EFMP PROCESS CHECKLIST

For All Family Members Accompanying Soldiers During Overseas Travel

EFMP
EXCEPTIONAL FAMILIES
EXCEPTIONAL SERVICE

MENDOZA SOLDIER FAMILY CARE CLINIC

11335 SSG SIMS ST

BIGGS ARMY AIRFIELD

FORT BLISS, TX 79918

(915) 742-3715

ARE YOU PCSING OCONUS?

This requires a scheduled appointment for an overseas screening with EFMP. We need all required forms submitted and reviewed before we can schedule the actual overseas screening. This screening is only for dependents, not the sponsor.

We will need:

- 1 overseas packet per family ("OCONUS PRESCREEN INFORMATION SHEET" + DA 7246).
- 1 "AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION" per dependent (this is page 2 *only* of the DD 2792).
- 1 signed "MEMORANDUM FOR Regional Health Command Europe EFMP, APO AE 09042" per family. ****only for those PCSing to Europe***
- Each dependent must have a current annual physical (done within the last 12 months).
- The last 5 years of medical records for each dependent (only records of medical care done off-post must be submitted, to include the annual physical).

**Any dependent aged 6 or under will need a DENVER Prescreening Developmental Questionnaire (to be completed by parent/guardian). For pregnant travelers only we will need the pre-filled pregnancy DD 2792 (which must be signed by your provider). *These are provided at the clinic upon request.*

Please drop off your paperwork to the EFMP clinic located on the 2nd floor of the Mendoza Soldier Family Care Clinic, 11335 SSG Sims St, Fort Bliss, TX 79918. We are open 0700-1600 Monday-Thursday (closed on Fridays for administration), with a lunch break from 1200-1300. Call us at (915)742-3715 or email usarmy.bliss.medcom-wbamc.mbx.efmp@mail.mil with any questions! ☺

OCONUS PRESCREEN INFORMATION SHEET

SPONSOR NAME: ______________________________________

SPONSOR FULL SSN#: __________________________________

SPONSOR DOD EMAIL:__________________________________

SPONSOR CELL: ______________________________________

SPONSOR WORK PHONE: ______________________________

SPOUSE EMAIL: ______________________________________

SPOUSE CELL: ____

PCSING TO ___________________

REPORT DATE ________________

DATE TODAY _________________

LIST ALL FAMILY/ DEPENDANTS TRAVELING ON ORDERS (DO NOT INCLUDE SPONSOR)

LAST NAME, FIRST NAME	AGE	SEX	DOB	DOD ID #	EFMP ENROLLED?
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO

DOES ANY FAMILY MEMBER HAVE A MEDICAL CONDITION? YES NO

DOES ANY FAMILY MEMBER HAVE EDUCATIONAL NEEDS? YES NO

ADDITIONAL COMMENTS:

____

____

EFMP STAFF REVIEW

- ☐ PHYSICALS COMPLETE WITHIN ONE YEAR?
- ☐ DEVELOPMENTAL SCREEN RECEIVED FOR CHILDREN 6 & UNDER?
- ☐ DA 7246 REVIEWED DATE: _________________INITIALS: __________
- ☐ AHLTA/MED RECORDS REVIEWED DATE:_________________INITIALS: __________
- ☐ DD 2792 REQUESTED DATE:_________________INITIALS: __________
- ☐ RECEIVED DATE:_________________INITIALS: __________
- ☐ DA FORM 5888 (HAS CORRECT NAMES & AUTHENICATED BY MPD/REASSIGNMENTS)
- ☐ OSS APPOINTMENT DATE:_________________
- ☐ DA 5888 SENT TO MPD 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		DATE *(YYYYMMDD)*
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 *(YYYYMMDD)*	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		
				l.	High blood pressure		
f.	Diabetes			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		
				e.	Emotional problems		
b.	Depression			f.	Behavioral problems/acting out behavior		
c.	Suicidal thoughts/ideas, gestures, attempts	☐	☐	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)*						
c.	Special services *(i.e., OT, PT, Speech, etc.)* for special education	☐	☐	e.	Mental retardation	☐	☐

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 *(YYYYMMDD)*
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 *(YYYYMMDD)*

FAMILY MEMBER MEDICAL SUMMARY

(To be completed by Service member, adult family member, or civilian employee. Read Instructions before completing this form.)

OMB No. 0704-0411
OMB APPROVAL EXPIRES
20230930

The public reporting burden for this collection of information, 0704-0411, 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 the burden estimate or burden reduction suggestions 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.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19; DoDI 1342.12.

PRINCIPAL PURPOSE(S): Information will be used by DoD personnel to evaluate and document the special medical needs of family members. This information will enable: (1) sponsors to enroll into the Exceptional Family Member Program (EFMP), (2) military assignment personnel to match the special medical needs of family members against the availability of medical services through the Family Member Travel Screening (FMTS) process, (3) EFMP Family Support staff to offer information on community support services, and (4) civilian personnel offices to advise civilian employees about the availability of medical services to meet the special medical needs of their family members. The personally identifiable information collected on this form is covered by a number of system of records notices pertaining to Official Military Personnel Files, Exceptional Family Member or Special Needs files, Civilian Personnel Files, and DoD Education Activity files.

The applicable SORNs and routine uses that apply can be found at: Air Force: F036 AF PC C: Military Personnel Records System at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/; F044 AF SG U: Special Needs and Educational and Developmental Intervention Services at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569875/f044-af-sg-u/; Army: A0600-8-104b AHRC - Official Military Personnel Record at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/; A0608b CFSC, Personnel Affairs: Army Community Service Assistance Files at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/
DHA: EDHA 07: Military Health Information System at: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570672/edha-07/
OSD/JS: DMDC 02 DoD: Defense Enrollment Eligibility Reporting Systems (DEERS) at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/
DPR 34 DoD: Defense Civilian Personnel Data System at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570697/dpr-34-dod/
EDHA 16 DoD: Special Needs Program Management Information System (SNPMIS) Records at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570679/edha-16-dod/
DoDEA 29: DoDEA Non-DoD Schools Program at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570576/dodea-29/
DoDEA 26: Department of Defense Education Activity Educational Records at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/
Navy and Marine Corps: M01070-6: Marine Corps Official Military Personnel Files at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/
M01754-6: Exceptional Family Member Program Records at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570631/m01754-6/
N01070-3: Navy Military Personnel Records System at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/
N01301-2: On-Line Distribution Information System (ODIS) at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570320/n01301-2/

DISCLOSURE: Voluntary for civilian employees and applicants for civilian employment. Mandatory for military personnel: failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The DoD Identification (DoD ID) number of the sponsor (and sponsor's spouse if dual military) allows the Military Healthcare System and Service personnel offices to work together to ensure any special medical needs of your dependent can be met at your next duty assignment. Dependent special needs are annotated in the official military personnel files which are retrieved by name and DoD ID number.

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

Per DoD Instruction, Service members are required to enroll in the EFMP if they have a family member with a qualifying medical condition. Accordingly, the Sponsor will have access to the health information contained herein during the accomplishment and submission of this application. By signing the below authorization for disclosure of medical information you acknowledge your sponsor may have access to the health information contained herein. The authorization for sponsor access is terminated once the application is received by EFMP. The sponsor may be held accountable for the accuracy and completeness of the DD Form 2792 and should review all pages prior to signing on page 2.

I authorize ______________________________ *(MTF / DTF / Civilian Provider) (Name of Provider)*

to release my patient information to the Exceptional Family Member Program (EFMP) medical / the Family Member Travel Screening (FMTS) Office and EFMP Family Support Office. This information may be used for enrollment into the EFMP, the family travel review process, and / or community support services to determine whether there are adequate medical, housing, and community resources to meet your needs at the sponsor's proposed duty location, and / or to assist family members with community support at the current and/or projected duty location.

a. The military medical department or appropriate headquarters family support office will use the information to determine whether you meet the criteria for enrollment into the EFMP and the military medical departments will provide recommendations on the availability of care in communities where the sponsor may be assigned or employed.
b. Information that you have a special medical need (not the nature or scope of the need) may be included in the sponsor's personnel record, if EFMP enrollment criteria are met.
c. Information may be shared with EFMP Family Support staff who assist the family and / or sponsor with appropriate community resources.
d. The authorization applies to the summary data included on the medical summary form, and subsequent updates to information on this form. If additional clarification or information is needed, I authorize review of my health record, which may be maintained in an electronic format. This information may be stored in electronic databases used for medical management or dedicated to the assignment process. Access to the information is limited to representatives of the medical departments, the offices responsible for enrollment into the Exceptional Family Member Program, the offices responsible for assignment coordination, the offices responsible for EFMP Family Support services, and, at your request, other agents responsible for care or services. Summary data may be transmitted (e.g. encrypted electronic mail or faxing) using authorized secure media transfer.

Start Date: The authorization start date is the date that you sign this form authorizing release of information.
Expiration Date: The authorization shall continue until enrollment in the Exceptional Family Member Program is no longer necessary according to criteria specified in DoD Instruction 1315.19, or if family member no longer meets the criteria to qualify as a dependent, or the sponsor is no longer in active military service or in the employment of the U.S. Government overseas, or completion of assignment coordination, or eligibility determination for specialized services if that is the sole purpose for the completion of the form.

I understand that:
a. Failure to release this information or any subsequent revocation may result in ineligibility for accompanied family travel at government expense.
b. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my or my child's medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and / or disclosed protected information on the basis of this authorization. My revocation will have no impact on disclosures made prior to the revocation.
c. If I authorize my or my child's protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
d. I have a right to inspect and receive a copy of my own or my child's protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named provider / treatment facility to release the information described above for the stated purposes.
e. Refusal to sign does not preclude the provision of medical and dental information authorized by other regulations and those noted in this document.

NAME OF PATIENT	SIGNATURE OF PATIENT / PARENT / GUARDIAN	RELATIONSHIP TO PATIENT *(if applicable)*	DATE *(YYYYMMDD)*