a full day)	
BREAKFAST	LUNCH
DINNER	
a. SPECIAL MEALTIME OR DIET INSTRUCTIONS	
b. SNACKS (List, if any)	
12. BEDTIME	
a. WHEN DOES HE/SHE GO TO BED	b. WHEN DOES HE/SHE TAKE NAPS
c. SLEEPING OR BEDTIME HABITS CAREGIVER SHOULD KNOW ABOUT	



**13. DAILY ACTIVITIES**

a. DESCRIBE A TYPICAL DAY'S SCHEDULE

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

c. TELEPHONE  
NUMBER

d. TRANSPORTATION  
PICK-UP TIME

e. RETURN  
TIME

f. DAYS AND TIME *(List days of the week and times of program)*

g. FAVORITE RECREATIONAL OR PLAY ACTIVITIES

**14. MEDICAL INFORMATION**

a. LIST ALL MEDICATION GIVEN REGULARLY

b. LIST ANY ALLERGIES

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

YES  NO

d. WHAT DO YOU DO WHEN SEIZURES OCCUR?

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

f. PHYSICIAN *(Name and telephone no.)*

g. DENTIST *(Name and telephone no.)*

h. PREFERRED HOSPITAL *(Name and Address)*

i. HOSPITAL INSURANCE *(Name of company)*

15.a. 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:**

15.b. LOCATION

15.c. DATE AND TIME

15.d. 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)*



*by chd, dtd 5 September 1997*

**ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY**

For use of this form, see AR 608-75; the proponent agency is OACSIM

**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 DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et seq.*

**PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of: (1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

**ROUTINE USES:** (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --  
 (a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.  
 (b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.  
 (2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude --  
 (1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Personnel Center from enrolling soldiers in the Exceptional-Family Member Program (*EFMP*). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.  
 (2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

**SECTION A - RELEASE OF INFORMATION**

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

**SECTION B - SPONSOR INFORMATION (please print or type)**

4. NAME (*Last, First, Middle Initial*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P.O. Box*) (*Include Zip Code*)

10. HOME PHONE (*Include Area Code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P.O. Box*) (*Include Zip Code*)

12. DUTY PHONE (*Include Area Code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT ASSIGNMENT

**SECTION C - FAMILY MEMBER INFORMATION (please print or type)**

15. NAME (*Last, First, Middle Initial*)

16. SEX

17. DATE OF BIRTH

18. FAMILY MEMBER PREFIX



**SECTION D - EDUCATIONAL SUMMARY**

TO BE COMPLETED BY SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this student's military sponsor. Please provide complete and accurate information.

19. IS THIS STUDENT ELIGIBLE FOR SPECIAL EDUCATION AS DESCRIBED IN PL 94-142 OR PL 99-457 (X one)

a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor	SIGNATURE	DATE
b. If "YES," complete and sign items 19b thru 30h.	SIGNATURE	DATE

20. UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? (X all that apply.) (NOTE: Special education programs for children under the age of 5 years are not available in all overseas locations.)

a. PL 94-142 or TITLE II PL 99-457

(X)	CODE	Description	(X)	CODE	Description	(X)	CODE	Description
<input checked="" type="checkbox"/>	N07	Autistic	<input type="checkbox"/>	N04	Mentally Retarded	<input type="checkbox"/>	N06	Orthopedically Impaired
<input type="checkbox"/>	N02	Blind	<input type="checkbox"/>		Mild to moderate	<input type="checkbox"/>	N08	Other Health Impaired
<input type="checkbox"/>	N11	Visually Impaired	<input type="checkbox"/>		Moderate to severe (trainable)	<input type="checkbox"/>	N10	Seriously Emotionally Disturbed
<input type="checkbox"/>	N01	Deaf	<input type="checkbox"/>		Severe to profound	<input type="checkbox"/>	N12	Specific Learning Disability
<input type="checkbox"/>	N03	Hearing Impaired	<input type="checkbox"/>	N05	Traumatic brain injury	<input type="checkbox"/>	N09	Speech Impaired

b. TITLE I (Part H) PL 99-457

N13 Developmental Delay       N14 At Risk for Developmental Delay

c. If student is enrolled in DODDS, under which criteria are they qualified for special education?

Criterion A       Criterion B       Criterion C       Criterion D

21. PRESENT LEVEL OF PERFORMANCE (X appropriate column to indicate student's present level in each area)

CODE	Description	(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay
Q01	a. Self-Help					
Q02	b. Gross Motor					
Q03	c. Fine Motor					
Q04	d. Social					
Q05	e. Cognitive					
Q06	f. Expressive Language					
Q07	g. Receptive Language					

h. Reading Level (Grade)

i. Math Level (Grade)

22. SERVICES REQUIRED AND LISTED ON IEP (X and complete, as applicable, or services currently received)

CODE	Description	(X)	(1) Duration of Contact (Minutes)	(2) Frequency of Contact (Weekly or Monthly)	(3) Type of Service		
					Monitoring	Consult	Direct
S01	a. Audiology						
S02	b. Counseling						
S03	c. Occupational Therapy						
S04	d. Psychological Services						
S05	e. Physical Therapy						
S06	f. Therapeutic Recreation						
S07	g. School Health Services						
S08	h. Social Work Services						
S09	i. Speech Therapy						

j. Special Transportation

(1) Wheelchair

(2) School Bus Attendant

23. Does student require wheelchair accessibility in school building?      YES      NO

24. Percentage of student's time spent in special education classes or resource room      %

25. Does student require residential treatment in order to benefit from educational program?      YES      NO

(If Yes, describe treatment program required)



26. Is student receiving adaptive physical education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Is student receiving recreational education?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

28. Other Comments *(Describe classroom placement if in special education)*

**SECTION E - ACKNOWLEDGEMENTS**

29. SPONSOR

a. SIGNATURE	b. DATE SIGNED
--------------	----------------

30. SCHOOL PERSONNEL

a. TYPED OR PRINTED NAME <i>(Last, First, MI)</i>	b. TITLE	c. TELEPHONE <i>(Include area code)</i>
d. NAME OF SCHOOL	e. ADDRESS <i>(Include Zip Code)</i>	f. SCHOOL DISTRICT
g. SIGNATURE		h. TELEPHONE <i>(Include area code)</i>

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

32. FOR USE IN THE EFMP CODING PROCESS:

a. DODDS staffing cluster codes:       CODE 1       CODE 2       CODE 3

b. Special medical needs that need to be coordinated with overseas command?       YES       NO

c. EFMP CODER



## RESPIRE CARE AGREEMENT

For use of this form, see AR 608-75; the proponent agency is OACSIM

As a condition of receiving respite care services for the individual with a disability 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 person with a disability 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 individual with a disability 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 individual with a disability 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 individual with a disability.

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/our 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 family member with a disability, if he/she is unable to contact us (*for 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



## ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

### 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 DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et seq.*

**PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of:  
(1) Family members of all soldiers and (2) Family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

**ROUTINE USES:** (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --

(a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.

(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children and medical needs of family members of Department of the Army civilian employees.

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

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude --

(1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Personnel Center from enrolling soldiers in the Exceptional Family Member Program (*EFMP*). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.

(2) Civilian personnel offices from performing required *EFMP* aspects of overseas processing of Department of the Army civilian employees with family members with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their family members transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

### SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

### SECTION B - SPONSOR INFORMATION (*please print or type*)

4. NAME (*Last, First, MI*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P.O. Box*) (*Include Zip Code*)

10. HOME PHONE (*Include Area Code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P.O. Box*) (*Include Zip Code*)

12. DUTY PHONE

a. DSN

b. COMMERCIAL (*Include area code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT ASSIGNMENT

### SECTION C - FAMILY MEMBER INFORMATION (*please print or type*)

15. NAME (*Last, First, MI*)

16. SEX

17. DATE OF BIRTH  
(*YYYYMMDD*)

18. FAMILY MEMBER PREFIX



see ch R, dt 5 September 1977

**SECTION D - MEDICAL SUMMARY**

(To be completed only by a physician or other designated medical practitioner)

MEDICAL PRACTITIONER - Please fill out this form as completely and as accurately as possible. Utilize ICD 9-CM or DSM III, if possible. List additional diagnoses and problems under "e" Explanation below.

**19. DIAGNOSES AND CARE FREQUENCY**

a. CURRENT ACTIVE DIAGNOSES	b. ICD-9/DSMIII	c. SEVERITY	d. FREQUENCY OF CARE (Insert appropriate letter)	
		A - Mild B - Moderate C - Severe	A - None B - Every 6-12 months (1) Inpatient Care	C - Every 3-4 months D - Monthly (2) Outpatient Care E - Weekly

e. Explanation of diagnoses that are not described exactly as the ICD-9 or DSM III diagnosis:

**20. CARE PROVIDERS (In column a, X the current medical providers essential for care of the patient and use the following codes to indicate frequency in column b.)** A - None B - Every 6-12 months C - Every 3-4 months D - Monthly E - Weekly

a. CODE	TYPE	b. FREQUENCY	a. CODE	TYPE	b. FREQUENCY
C01	Allergist		C28	Obstetrician	
C02	Cardiologist, General		C29	Orthodontist	
C03	Cardiologist, Pediatric		C30	Pediatrician	
C04	Dentist		C31	Podiatrist	
C05	Dermatologist		C32	Physiatrist	
C06	Developmental Pediatrician		C33	Pulmonologist	
C07	Dietary/Nutrition Specialist		C34	Podiatrist	
C08	Endocrinologist, General		C35	Psychiatrist, General	
C09	Endocrinologist, Pediatric		C36	Psychiatrist, Child	
C10	Family Practitioner		C37	Psychologist, Clinical	
C11	Gastroenterologist, General		C38	Psychologist, Clinical w/Child Exp.	
C12	Gastroenterologist, Pediatric		C39	Rheumatologist, General	
C13	General Medical Officer		C40	Rheumatologist, Pediatric	
C14	Geneticist		C41	Transplant Team	
C15	Gynecologist		C42	Surgeon, Cardio-thoracic	
C16	Hemodialysis Team		C43	Surgeon, General	
C17	Hematologist/Oncologist, General		C44	Surgeon, Neuro	
C18	Hematologist/Oncologist, Pediatric		C45	Surgeon, Oral	
C19	Immunologist		C46	Surgeon, Otorhinolaryngologist	
C20	Internist		C47	Surgeon, Orthopedic, General	
C21	Nephrologist, General		C48	Surgeon, Orthopedic, Pediatric	
C22	Nephrologist, Pediatric		C49	Surgeon, Pediatric	
C23	Neurologist, General		C50	Surgeon, Plastic	
C24	Neurologist, Pediatric		C51	Urologist	
C25	Nuclear Medicine Physician		C52	Other (Specify)	
C26	Ophthalmologist, General				
C27	Ophthalmologist, Pediatric				

**21. ARTIFICIAL OPENINGS/SHUNTS (X all that apply)**

CODE	TYPE	CODE	TYPE
F01	Gastrostomy	F05	Colostomy
F02	Tracheostomy	F06	Ileostomy
F03	CSF Shunt	F99	Other (Specify)
F04	Cystostomy	NONE	



**22. SERVICES REQUIRED (X all that apply)**

CODE	TYPE		
J01	Cognitive Enrichment Program	J10	Audiology Services
J02	Program for Visually Impaired	J11	High Risk Newborn Follow-up Services
J03	Social Work Services	J20	Standard Therapy for Speech/Language Impairments
J04	Occupational Therapy	J21	Therapy for Hearing Impaired (includes signing)
J05	Community Health Nurse Svcs	J22	Total Communication Therapy (includes signing for hearing persons)
J06	Program for Oral Motor RX	J23	Augmentative Speech Therapy (Uses Communication Devices)
J07	Apnea Monitor Home Program	J24	Alaryngeal Speech Therapy (Rehabilitation after laryngeal surgery)
J08	Physical Therapy	J99	Other (Specify)
J09	Community Mental Health Services		

**23. ADAPTIVE EQUIPMENT NEEDS (X all that apply)**

CODE	TYPE		
L01	Ambulatory Aids	L08	Wheelchair (Manual)
L02	Communication Aids	L09	Cardiac Pacemaker
L03	Apnea Monitor	L10	Wheelchair (Electric)
L04	Hearing Aids/Auditory Trainer	L11	Augmentative Speech Aids
L05	Artificial Limbs	L12	Home Oxygen Therapy
L06	Respiratory Aids	L99	Other (Specify)
L07	Braces/Splints		

24. ARCHITECTURAL CONSIDERATIONS (X if applicable)  Limited Steps  Complete Wheelchair Accessibility

25. MEDICATIONS (List all medications required by the patient on a routine basis, including chemotherapy, radiation therapy, psychotropics and blood products.)

26. Has this patient had cancer or leukemia in the past?  YES  NO

If yes, this patient has been disease-free for \_\_\_\_\_ years and has a \_\_\_\_\_ % chance of remaining disease-free. The above statement should be completed only by a physician knowledgeable about the disease and its prognosis.

27. TREATMENT PLANNED (Describe treatment or surgery planned or likely within the next 3 years, including expected duration. List any other problems or family circumstances that should be considered in the assignment of the sponsor.)

28. HAS THERE BEEN PSYCHIATRIC CARE WITHIN THE LAST 5 YEARS? (If yes, explain inpatient and/or outpatient care with emphasis on clinical course, compliance, prognosis and participation of family members in treatment.)  YES  NO



**SECTION E - ACKNOWLEDGEMENTS**

**29. PATIENT OR SPONSOR:**

The above medical information has been reviewed and found to be accurate and complete.

a. SIGNATURE

b. DATE SIGNED

**30. MEDICAL PRACTITIONER**

a. TYPED OR PRINTED NAME OF MEDICAL PRACTITIONER COMPLETING THE DA FORM 5862-R

b. TELEPHONE NUMBER *(Include Area Code)*

c. ADDRESS OF MEDICAL PRACTITIONER *(Include Zip Code)*

COMMERCIAL

DSN

d. SIGNATURE OF MEDICAL PRACTITIONER

e. DATE SIGNED

**1. PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes the DA Form 5862-R.***

g. TYPED OR PRINTED NAME OF PHYSICIAN

h. RANK OF PHYSICIAN *(typed or printed)*

i. TITLE OF PHYSICIAN *(typed or printed)*

j. GRADE OF PHYSICIAN *(typed or printed)*

k. SIGNATURE OF PHYSICIAN

l. DATE SIGNED

**31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY**

**32. FOR USE IN THE EFMP CODING PROCESS**

a. Child is in RTF receiving medical care not available overseas; assign with individual case consideration.  YES  NO

b. Stateside medical related assignment recommendation:

A - Small Hospital

C - Infrequent use of medical center

B - Large Hospital

D - Frequent use of medical center

c. EFMP CODER



## EXCEPTIONAL FAMILY MEMBER PROGRAM INFORMATION SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**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 DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et. seq.*

**PRINCIPAL PURPOSE:** To identify the special education and medical needs of dependent children and medical needs of adult family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

**ROUTINE USES:** Information will be used by civilian personnel offices to determine the need for coordinating the availability of medically related services to meet the special needs of dependent children and medical needs of family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude--  
 (1) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with family members with special needs.  
 (2) Transportation of family members of Department of the Army civilian employees to duty assignments outside the United States at Government expense.

**CONFIDENTIALITY:** Information obtained will be maintained in strict confidence and provided only to those with an official need to know in identifying special needs and in processing personnel for assignments outside the United States.

### PART A - GENERAL INFORMATION

ALL EMPLOYEES TAKING AN ASSIGNMENT IN A LOCATION OUTSIDE THE UNITED STATES WHERE FAMILY MEMBER TRAVEL IS AUTHORIZED AT GOVERNMENT EXPENSE MUST COMPLETE THIS FORM. EMPLOYEES WHO DO NOT HAVE FAMILY MEMBERS MUST COMPLETE BLOCKS 1-7 AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT BELOW.

1. SPONSOR'S NAME ( <i>Last, first, MI</i> )	2. SPONSOR'S SOCIAL SECURITY NUMBER
3. SPONSOR'S TITLE	4. SPONSOR'S GRADE
5.a. SPONSOR'S HOME ADDRESS	6. SPONSOR'S HOME PHONE <i>(Include area code)</i>
5.b. SPONSOR'S DUTY ADDRESS	7. SPONSOR'S DUTY PHONE a. DSN  b. COMMERCIAL <i>(Include area code)</i>

### PART B - FAMILY MEMBERS AUTHORIZED TRAVEL OUTSIDE THE UNITED STATES

B. NAME ( <i>Last, first, MI</i> )	9. RELATIONSHIP	10. DOB ( <i>YYYYMMDD</i> )	11. SEX
a.			
b.			
c.			
d.			
e.			



12. PLEASE READ ALL OF THE FOLLOWING QUESTIONS VERY CAREFULLY AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT IN k. BELOW.

a. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LONG TERM (i.e., more than one year's duration) PHYSICAL OR EMOTIONAL ILLNESS?

b. ARE ANY OF THE ABOVE FAMILY MEMBERS BEING SEEN AT A HOSPITAL OR CLINIC REGULARLY? ("Regularly" means about every 2 months or more often and 4 or 5 times a year or more often.)

c. WILL ANY OF THE ABOVE FAMILY MEMBERS NEED TO BE SEEN AT A HOSPITAL OR CLINIC OUTSIDE THE UNITED STATES REGULARLY BASED ON THEIR PRESENT MEDICAL CONDITION?

d. HAVE ANY OF THE ABOVE FAMILY MEMBERS BEEN TOLD THEY SHOULD BE SEEN REGULARLY AT A HOSPITAL OR CLINIC BUT ARE NOT BEING SEEN?

e. ARE ANY OF THE ABOVE FAMILY MEMBERS ENROLLED IN A SPECIAL EDUCATION PROGRAM?

f. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LEARNING DISABILITY?

g. ARE ANY OF THE ABOVE FAMILY MEMBERS BLIND, DEAF, OR HARD OF HEARING?

h. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A SPEECH PROBLEM THAT REQUIRES THE SERVICES OF A SPEECH THERAPIST?

i. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A PHYSICAL DISABILITY THAT COULD AFFECT THEIR LEARNING?

j. DO ANY OF THE ABOVE FAMILY MEMBERS REQUIRE PROFESSIONAL COUNSELING REGARDING PROBLEM BEHAVIOR, SUCH AS ABUSE OF ALCOHOL OR DRUGS, RUNNING AWAY, SKIPPING SCHOOL, OR OTHER DELINQUENT-TYPE ACTS?

**k. SIGN ONE OF THE CERTIFICATIONS BELOW**

(1) I CERTIFY THAT I DO NOT HAVE FAMILY MEMBERS.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(2) I CERTIFY THAT MY ANSWER TO EACH OF THE ABOVE QUESTIONS IS NO FOR EACH OF THE FAMILY MEMBERS LISTED ABOVE.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(3) I CERTIFY THAT ONE OR MORE OF MY ANSWERS TO THE ABOVE QUESTIONS IS YES REGARDING A FAMILY MEMBER LISTED ABOVE. (Check appropriate block below)

I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL WITH ME CONCURRENTLY.

I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL ON A DELAYED BASIS.

I DO NOT INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL TO MY NEW DUTY LOCATION OUTSIDE THE UNITED STATES. I UNDERSTAND THAT A DA FORM 5862-R (ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY) AND DA FORM 5291-R (ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY) (WHEN APPLICABLE) MUST BE COMPLETED ON THE FAMILY MEMBER OR FAMILY MEMBERS AND PROVIDED TO THE CIVILIAN PERSONNEL OFFICE SHOULD I, AT A LATER DATE, DECIDE TO HAVE THE FAMILY MEMBER OR FAMILY MEMBERS JOIN ME AND THIS MUST BE ACCOMPLISHED PRIOR TO THEIR ARRIVAL AT THE LOCATION OUTSIDE THE UNITED STATES.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)



**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) REPORT**

For use of this form, see AR 608-75; the proponent agency is OACSIM

**REQUIREMENT CONTROL SYMBOL  
CSGPA-1730**

**PART A - INSTALLATION/MACOM IDENTIFYING DATA**

1. INSTALLATION MAILING ADDRESS <i>(include ZIP Code)</i>		2. NAME OF MACOM		3. REPORTING PERIOD  <i>(Month-Year)</i> <i>(Month-Year)</i>	
4. NAME OF INSTALLATION EFMP MANAGER <i>(Last, first, MI)</i>	5. GRADE OF INSTALLATION EFMP MANAGER	6. RANK OF INSTALLATION EFMP MANAGER	7. TELEPHONE NUMBER OF INSTALLATION EFMP MANAGER		
			DSN	COMMERCIAL <i>(include area code)</i>	
8. NAME OF DPCA OR DCA	9. GRADE OF DPCA OR DCA	10. RANK OF DPCA OR DCA	11. SIGNATURE OF DPCA OR DCA		
12. NAME OF MTF COMMANDER <i>(or designee)</i>	13. RANK OF MTF COMMANDER <i>(or designee)</i>		14. SIGNATURE OF MTF COMMANDER <i>(or designee)</i>		

**PART B - FISCAL DATA**

**SECTION I - FUND ALLOCATION**

15. ARMY COMMUNITY SERVICE (ACS)		16. ARMY MEDICAL DEPARTMENT (AMEDD)	
DOLLARS		DOLLARS	
OMA	QACS MDEP	DEFENSE HEALTH PROGRAM (DHP) MDEP HSHC	
NONAPPROPRIATED FUND ALLOCATION		OTHER <i>(Specify)</i>	
		TOTAL APPROPRIATED FUND ALLOCATION	

**SECTION II - OPERATIONAL COSTS**

	ACS	AMEDD
17. MILITARY SALARIES AND BENEFITS		
18. CIVILIAN PERSONNEL SALARIES AND BENEFITS		
19. CONTRACTS		
20. SUPPLIES		
21. EQUIPMENT		
22. TDY TRAVEL AND/OR MISSION ESSENTIAL CONFERENCES		
23. MINOR CONSTRUCTION/MODIFICATION		
24. MAJOR CONSTRUCTION		
25. TOTAL OPERATIONAL COSTS		



**PART C - PERSONNEL DATA**

26a. Position Title	b. Rank or Grade	c. MOS or GS	d. No. of Requirements	e. No. of Authorizations	f. Filled Authorizations	g. Filled Overhire	h. Filled Temporary

Position Title (Cont)	i. Filled Contract	j. Unfilled Recruiting	k. Unfilled Not Recruiting	27. INSTALLATION EFMP MANAGER
				a. DOES THE INSTALLATION HAVE AN EFMP MANAGER WHOSE PRIMARY RESPONSIBILITY IS TO COORDINATE, IMPLEMENT, AND MONITOR THE INSTALLATION EFMP?  <input type="checkbox"/> YES <input type="checkbox"/> NO
				b. INDICATE THE PERCENTAGE OF THE EFMP MANAGER'S TIME THAT IS DEDICATED TO EFMP DUTIES. _____

**PART D - SERVICE DELIVERY (ACS)**

**28. SERVICES PROVIDED**

a. TOTAL NUMBER OF SINGLE CONTACTS	c. AWARENESS BRIEFINGS (1) COMMAND (a) NO. OF SESSIONS	(3) COMMUNITY (a) NO. OF SESSIONS	d. EDUCATION AND TRAINING (1) UNIT (a) NO. OF SESSIONS	(3) TOTAL (a) NO. OF SESSIONS
b. CASE MANAGEMENT AND COUNSELING (1) TOTAL CASES	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE
(2) TOTAL INDIVIDUALS	(2) UNIT (a) NO. OF SESSIONS	(4) TOTAL (a) NO. OF SESSIONS	(2) COMMUNITY (a) NO. OF SESSIONS	
(3) TOTAL HOURS	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	



**PART D - SERVICE DELIVERY (ACS) (Continued)**

**29. PROGRAM SUPPORT**

a. RECREATIONAL PROGRAMS		b. CULTURAL PROGRAMS		c. PARENT SUPPORT GROUPS		d. RESPITE CARE		
NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	(1) NO OF ARMY CERTIFIED RESPITE CARE HOMES		
						ACS	CDS	TOTAL
						(2) NO. NEW RESPITE HOMES CERTIFIED		

**PART E - SERVICE DELIVERY (AMEDD)**

30. UNITED STATES						TOTAL NO. OF PATIENTS SERVED				TOTAL HOURS				
(1) SCREENING OF FAMILY MEMBERS														
(a) ROUTINE HEALTH CARE														
(b) OCONUS FAMILY MEMBER DEPLOYMENT SCREENING														
(2) COMPLETION OF EFMP MEDICAL SUMMARIES														
(3) EVALUATIONS FOR DIAGNOSIS AND CODING														
(4) CODING														
(5) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS														
(6) INDIVIDUALIZED EDUCATION PROGRAM (IEP) STAFFINGS														
(7) ASSISTANCE VISITS TO MEDICAL DEPARTMENT ACTIVITIES (Medical center teams only)														
(8) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS														
31. OUTSIDE OF THE UNITED STATES						TOTAL NO. OF VISITS				TOTAL NO. OF PATIENTS SERVED				TOTAL HOURS
						ARMY	NAVY	AIR FORCE	OTHER	ARMY	NAVY	AIR FORCE	OTHER	
(1) SCREENING OF FAMILY MEMBERS														
(a) ROUTINE HEALTH CARE														
(b) OCONUS FAMILY MEMBER DEPLOYMENT SCREENING														
(2) COMPLETION OF EFMP MEDICAL SUMMARIES														
(3) EVALUATIONS FOR DIAGNOSIS AND CODING														
(4) EVALUATIONS FOR SPECIAL EDUCATION ELIGIBILITY														
(5) CODING														
(6) TREATMENT PERTAINING TO IEP														
(7) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS														
(8) IEP STAFFINGS														
(9) EDUCATIONAL/MEDICAL CONSULTATIONS (Teachers and Parents)														
(10) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS														
						TOTAL NO. OF REPORTS				NO. OF CHILDREN ENROLLED IN EFMP PRIOR TO ASSIGNMENT				NO. OF CHILDREN NOT ENROLLED IN EFMP
12. REPORTS OF UNAVAILABILITY OF MEDICALLY RELATED SERVICES														



**PART F - SERVICE DELIVERY (HOUSING)**

	TOTAL NUMBER
33. EFMP REQUESTS SUBMITTED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
34. EFMP REQUESTS APPROVED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
35. HOUSING UNITS SPECIFICALLY MODIFIED FOR EXCEPTIONAL FAMILY MEMBERS	
(a) AVERAGE COST OF MODIFICATION PER UNIT _____ (Dollars)	
(b) AVERAGE TIME REQUIRED TO COMPLETE MODIFICATION _____ (Days)	

**PART G - SERVICE DELIVERY (CPO)**

36. CIVILIAN EMPLOYEES PROCESSED FOR AN ASSIGNMENT OUTSIDE THE UNITED STATES	
37. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING A DEPENDENT CHILD WITH SPECIAL EDUCATION AND MEDICALLY RELATED SERVICE NEEDS RELOCATING OUTSIDE THE UNITED STATES	
38. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING FAMILY MEMBERS WITH MEDICAL NEEDS RELOCATING OUTSIDE THE UNITED STATES	

**PART H - PROGRAM SYNOPSIS**

39. PROGRESS	
40. PROBLEM AREAS	
1. PROJECTED CHANGES	



## FAMILY MEMBER DEPLOYMENT SCREENING SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC Section 3013.  
**PRINCIPAL PURPOSE:** Personnel support.  
**ROUTINE USES:** To validate family member deployment screening, and to provide gaining command with data to assist in making an assignment decision.  
**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond may preclude successful processing of an application for family member travel/command sponsorship and may lead to appropriate administrative or disciplinary action against the soldier.

### PART A - SOLDIER/FAMILY MEMBER DATA

1. NAME OF SOLDIER ( <i>Last, first, MI</i> )	2. SOCIAL SECURITY NUMBER	3a. RANK	3b. MOS/BRANCH
4a. HOME ADDRESS	5a. DUTY ADDRESS		6. DATE OF EDAS CYCLE OR RFO ( <i>OFF</i> ) DATE
4b. HOME PHONE NO. ( <i>Include Area Code</i> )	5b. DUTY PHONE a. DSN b. COMMERCIAL ( <i>Include area code</i> )		

### 7. FAMILY MEMBERS

a. NAME	b. RELATIONSHIP	c. DOB ( <i>YYYYMMDD</i> )	d. HOME ADDRESS

### 8. AUTHENTICATION

a. MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY REPRESENTATIVE'S NAME	c. RANK ( <i>Grade</i> )	d. SIGNATURE
b. TITLE	e. DATE	

### PART B - FAMILY MEMBER SCREENING RESULTS

9. NAME	EXCEPTIONAL FAMILY MEMBER PROGRAM ( <i>EFMP</i> ) ENROLLMENT ( <i>Check one!</i> )				
	a. NOT WARRANTED	b. CONSIDERATION WARRANTED ( <i>Date sent for Coding</i> )	c. SUBSTANTIAL CHANGE SINCE ENROLLMENT		
			NO	YES	DATE SENT FOR CODING

### 10. ARMY MEDICAL TREATMENT FACILITY (*MTF*) EFMP MEDICAL PRACTITIONER COMPLETING THIS FORM

a. PRINTED NAME OF MEDICAL PRACTITIONER	b. SIGNATURE	c. DATE
d. ADDRESS	e. PHONE NUMBER ( <i>Include Commercial and DSN</i> )	

### 11. ARMY MTF EFMP PHYSICIAN'S AUTHENTICATION (*To be signed when a medical practitioner other than a physician completes this form.*)

a. TYPED OR PRINTED NAME OF PHYSICIAN	b. TITLE	c. RANK
d. SIGNATURE	e. DATE	



<b>EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) SCREENING QUESTIONNAIRE</b> For use of this form, see AR 608-75; the proponent agency is OACSIM	NAME OF MEDICAL TREATMENT FACILITY
--	------------------------------------

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**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 DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.

**PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of family members. This will permit consideration of special education and medical needs of family members in the personnel assignment process.

**ROUTINE USES:** Information will be used by personnel of the Military Departments to evaluate and document special education and medical needs of family members for consideration in personnel assignments.

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude U.S. Total Personnel Command from enrolling soldiers in the EFMP. Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. Refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SERVICE MEMBER'S NAME/RANK		SOCIAL SECURITY NUMBER		DATE	
BRANCH		UNIT		DUTY PHONE	
PROJECTED PCS ASSIGNMENT		DSN		HOME PHONE	
PROJECTED PCS DATE		HOME ADDRESS		DUTY ADDRESS	
LIST ALL FAMILY MEMBERS		FAMILY MEMBER PREFIX	SEX	DATE OF BIRTH	CHECK IF ENROLLED IN EFMP

**PLEASE ANSWER ALL QUESTIONS - FOR FAMILY MEMBERS ONLY**

**MEDICAL**

1. Do any family members, excluding service member, have any medical records (*civilian or military*) other than the records you have provided us to screen? If yes, please list conditions/services received and address of provider. YES  NO

FAMILY MEMBER	CONDITIONS/SERVICES	NAME/ADDRESS OF PROVIDER

2. In the past five (5) years, have any members of your family, excluding service member, been hospitalized, excluding hospitalization for normal uncomplicated childbirth? If yes, please explain. YES  NO

NAME	REASON

3. Are any members of your family, excluding service member, currently receiving medical (*includes mental health*) or educational services from any providers other than a general practitioner or family practice physician? YES  NO



4. Are any family members, excluding service member, taking any prescribed medication other than birth control pills on a regular basis? YES  NO

NAME	PRESCRIBED MEDICATION

5. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)

	YES	NO		YES	NO
a. Problems with sight (other than corrected by glasses)			g. Asthma, allergies or other respiratory problems		
b. Problems with hearing			h. Cerebral Palsy		
c. Heart condition			i. Delayed Speech		
d. Seizure disorder			j. Sickle Cell Trait/Disease		
e. Loss of mobility (requiring use of a wheelchair/walker or aid in mobility)			k. Cancer		
f. Diabetes			l. High blood pressure		
			m. Other, if yes, explain		

**MENTAL HEALTH:**

6. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)

	YES	NO		YES	NO
a. Referral to, diagnosed by, or therapy with a Psychiatrist, Psychologist, or Social Worker in reference to a mental health problem			d. Alcohol and drug use or abuse		
b. Depression			e. Emotional problems		
c. Suicidal thoughts/ideas, gestures, attempts			f. Behavioral problems/acting out behavior		
			g. Received therapy (marital, family, individual or group counseling)		

7. Have any members of your family, excluding service member, been in any of the following? Inpatient Psychiatric Facility, Residential Treatment Center, Group Homes, Day Treatment Centers, Drug and Alcohol Treatment Rehabilitation Center. If Yes, please explain: YES  NO

**EDUCATION**

8. Do any of your children now have, or have they ever had, any of the following?

	YES	NO		YES	NO
a. Slow development (infants and preschoolers)			d. Counseling services for school-related problems		
b. Learning problems (school)			e. Mental retardation		
c. Special services (i.e., OT, PT, Speech, etc.) for special education					

9. Are any of your children receiving Special Education help in school (not in regular class placement and on an Individual Education Plan (IEP))? If yes, who? YES  NO

According to AR 608-75, Exceptional Family Member Program, soldiers will provide accurate information as required when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.

Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll family members that meet the criteria for enrollment. (A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ).) These actions will include, at a minimum, a general officer letter of reprimand.

All the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or educational status for all members of my family, after the date indicated below, and prior to PCS move.

PRINTED NAME OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM	SIGNATURE OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM	DATE
PRINTED NAME OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN	SIGNATURE OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN	DATE



**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSESSMENT GUIDE**

For use of this form, see AR 608-75; the proponent agency is OACSIM

AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. Full time EFMP manager has been designated to manage the installation EFMP. If not, indicate percentage of time manager devotes to EFMP.					
2. EFMP manager participates in training.					
3. EFMP manager's office is accessible to persons with disabilities.					
4. EFMP manager submits annual budget request to ACS director.					
5. Installation EFMP committee meets at least quarterly.					
6. Comprehensive EFMP committee minutes are presented to the installation commander for approval.					
7. A copy of EFMP minutes is furnished to medical treatment facility (MTF) commander.					
8. EFMP committee minutes are on file.					



AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
9. EFMP committee representation is appropriate.					
10. Special Needs Resource Team (SNRT) is a subcommittee of installation EFMP committee.					
11. SNRT membership is appropriate.					
12. Installation EFMP standing operating procedure is on file.					
13. EFMP roster is established.					
14. Relocating soldier's EFM needs are assessed prior to departure.					
15. Relocating soldier's EFM needs are shared with gaining command prior to arrival.					
16. EFMP families are assisted in developing solutions to EFMP issues and problems.					
17. EFMP is monitored per AR 608-75.					



AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y	N	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
18. Special education and health-related services directory is updated annually.					
19. DA Form 4723-2-R (Health-Related Survey - Individual Facility Report) is used to collect health-related data.					
20. Health-related data is collected in coordination with the MTF managed care office.					
21. Existing information sources are used to collect special education data.					
22. ACS advises military personnel agencies on health-related services after coordinating with MTF managed care office.					
23. Families are informed about military and civilian community support services.					
24. Family members are provided with information about rights and responsibilities under laws.					
25. ACS facilities EFMP support groups.					
26. Relocating families of exceptional school age children obtain information for transitioning to the new school per para 2-5b(2), AR 608-75.					



AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
27. Relocating families with exceptional school age children are linked with school officials and medical providers.					
28. ACS assists in the IEP process upon request of parents.					
29. Family-find activities are implemented.					
30. Respite care is provided for children.					
31. Respite care is provided for adults.					
32. Recreational and cultural activities are provided for exceptional family members.					



AGENCY: ARMY MEDICAL DEPARTMENT

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. EFMP medical chief has been designated to manage and supervise the overall medical operation of EFMP.					
2. EFMP medical chief ensures that eligible exceptional family members are coded and EFMP summary forwarded for enrollment per para 3-1, AR 609-75.					
3. EFMP medical chief has appointed an EFMP point of contact.					
4. EFMP point of contact performs responsibilities in para 1-27c, AR 608-75.					
5. Medical resourcing needs are identified and reported to the MTF commander.					
6. EFMP training is provided to MTF medical practitioners.					
7. Standing operating procedures are on file.					
8. EFMP medical chief provides professional technical assistance to ACS in development and execution of family-find activities.					
9. EFMP medical chief attends installation EFMP committee meetings.					



AGENCY: ARMY MEDICAL DEPARTMENT

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
10. EFMP medical chief provides or coordinates medical evaluations for disabling conditions of EFMs from birth to 21 years of age.					
11. EFMP medical chief provides or coordinates assistance to adult EFMs in concert with capabilities of local MTF.					
12. EFMP medical chief participates in MTF quality improvement program.					
13. EFMP medical chief provides medical treatment at locations in U.S. per para 2-3, AR 608-75.					
14. EFMP medical chief provides treatment outside U.S. per para 2-3, AR 608-75.					
15. EFMP medical chief supervises EFMP multidisciplinary medical teams outside U.S.					
16. EFMP medical chief ensures that multidisciplinary teams outside U.S. perform responsibilities in para 1-28, AR 608-75.					
17. EFMP medical chief performs the responsibilities of the medically related services liaison officer in para 1-28f, AR 608-75.					
18. OCONUS family member deployment screening is completed per para 2-1b, AR 608-75.					



AGENCY: ARMY MEDICAL DEPARTMENT

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
19. Family members have the same priority as active duty military for purpose of OCONUS family member deployment screening and evaluation.					
20. DA Form 7248-R is completed prior to face-to-face screening.					
21. Family members ( <i>children and adults</i> ) are screened during routine health care visits.					
22. DA Form 5571 and SF 600 are documented at least annually that patient does or does not have a condition warranting referral for EFMP.					
23. SF 600 is documented when an enrollment referral has been made to the MTF EFMP point of contact.					
24. Physicians are directed to refer soldiers for EFMP enrollment immediately upon diagnosis of an eligible condition of a family member.					
25. Families with EFMs are provided accurate information regarding benefits of TRICARE, CHAMPUS, and managed care program.					
26. Statistical data for DA Form 5864-R and other pertinent EFMP information are provided to installation EFMP manager.					



AGENCY: MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. EFMP standard operating procedure is on file.					
2. Soldiers are queried about an EFM during inprocessing.					
3. Soldiers are queried about an EFM during readiness processing.					
4. Soldiers are queried about an EFM during reassignment interview.					
5. Soldiers are queried about an EFM during outprocessing.					
6. Soldiers with known or suspected exceptional family members are referred to the installation EFMP manager for assessment.					
7. Rosters of referred soldiers are forwarded to the installation EFMP manager, at a minimum, weekly.					
8. OCONUS family member deployment screening is implemented per para 2-1b, AR 608-75.					
9. DA Form 4787, DA Form 5368-R, and all EFMP documentation are processed expeditiously.					



AGENCY: MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
10. Soldiers are deferred (except AIT soldiers) until notification is received from OCONUS travel approval authority about available EFMP services.					
11. Local statistical data and other pertinent EFMP information are provided to the installation EFMP manager.					
12. Representative is provided to the installation EFMP committee.					



AGENCY: CIVILIAN PERSONNEL OFFICE

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. Standing operating procedure is on file.					
2. Facility is accessible to persons with disabilities.					
3. All civilian employees relocating outside U.S. where family member travel is authorized at government expense complete DA Form 5863-R.					
4. DA Form 5863-R is retained on left side of relocating civilian employee's official personnel folder when special needs do not exist.					
5. DA Form 5863-R is forwarded to HQDA (CFSC-FSA) when relocating civilian employee's family member has special needs.					
6. Coordination occurs with gaining DODDS regional office before employee relocates outside U.S. with children requiring special education.					
7. Coordination occurs with gaining medical activity before employee relocates outside U.S. with family members with medical needs.					
8. All civilian employees relocating outside the U.S. are referred to ACS for general information about the new duty station.					
9. Procedures exist for identifying and imposing sanctions against civilian employees who refuse to participate in EFMP.					



AGENCY: CIVILIAN PERSONNEL OFFICE

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(include required action)</i>
10. Statistical data for DA Form 5864-R and other pertinent information on EFMP are provided to installation EFMP manager.					
11. Representative is provided to the installation EFMP committee.					



AGENCY: DIRECTORATE OF PUBLIC WORKS

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. Standing operating procedure exists for processing exceptions to housing assignments.					
2. Facility is accessible to persons with disabilities.					
3. Quarters are specifically set aside for persons with disabilities.					
4. Requests for housing modifications are accommodated.					
5. Statistical data for DA Form 5864-R and other pertinent EFMP information are provided installation EFMP manager.					
6. Representative is provided to the installation EFMP committee.					



AGENCY: CHILD DEVELOPMENT SERVICES (CDS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. EFMP standing operating procedure for CDS programs is on file.					
2. Facility is accessible to persons with disabilities.					
3. All CDS delivery systems are available to children with disabilities through SNRT process.					
4. Technical assistance requirements are outlined to the installation EFMP manager prior to CDS delivery of services to children with disabilities.					
5. Special needs training is provided to CDS staff.					
6. Local statistical data and other pertinent information on EFM children served by CDS are provided to the installation EFMP manager.					
7. CDS representation is provided to the installation EFMP committee and the SNRT.					
8. CDS works with installation EFMP committee to identify funding sources to support CDS special needs inclusion costs.					
9. Coordination is accomplished with SNRT on youth identified as needing transition from CDS to YS programs.					



AGENCY: YOUTH SERVICES (YS)					
ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. EFMP standing operating procedure for YS programs and activities is on file.					
2. Facility is accessible to persons with disabilities.					
3. All YS programs and activities are available to children with disabilities as determined through SNRT process.					
4. Technical assistance requirements are outlined to the installation EFMP manager prior to delivery of services for youth with disabilities.					
5. Coordination occurs with SNRT on youth identified as needing transition from CDS to YS programs and activities.					
6. Special needs training is provided to YS staff.					
7. YS representation is provided to installation EFMP committee and SNRT.					
8. YS works with installation EFMP committee to identify funding sources to support YS special needs inclusion costs.					
9. Local statistical data and other pertinent information on EFM youth served by YS are provided to the installation EFMP manager.					



AGENCY: COMMUNITY RECREATION

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. EFMP standing operating procedure for community recreation programs and activities is on file.					
2. Facility is accessible to persons with disabilities.					
3. Individuals with disabilities are provided reasonable accommodation.					
4. Technical assistance requirements are outlined to installation EFMP manager prior to delivery of services for individuals with disabilities.					
5. Special needs training is provided to community recreation staff.					
6. Local statistical data and other pertinent information on EFMP are provided to installation EFMP manager.					
7. Representative is provided to the installation EFMP committee.					

