

**MILPER Message Number  
17-093**

**Proponent  
AHRC-PLP**

**Title  
Stabilization of Soldiers and Military Families with Special Needs**

**...Issued:[3/14/2017 10:50:40 AM]...**

- 
- A. National Defense Authorization Act for Fiscal Year (FY) 2010, Public Law 111-84, Bill H.R. 2647, Sec. 563, Support for Military Families with Special Needs, signed into law on 28 October 2009.
- B. AR 614-100 (Officer Assignment Policies, Details, and Transfers), 10 January 2006.
- C. AR 614-200 (Enlisted Assignments and Utilization Management), 26 February 2009 (Rapid Action Revision 002, 11 October 2011).
- D. AR 608-75 (Exceptional Family Member Program), 27 January 2017.
1. This MILPER Message is effective upon release and will be rescinded when Army Regulation 614-100 and 614-200 are republished with implemented policy.
  2. The purpose of this message is to reiterate guidance in support of the FY 2010 National Defense Authorization Act, Support for Military Families with Special Needs (whether medical and/or educational needs) Provision. The guidance was initially announced in MILPER Message 13-235.
  3. **Applicability:** The Army is committed to the health, safety and well-being of its Soldiers and their Family members with special needs. Army policy allows for military Families with special needs to be stabilized for up to four years so medical and/or educational services, which cannot be immediately replicated and/or acquired elsewhere, are not disrupted. The stabilization for the exceptional family member (EFM) also applies to the Soldier; however, the Soldier may be required to travel temporary duty (TDY) or temporary change of station (TCS) away from home station to participate in combat or operational deployments, training exercises, or for personnel management or professional development reasons, after the first year of the approved stabilization timeframe. The four year stabilization period (if approved) starts on the date the EFM began receiving the required services. Accrued time on station at the

advent of the special needs situation is not part of the decision matrix.

4. **Criteria.** One or more of the below must be met in order to establish eligibility for stabilization under this program:

a. A permanent change of station (PCS) move would disrupt access to necessary medical or educational services that would place the EFM's health, safety, or development in jeopardy.

b. The EFM has a diagnosis that requires extensive support from TRICARE, state, and local resources that would be difficult to replicate and/or reacquire in a timely manner.

c. The Family has multiple EFM's receiving a combination of TRICARE, state, and local services that would be difficult to replicate and/or reacquire in a timely manner.

5. **Request submission procedures:**

a. Stabilization requests for Soldiers and military Families with special needs must be accomplished utilizing a DA Form 4187 routed through the chain of command. The request must be endorsed by a Colonel or General Officer. The DA Form 4187 will include the following information:

(1) Justification for request and timeframe.

(2) The following statement signed by the Soldier: "I understand that if my stabilization request is approved, I may be required to travel TDY or TCS away from home station to participate in combat or operational deployments, training exercises, or for personnel management or professional development after the first year of the approved stabilization timeframe. I also understand that I may request termination of my stabilization, in writing (DA Form 4187) at any time during the stabilization period (a period not to exceed four consecutive years)."

b. Officer requests must be submitted to the Officer Personnel Management Directorate, PCS Policy Section, functional mailbox, at [usarmy.knox.hrc.mbx.opmd-msd-ppsab-policy@mail.mil](mailto:usarmy.knox.hrc.mbx.opmd-msd-ppsab-policy@mail.mil).

c. Enlisted requests must be submitted to the Enlisted Personnel Management Directorate, Special Actions Branch, Compassionate Actions Team, functional mailbox, at [usarmy.knox.hrc.mbx.epmd-compassionate-section@mail.mil](mailto:usarmy.knox.hrc.mbx.epmd-compassionate-section@mail.mil).

d. All stabilization requests must be accompanied by the following documents:

(1) Completed DA Form 3739.

(2) Copy of DD Form 2792, Exceptional Family Member Medical Summary.

(3) Copy of DD Form 2792-1, Exceptional Family Member Special Education/Early Intervention Summary (if applicable).

(4) Correspondence on provider letterhead from treating physician and/or education specialist addressing the potential impact on EFM if stabilization is not approved.

(5) Copy of a Family Service Plan (completed by the Family and Army Community Service).

(6) Current Individualized Education Plan (IEP) (if applicable).

(7) Current Individualized Family Service Plan (IFSP) (if applicable).

6. The Commanding General, Human Resources Command (HRC), has all assignment authority to execute stabilization periods for Soldiers under this program. This authority has been further delegated as follows:

a. The Officer Personnel Management Directorate approval authority is the Chief, Operations and Plans Division. The disapproval authority is the Deputy Director, Officer Personnel Management Directorate.

b. The Enlisted Personnel Management Directorate approval authority is the Chief, Special Actions Branch. The disapproval authority is the Chief, Operations Management Division.

7. This is a HQDA G-1 and U.S. Army Human Resources Command coordinated message.

8. For Army use only, points of contact:

a. Officer Personnel Management Directorate, commercial: (502) 613-6829, DSN (312) 983-6829.

b. Enlisted Personnel Management Directorate, commercial: (502) 613-5860/5861, DSN (312) 983-5860/5861.

# PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

|                            |                          |                            |
|----------------------------|--------------------------|----------------------------|
| 1. THRU (Include ZIP Code) | 2. TO (Include ZIP Code) | 3. FROM (Include ZIP Code) |
|----------------------------|--------------------------|----------------------------|

## SECTION I - PERSONAL IDENTIFICATION

|                           |                           |                           |
|---------------------------|---------------------------|---------------------------|
| 4. NAME (Last, First, MI) | 5. GRADE OR RANK/PMOS/AOC | 6. SOCIAL SECURITY NUMBER |
|---------------------------|---------------------------|---------------------------|

## SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_

## SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Service School (Enl only)            | <input type="checkbox"/> Special Forces Training/Assignment            | <input type="checkbox"/> Identification Card                  |
| <input type="checkbox"/> ROTC or Reserve Component Duty       | <input type="checkbox"/> On-the-Job Training (Enl only)                | <input type="checkbox"/> Identification Tags                  |
| <input type="checkbox"/> Volunteering For Oversea Service     | <input type="checkbox"/> Retesting in Army Personnel Tests             | <input type="checkbox"/> Separate Rations                     |
| <input type="checkbox"/> Ranger Training                      | <input type="checkbox"/> Reassignment Married Army Couples             | <input type="checkbox"/> Leave - Excess/Advance/Outside CONUS |
| <input type="checkbox"/> Reassignment Extreme Family Problems | <input type="checkbox"/> Reclassification                              | <input type="checkbox"/> Change of Name/SSN/DOB               |
| <input type="checkbox"/> Exchange Reassignment (Enl only)     | <input type="checkbox"/> Officer Candidate School                      | <input type="checkbox"/> Other (Specify)                      |
| <input type="checkbox"/> Airborne Training                    | <input type="checkbox"/> Asgmt of Pers with Exceptional Family Members |   |

|   |                     |
|---|---------------------|
| 9. SIGNATURE OF SOLDIER (When required) | 10. DATE (YYYYMMDD) |
|---|---------------------|

## SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

## SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -  
 HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

|   |               |                     |
|---|---------------|---------------------|
| 12. COMMANDER/AUTHORIZED REPRESENTATIVE | 13. SIGNATURE | 14. DATE (YYYYMMDD) |
|---|---------------|---------------------|

|  |       |              |                    |
|--|-------|--------------|--------------------|
| 15. NAME OF INDIVIDUAL   |       | 16. SSN      |                    |
| <b>ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL</b>   |       |              |                    |
| AUTHORITY  | a. TO | b. FROM      |                    |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |       |              |                    |
| d. NAME ( <i>Last, First, Middle</i> )   |       | e. RANK      | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION  |       | h. SIGNATURE |                    |
| i. COMMENTS  |       |              |                    |
| AUTHORITY  | a. TO | b. FROM      |                    |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |       |              |                    |
| d. NAME ( <i>Last, First, Middle</i> )   |       | e. RANK      | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION  |       | h. SIGNATURE |                    |
| i. COMMENTS  |       |              |                    |
| AUTHORITY  | a. TO | b. FROM      |                    |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |       |              |                    |
| d. NAME ( <i>Last, First, Middle</i> )   |       | e. RANK      | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION  |       | h. SIGNATURE |                    |
| i. COMMENTS  |       |              |                    |
| AUTHORITY  | a. TO | b. FROM      |                    |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |       |              |                    |
| d. NAME ( <i>Last, First, Middle</i> )   |       | e. RANK      | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION  |       | h. SIGNATURE |                    |
| i. COMMENTS  |       |              |                    |
| AUTHORITY  | a. TO | b. FROM      |                    |
| c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED    RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL |       |              |                    |
| d. NAME ( <i>Last, First, Middle</i> )   |       | e. RANK      | f. DATE (YYYYMMDD) |
| g. TITLE/POSITION  |       | h. SIGNATURE |                    |
| i. COMMENTS  |       |              |                    |

## APPLICATION FOR COMPASSIONATE ACTIONS

For use of this form, see AR 614-200; the proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 U.S.C. 7013, Secretary of the Army; Army Regulation (AR) AR 614-200, Enlisted Assignments and Utilization Management; and E.O. 9397 (SSN) (as amended).

**PRINCIPAL PURPOSE:** To determine eligibility for compassionate action.

For additional information see the System of Records Notice A0600-8-104 AHRC  
<https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/Army/A006-8-104-AHRC.pdf>

**ROUTINE USES:** The National Archives and Records Administration for the purpose of records management inspections. To the members of Congress for inquiries. To US state courts and various law enforcement agencies by subpoena only. To the Department of Justice for use in litigation. To appropriate agencies, entities, and persons for data breach remediation.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in denial of request for compassionate action.

**FORWARD APPLICATION TO HRC (AHRC-EPO-A). SUBMIT ONE COPY ONLY.** The Soldier is advised that if this request for compassionate action is approved, he/she may be assigned to duties in other than PMOS; further, a waiver of any enlistment/reenlistment commitment must be accomplished (AR 601-210, chapter 8 and AR 601-280, chapter 4). If submitted by Soldier on leave, DDALV or in attached status, a copy of DA Form 31 or orders must be included with this request.

**1. I REQUEST:**

- a. REASSIGNMENT TO \_\_\_\_\_
- b. DEFERMENT OF \_\_\_\_\_ DAYS FROM ORDERS TO \_\_\_\_\_
- c. DELETION FROM ORDERS TO \_\_\_\_\_
- d. PERMISSIVE ATTACHMENT OF \_\_\_\_\_ DAYS AT \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

|   |          |  |  |                     |
|---|----------|--|--|---------------------|
| 2. NAME (Last, First, MI)                             |          | 3. Last 4 of SSN<br><div style="border: 1px solid black; width: 100px; height: 15px;"></div> | 4. RANK                                | 5. PRO-PAY CATEGORY |
| 6. ENL COMMITMENT                                     | 7. PMOS  | 8. SMOS  | 9. LATEST PCS                          |                     |
| 10. CURRENT STATUS<br><small>(CHECK ONLY ONE)</small> |          | DUTY   | 11a. ASG/ATCH UNIT                     | 11b. PHONE NO.      |
| ORDINARY LEAVE  |          | ATCH   |  |                     |
| EMERGENCY LEAVE                                       |          | DDALV  |  |                     |
| 12. DEROS   | 13. DROS | 14. MARITAL STATUS   | 15. DATE OF MARRIAGE                   |                     |
| 16a. NAME OF SPOUSE                                   |          | 16b. AGE   | 16c. PRESENT ADDRESS OF SPOUSE         |                     |
| 17. BASD  | 18. PEBD | 19. ETS  | 20. HOME PHONE NO. (include area code) |                     |

**21. AUTHORIZED FAMILY MEMBERS, CHILDREN OR OTHERS AUTHORIZED AS FAMILY MEMBERS IAW AR 600-8-14.**

| NAME | AGE | RELATIONSHIP | ADDRESS |
|------|-----|--------------|---------|
|      |     |              |         |
|      |     |              |         |
|      |     |              |         |
|      |     |              |         |
|      |     |              |         |

22a. PARENTS/PARENTS-IN-LAW (To be completed by all Soldiers. Indicate if parents/parents-in-law are deceased.)

| NAME | AGE | ADDRESS | MONTHLY INCOME | HEALTH |
|------|-----|---------|----------------|--------|
|      |     |         |                |        |
|      |     |         |                |        |
|      |     |         |                |        |
|      |     |         |                |        |

22b. THIS REQUEST IS BASED ON LOCO PARENTIS. I RESIDED WITH THE FOLLOWING PERSONS FROM

\_\_\_\_\_ (Month/Year) TO: \_\_\_\_\_ (Month/Year)

| NAME | AGE | ADDRESS | MONTHLY INCOME | HEALTH |
|------|-----|---------|----------------|--------|
|      |     |         |                |        |
|      |     |         |                |        |

23. SOLDIER'S BROTHERS AND SISTERS WHETHER LIVING AT HOME OR ELSEWHERE AND OTHER MEMBERS OF FAMILY. (Include brothers/sisters-in-law, if request is based on in-law problems.)

| NAME | AGE | RELATIONSHIP | ADDRESS | OCCUPATION | MONTHLY INCOME |
|------|-----|--------------|---------|------------|----------------|
|      |     |              |         |            |                |
|      |     |              |         |            |                |
|      |     |              |         |            |                |
|      |     |              |         |            |                |
|      |     |              |         |            |                |
|      |     |              |         |            |                |

24. HAS SOLDIER SUBMITTED ANY PREVIOUS REQUESTS FOR COMPASSIONATE ACTION?

YES  NO IF YES, INCLUDE DATE SUBMITTED, CIRCUMSTANCES PROMPTING THE REQUEST, AND FINAL DECISION.

Blank area for providing details of previous requests for compassionate action, including dates, circumstances, and final decisions.

25. GIVE REASONS FOR REQUESTING COMPASSIONATE ACTION (If illness or injury is involved, attach statement from attending physician, IAW AR 614-200, Chapter 5.)

26. WHAT ATTEMPTS HAVE BEEN MADE BY SOLDIER TO REMEDY THE CONDITIONS OTHER THAN APPLYING FOR A COMPASSIONATE ACTION?

27. REMARKS

28a. I have been interviewed by a commissioned officer and have been advised that false statements on this application will constitute a violation of the UCMJ 1951 (as amended) and may subject me to a trial by court-martial.

b. SIGNATURE OF APPLICANT

c. DATE

29a. I certify that the information on the request for compassionate action contained herein

HAS BEEN VERIFIED

RECOMMEND APPROVAL

RECOMMEND DISAPPROVAL

b. TYPED OR PRINTED NAME OF COMMANDER/  
AUTHORIZED REPRESENTATIVE

c. SIGNATURE

d. DATE



# EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) FAMILY NEEDS ASSESSMENT

*(Completed by EFMP Family Support Staff to identify the needs of families. Only collect information that the family is willing and comfortable to share. It is possible that not all information requested on the form is available.)*

OMB No. 0704-0580  
OMB approval expires  
January 31, 2022

The public reporting burden for this collection of information is estimated to average 30 minutes 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 the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN THE FORM TO THE ABOVE ORGANIZATION.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 36 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 20 U.S.C. 927, Allotment Formula; and DoD 1315.19, The Exceptional Family Member Program (EFMP).

**PURPOSE(S):** The EFMP Family Needs Assessment assists EFMP Family Support Staff in identifying the needs of families and providing information and referral services. The Family Services Plan Addendum facilitates non-clinical case management by tracking steps to address identified needs of families. The Inter-Service Transfer Summary (ISTS) Addendum facilitates the transfer of case notes between sister-Service Family Support Offices.

**ROUTINE USE(S):** The routine uses are listed in the applicable system of records notices: M0-1754-6, Exceptional Family Member Program Records, <https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570631/m01754-6/>; A0600-8-104 AHRC, Army Personnel System (APS), <https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/>; F036 AFPC Z, Air Force Family Integrated Results and Statistical Tracking (AFFIRST), <https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569813/f036-afpc-z/>; N01754-4, Navy Family Accountability and Assessment System (NFASS), <https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570335/n01754-4/>.

**DISCLOSURE:** Voluntary; however, failure to provide information may impact your ability to utilize certain program opportunities.

## STAFF INFORMATION

### 1. CURRENT INSTALLATION FAMILY SUPPORT STAFF

|   |  |   |
|---|--|---|
| <b>a. NAME (Last, First)</b><br>Kearns, Trisha N  | <b>b. PHONE NUMBER</b><br>337-531-2840 | <b>c. EMAIL</b><br>trisha.n.kearns.civ@army.mil |
| <b>d. BRANCH (Select one)</b> <input type="checkbox"/> a. AIR FORCE <input checked="" type="checkbox"/> b. ARMY <input type="checkbox"/> c. MARINE CORPS <input type="checkbox"/> d. NAVY |  |   |

## SPONSOR DEMOGRAPHIC INFORMATION

### 2. SPONSOR

|   |   |   |                 |
|---|---|---|-----------------|
| <b>a. NAME (Last, First, Middle Initial)</b>                                      |   |   |                 |
| <b>b. PHONE NUMBER</b>  | <b>c. ALTERNATE PHONE</b>   |   | <b>d. EMAIL</b> |
| <b>e. RANK/GRADE</b>  | <b>f. BRANCH (Select one)</b> <input type="checkbox"/> a. AIR FORCE <input type="checkbox"/> b. ARMY <input type="checkbox"/> c. MARINE CORPS <input type="checkbox"/> d. NAVY                    |   |                 |
|   | <b>g. STATUS (Select one)</b> <input type="checkbox"/> a. ACTIVE REGULAR <input type="checkbox"/> b. ACTIVE GUARD <input type="checkbox"/> c. ACTIVE RESERVE <input type="checkbox"/> d. INACTIVE |   |                 |
| <b>h. DUAL MILITARY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |   | <b>i. MAILING ADDRESS (Street, City, State, Zip Code)</b> |                 |
| <b>j. CURRENT INSTALLATION</b>  | <b>k. PREVIOUS INSTALLATION</b>   |   |                 |

### 3. SPOUSE

|  |   |  |                 |
|--|---|--|-----------------|
| <b>a. NAME (Last, First, Middle Initial)</b> |   |  |                 |
| <b>b. PHONE NUMBER</b>                       | <b>c. ALTERNATE PHONE</b>   |  | <b>d. EMAIL</b> |
| <b>e. RANK/GRADE</b>                         | <b>f. BRANCH (Select one)</b> <input type="checkbox"/> a. AIR FORCE <input type="checkbox"/> b. ARMY <input type="checkbox"/> c. MARINE CORPS <input type="checkbox"/> d. NAVY                    |  |                 |
|  | <b>g. STATUS (Select one)</b> <input type="checkbox"/> a. ACTIVE REGULAR <input type="checkbox"/> b. ACTIVE GUARD <input type="checkbox"/> c. ACTIVE RESERVE <input type="checkbox"/> d. INACTIVE |  |                 |

### 4. EFMP STATUS

|   |                              |                                   |
|---|------------------------------|-----------------------------------|
| <b>a. Is the family enrolled in the EFMP?</b><br><i>(If family is not currently enrolled in EFMP, provide program information.)</i> | <input type="checkbox"/> Yes | <b>b. ENROLLED SINCE (YYYYMM)</b> |
|   | <input type="checkbox"/> No  |                                   |

### 5. CASE NUMBER (If applicable)

### 6. PERMANENT CHANGE OF STATION (PCS) or TRANSITION OUT OF SERVICE STATUS

|  |  |                                    |                                    |
|--|--|------------------------------------|------------------------------------|
| <b>a. Expected in the next six months?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>b. If yes, which one?</b><br><input type="checkbox"/> PCS <input type="checkbox"/> Transition Out | <b>c. EXPECTED DATE (YYYYMMDD)</b> | <b>d. PROSPECTIVE INSTALLATION</b> |
|--|--|------------------------------------|------------------------------------|

### 7. FAMILY MEMBER(S) IN HOUSEHOLD

| a. Name of ALL Family Members (Last Name, First Name) | b. Special Needs | c. Relationship to Sponsor | d. Gender | e. Date of Birth (YYYYMMDD) |
|---|------------------|----------------------------|-----------|-----------------------------|
| (1)   |                  |                            |           |                             |
| (2)   |                  |                            |           |                             |
| (3)   |                  |                            |           |                             |
| (4)   |                  |                            |           |                             |

**FAMILY NEEDS ASSESSMENT**

This assessment guides discussions regarding the needs of families and assists staff in providing appropriate services.

**8. REASON FOR VISIT**

What is the reason for your visit today? (E.g. PCS transfer; new EFMP case; housing concerns; educational concerns, life events, such as: birth, death, separation.)

**9. ACTIONS AND OUTCOMES**

a. What actions have you taken and/or service have you received to address your concerns?  
This may include informal resources, such as family relationships or support systems, which have helped.

b. What were the outcomes of the actions in BLOCK 9a?

**OTHER****10. QUESTIONS OR CONCERNS**

Do you have any other questions or concerns?

**11. NEXT STEPS DISCUSSED WITH FAMILY (Check all that apply)**

- a. Information and Referral Only       c. Develop Services Plan       e. No Services Plan Needed  
 b. Provide EFMP Enrollment Information       d. Declined Services Plan       f. Follow up with family      Date (YYYYMMDD) \_\_\_\_\_

**12. ADDITIONAL NOTES (Explain selections)****13. FAMILY SUPPORT STAFF MEMBER**

a. SIGNATURE

b. DATE COMPLETED (YYYYMMDD)

**ADDENDUM 1 - FAMILY SERVICES PLAN**

This plan provides a way forward for addressing the identified needs of families and documents progress toward goals.

**14. GOALS**

a. Family Goals

b. Steps to Achieve Goals

c. Points of Contact

d. Achieved Services

**15. AGREED UPON FREQUENCY OF FOLLOW-UP CONTACT**

**16. FAMILY SUPPORT STAFF MEMBER**

a. SIGNATURE

b. DATE COMPLETED (YYYYMMDD)

**ADDENDUM 2 - INTER-SERVICES TRANSFER SUMMARY**

Prior to a family transferring to a sister-Service installation, Family Support Staff at the losing installation will offer to complete this Addendum with the family to initiate a warm hand-off to the gaining installation.

**17. CURRENT FAMILY SUPPORT**

List the support currently used by the family.

**18. PENDING ACTION ITEMS**

Describe processes that have not been completed for the family's transfer. This may include paperwork that has been submitted, but not yet processed for community supports or needs that will require immediate attention upon arrival at a new location.

**19. ADDITIONAL NOTES**

Describe additional needs or outstanding notes pertaining to the family.

**20. LOSING INSTALLATION FAMILY SUPPORT STAFF MEMBER**

a. SIGNATURE

b. DATE COMPLETED (YYYYMMDD)

**21. GAINING INSTALLATION FAMILY SUPPORT STAFF MEMBER ACKNOWLEDGEMENT**

a. NAME (Last, First)

b. SIGNATURE

c. DATE COMPLETED (YYYYMMDD)