

**SOLDIERS WITH DEPENDENTS
ON OVERSEAS ASSIGNMENTS
EFMP PACKET IS A MUST
TAKE CARE OF YOUR FAMILY**

1. Family Travel Message and the EFMP packet will not be processed until soldiers and family members of age 14 years and older attend and complete the ANTI-TERRORISM FORCE PROTECTION (AT/EP) LEVEL 1 awareness training. This training will be conducted before departing soldiers current duty station on PCS, TDY, TCS, LEAVE, or PASS to an OVERSEAS area. Training must occur within 12 months before departing duty station. AT/FT LEVEL 1 AWARENESS TRAINING IS AVAILABLE FROM THE INTERNET AT THE FOLLOWING WEBSITE: <http://www.at-awareness.org> After completion of Anti-Terrorism training, you can print the certificate from on line and get it signed by the Commander, or get a memorandum from the unit Commander or the unit Security Officer. Bring the signed certificate to Reassignments. An Example of the certificate is enclosed in the Levy Packet.

2. All soldiers going overseas to include Alaska and Hawaii MUST complete the Exceptional Family Member Program packet (EFMP) even though dependents do not have EFMP issues. This is a must, otherwise your family members will not be traveling with you to your next duty station.
 - A. The packet consists of: DA FORM 4787; DA FORM 5888-R AND DA FORM 7246-R FRONT AND BACK.
 - B. All part of the EFMP packet must be filled out and completed for you family members.
 - C. When you are finished with the EFMP packet, bring the packet to Reassignment Waller Hall, Bldg# 2140 (Welcome and Farewell Center) 967-2628 for information.
 - D. Someone and the Reassignment Counter will sign in the appropriate places and review your packet. YOU HAVE AN OPTION OF:
 1. Hand carry to EFMP Section at MADIGAN and give the packet to the EFMP Section. You may inquire about the length of time it will take to review your case.
OR
 2. Leave the packet at Reassignments and the packet will be given to the family travel personnel and in return, she will hand carry the packet to EFMP section.
 - E. Once your EFMP packet has been reviewed by the EFMP personnel at MADIGAN they might need more information from you. Please follow their directions because a slight problem can delay a family message from your gaining command.
 - F. When the EFMP personnel have reviewed your case, you can pick-up the packet and bring it to Reassignments OR let the Family travel personnel from Reassignments pick up your packet.
 - G. Once you packet has been received at Waller Hall reassignments from the EFMP section, your EFMP information is then forwarded to your gaining command installation family travel office.
 - H. When Reassignments receives the family travel message, we will then proceed cutting your PCS orders. If your family members have EFMP issues, it might take a little longer then other family members who do not have an EFMP issues.

3. This process take a long time, please do not delay. If you delay or post pone this action, your PCS orders will also be delayed until I get your family travel message/orders from your gaining installation.

4. Please put your family members full name, relations to you (Daughter, Step son, Spouse...), and date of birth in your senior levy packet. This information is put on your PCS orders. Without this information we can not complete your orders.

5. Contact the family Travel Personnel for the EFMP packet. (E-7 and Below, the packet will be given out during the Levy Briefing. E-8 (MSG) and above, the EFMP packet is attached to the Levy Packet).

LETTER OF INSTRUCTION

SUBJECT: Completion of DA Form 7246-R, Jul 93, Exceptional Family Member Program (EFMP) Screening Questionnaire, and DA Form 5888-R, Aug 95, Family Member Deployment Screening Sheet

These forms are to be completed and RETURNED to Reassignments, Family Travel, BEFORE EFMP screening can take place.

1. DA 7246 completion process:

- A. On page 2, read the paragraph above the signature blocks.
- B. Answer all questions as pertains to traveling family members only, not soldier.
- C. Specific areas of concern:
 - (1) Projected PCS Assignment - give country
 - (2) Home Address - list local address, *not home of record*
 - (3) List *only* family members who will be traveling on these orders
 - (4) Any "yes" answer needs to be clarified - *which* family member it pertains to (i.e. spouse name, child name) and if a multiple question; *what* the "yes" applies to (i.e. asthma (question 5g), marital counseling (question 6g)).
- D. Frequently missed questions - 5g and 7 - an incomplete form will not be processed.
- E. Physician signature - to be signed by EFMP screening doctors only. DO NOT make an appointment with the Primary Care Manager to complete this form.
- F. Soldier or spouse must sign form - an unsigned form will not be processed.

2. DA 5888 completion process:

- A. Complete Part A ONLY:
 - (1) Block 4a should be local address - *not home of record*
 - (2) Block 4b should be local phone number with area code - *not home of record*
 - (3) Block 7 - list *only* family members who will be PCSing with soldier and verify that they are DEERS eligible (*same family members should be listed on all forms*)
- B. Block 8 will be *completed by Reassignments Personnel* and must be signed before it will be processed - an unsigned form will not be processed.
- C. Part B - To be completed and signed by EFMP screening doctors only. DO NOT make an appointment with the Primary Care Manager to complete this form.

REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCSPER

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principal Purpose: For personnel service support.
Routine Uses: (1) To request family member travel to overseas command and family housing; (2) to provide gaining commander sufficient data to make an assignment decision; and (3) to provide gaining commander sufficient data to approve or disapprove family travel.
Disclosure: Disclosure of information is voluntary. However, if not given, request for travel and housing of family members will not be approved.

PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA *(To be Completed by Losing MPD/PSC)*

1. TO		2. FROM			
3. NAME <i>(Last, Middle, First)</i>		4. SSN	5. GRADE	6. PMOS	
6A. CURRENT UNIT/STATION			7A. REASSIGNED TO <i>(Unit/UIC/APO/Country)</i>		
6B. TELEPHONE NO. <i>(Include Area Code)</i>		7B. RSG AUTH	7C. PERS CON NO.	7D. REPORT DATE	
8. TDY Enroute <i>(Complete only if applicable)</i>					
A. MOS/SSI/SQI/ASI.		B. PURPOSE OF TDY		C. GRAD/TERM. DATE	
9. Married Army Couples Program <i>(Complete only if joint domicile will be requested)</i>					
9A. NAME OF MILITARY SPOUSE		9B. SSN	9C. GRADE	9D. PMOS	
9E. CURRENT UNIT/STATION			9E. TELEPHONE NO. <i>(Include Area Code)</i>		

PART B - HOUSING AND FAMILY TRAVEL DATA

10. I do <input type="checkbox"/> do not <input type="checkbox"/> have family members with physical, emotional, developmental or intellectual problems.					
11. <input type="checkbox"/> I am a sole parent. <i>(Check only if applicable)</i>					
12. Application for Family Member Travel to Overseas Command <i>(Check only one)</i>					
a. <input type="checkbox"/>		I desire concurrent travel and will accept economy quarters if government quarters are not available.			
b. <input type="checkbox"/>		I desire concurrent travel but will not accept economy quarters.			
13. Family Members Who Will Travel to Next Permanent Duty Station <i>(If more space is needed, continue on a separate sheet.)</i>					
A. NAME <i>(Last, First, MI)</i>		B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH	E. CITIZENSHIP
14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION <i>(Include name, relationship, address and phone number).</i>					
15A. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED			16A. ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE		
15B. TELEPHONE NO. <i>(Include Area Code)</i>			16B. TELEPHONE NO. <i>(Include Area Code)</i>		
17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation <i>(or their equivalents)</i> have been completed. A request for deletion or deferment is <input type="checkbox"/> anticipated <input type="checkbox"/> not anticipated.					
17A. SOLDIER'S SIGNATURE		17B. MPD/PSC OFFICIAL'S SIGNATURE		17C. DATE	

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) DATE</i>
4b. HOME PHONE NO. <i>(Include Area Code)</i>	5b. DUTY PHONE NO. 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 GLORIA J. RICHARDSON	c. RANK <i>(Grade)</i> SGT	d. SIGNATURE
b. TITLE TEAM CHEIF, FAMILY TRAVEL		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

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
SCREENING QUESTIONNAIRE**

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