

Army Regulation 608–75

Personal Affairs

Exceptional Family Member Program

**Headquarters
Department of the Army
Washington, DC
27 January 2017**

UNCLASSIFIED

SUMMARY of CHANGE

AR 608–75

Exceptional Family Member Program

This expedite revision, dated 27 January 2017—


- o Authorizes Army National Guard and U.S. Army Reserve Soldiers to voluntarily enroll in the Exceptional Family Member Program (para 1–7a).
- o Adds term and definition for eligible active duty status (glossary).

Personal Affairs
Exceptional Family Member Program

By Order of the Secretary of the Army:

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General, United States Army
Chief of Staff

Official:


GERALD B. O'KEEFE
Administrative Assistant to the
Secretary of the Army

sistant Chief of Staff for Installation Management. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains management control provisions and identifies key management controls that must be evaluated (see appendix H).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from Assistant Chief of Staff for Installation Management (DAIM–ZA), 600 Army Pentagon, Washington DC 20310–0600.

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, Family and Morale, Welfare, and Recreation Command, 4700 King Street, Alexandria, VA 22302–4418.

Committee management. The Department of the Army committee management official concurs in the establishment and/or continuance of the committee(s) outlined herein. AR 15–1 requires the proponent to justify establishing/continuing committee(s), coordinate draft publications, and coordinate changes in committee status with the U.S. Army Resources and Programs Agency, Department of the Army Committee Management Office (AARP–ZX), 2511 Jefferson Davis Highway, 13th Floor, Taylor Building, Arlington, VA 22202–3926. Further, if it is determined that an established “group” identified within this regulation, later takes on the characteristics of a committee, as found in the AR 15–1, then the proponent will follow all AR 15–1 requirements for establishing and continuing the group as a committee.

Distribution. This publication is available in electronic media only and is intended for command levels C, D, and E for the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

History. This publication is an expedite revision. The portions affected by this expedite revision are listed in the summary of change.

Summary. This regulation outlines the policies and procedures for the Exceptional Family Member Program. It implements DODD 1342.17 and portions of DODD 1020.1. It also implements DODI 1315.19 and DODI 1342.12.

Applicability. The regulation applies to the Active Army, the Army National Guard/Army National Guard of the United States, and the U.S. 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 As-

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Glossary

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

See appendix A.

1–3. Explanation of abbreviations and terms

See the glossary.

1–4. Responsibilities

Responsibilities are listed in section II of this chapter.

1–5. Statutory and Department of Defense requirements

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

b. 29 USC 794 prohibits discrimination based on disability in programs and activities receiving Federal financial assistance.

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

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

e. The DODD 1020.1 prohibits discrimination based on disability in programs and activities receiving Federal financial assistance disbursed by the DOD in programs and activities conducted by the DOD.

f. The DODD 1342.17 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.

g. The DODI 1342.12 implements policy, assigns responsibilities, and prescribes procedures for provision of early intervention services (EIS) to infants and toddlers with disabilities and their Families, and special education and related services to children with disabilities entitled to receive special services from DOD; monitors DOD programs providing EIS, special education, and related services; and establishes a DOD advisory panel on early intervention, special education, and related services and a DOD coordinating committee on early intervention, special education, and related services.

h. The DODI 1315.19 provides guidance, assigns responsibilities, and prescribes procedures for authorizing Family travel at Government expense for active duty Servicemembers for an overseas assignment who have Family members that meet the DOD criteria for identifying Family members with special needs, and for processing civilian employees for an overseas assignment who have Family members with special needs.

i. 10 USC 2164 requires DOD 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.

1–6. Concept

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

1–7. Identification and enrollment

a. Enrollment in EFMP for Soldiers with exceptional Family members (EFMs) (children and adults) is as follows:

(1) Active Army Soldiers will enroll in the EFMP.

(2) U.S. Army Reserve (USAR) Soldiers in the Active Guard Reserve (AGR) Program will enroll in the EFMP.

(3) Army National Guard (ARNG) Soldiers in the AGR Program will enroll in the EFMP.

(4) ARNG and USAR Soldiers not serving in an AGR status may voluntarily enroll in the Army EFMP before entering an eligible active duty status to gain access to the EFMP immediately upon entering a status that is eligible to receive EFMP services (for example, community support services such as EFM information, referral, and placement; advocacy; family-find activities; and respite care). The Soldier's eligible Family members must meet the special needs medical eligibility criteria in AR 608–75, appendix B, when the Soldier is in an eligible duty status.

b. Completion of DD Form 2792 (Exceptional Family Member Medical Summary) will constitute enrollment in the EFMP for Tri-Service Medical Care (TRICARE) Extended Care Health Option (ECHO) enrollment purposes.

c. 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 3–1*b*.

d. 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.

e. Department of the Army (DA) 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.

1–8. Sanctions

a. Soldiers and 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. The 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, Art. 107); knowing that 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 UCMJ, Art. 92.) 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.

1–9. Objectives of the Exceptional Family Member Program

The EFMP objectives are—

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 inform—

(1) The DODDS of the arrival of dependent children with special education and medically related service needs.

(2) 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.* To provide EIS to eligible infants and toddlers and their Families per 32 CFR Part 80 and DODI 1342.12.

1–10. General prohibitions against discrimination

a. No qualified person with a disability will 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 garrison 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 modifying equipment or devices, such as telecommunication devices for the deaf or other electronic devices for impaired sensory, manual, or speaking skills.
- (3) Providing readers or sign-language interpreters.
- (4) Disseminating information on how persons with disabilities can access services.

Section II

Responsibilities

1–11. Assistant Secretary of the Army (Manpower and Reserve Affairs)

The ASA (M&RA) will provide a civilian personnel representative to the HQDA EFMP committee.

1–12. Assistant Chief of Staff for Installation Management

The ACSIM will—

- a.* Develop policy guidance to implement the EFMP.
- b.* Be the program manager for the Army Family Housing and Military Construction, Army appropriations.
- c.* Serve as the functional manager for the Army Family Housing, 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.

1–13. Chief, Public Affairs

The CPA 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 communication strategy.
- c.* Provide a representative to the HQDA EFMP committee.

1–14. The Judge Advocate General and the Chief of Chaplains

The JAG and the Chief of Chaplains assignment authorities will maintain and use computer hard copy printout of the EFMP summary provided by the U.S. Army Human Resources Command (HRC) in assignment considerations for officer personnel under their control.

1–15. Chief, National Guard Bureau

The CNGB will—

- a.* Implement and maintain a system for assessing the needs of EFMs in the military personnel assignment process.
- b.* Coordinate with the appropriate medical special needs advisor to determine availability of medical resources for the Soldier's EFM (see para 3–2).

- c. Coordinate with DODDS point of contact (see app C) to ensure that assignments to overseas areas (includes Commonwealth of Puerto Rico and Guam) are made to pinpoint locations, when EIS or special education may be required.
- 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. Notify Soldiers of EFMP enrollment.
- g. Remind Soldiers of their responsibility to update EFMP enrollment at least by the third year anniversary.
- h. Provide statistical reports as required.
- i. Provide a representative to the HQDA EFMP committee.
- j. Complete DA Form 7413 (Exceptional Family Member Program (EFMP) Assignment Coordination Sheet) to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.
- k. Enroll eligible National Guard personnel in EFMP.

1–16. Commanding General, Family and Morale, Welfare, and Recreation Command

The CG, FMWRC 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 U.S. Army Installation Management Command (IMCOM) region 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 garrison commanders in coordination with subclaimants, IMCOM regions, and Army headquarters.
- g. Ensure that EFMP activities collaborate with other military and civilians 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 improvements.
- 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. Establish and chair a multiagency HQDA EFMP committee to advise FMWRC on EFMP issues. Members will include, at a minimum, representatives from the Army Community Service (ACS); Child, Youth, and School Services (CYSS); the U.S. Army Medical Command (MEDCOM); HRC; the Office of the ACSIM; the National Guard Bureau; Office of the Chief, Public Affairs; and the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs). Members will be full-time or permanent part-time officers or employees of the Federal government. Other members who are full-time or permanent part-time officers or employees of the Federal government may be included at the discretion of the chairperson. The committee may also obtain information or viewpoints from persons who are not full-time or permanent part-time officers or employees of the Federal government, provided that such persons do not participate in committee deliberations or in the creation of consensus advice. The chairperson may establish subordinate working groups, as necessary, and disband them as issues are resolved.
- k. Provide technical assistance through CONUS and OCONUS field visits.
- l. Monitor compliance with this regulation.
- m. Sponsor training workshops for IMCOM region and installation personnel.
- n. Develop guidance for Family-find activities in coordination with MEDCOM and DODDS.

- o.* Ensure that EFMP research and program evaluation is 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.
- p.* Report annually to the Deputy Under Secretary of Defense for Military Community and Family Policy on the current number of Family members identified with special needs and the effectiveness of the processes for implementing DODI 1315.19

1–17. Commanding General, U.S. Army Human Resources Command

The CG, HRC will—

- a.* Implement and maintain an automated data system for assessing the needs of EFMs in the military personnel assignment process.
- b.* Coordinate with the appropriate medical special needs advisor to determine availability of medical resources for the Soldier's EFM (see para 3–2).
- c.* Coordinate with DODDS point of contact (see app C) to ensure that assignments to overseas areas (includes Commonwealth of Puerto Rico and Guam) are made to pinpoint locations, when EIS or special education may be required.
- 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, the expeditious processing of alternate assignments for—
 - (1) Soldiers pending assignment to a location where care for the EFM is not available.
 - (2) Soldiers (including initial military training (IMT) Soldiers) where Family travel or command sponsorship is disapproved due to lack of general medical care.
 - (3) Soldiers (including IMT Soldiers) where the availability of required services to meet the special needs of Family members cannot be determined prior to the Soldiers's departure.
- f.* Notify Soldiers of EFMP enrollments.
- g.* Remind Soldiers of their responsibility to update EFMP enrollment at least by the third year anniversary.
- h.* Provide annual reports of prevailing rates of disabling conditions among military Family members and other reports as required.
- i.* Coordinate with ACSIM, FMWRC, MEDCOM, and DODDS in accomplishing responsibilities in paragraphs athrough h, above.
- j.* Provide technical support to FMWRC in monitoring compliance with this regulation.
- k.* Provide a representative to participate in CONUS and OCONUS technical assistance visits with FMWRC and MEDCOM.
- l.* Provide a representative to the HQDA EFMP committee.
- m.* Complete DA Form 7413 to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.

1–18. Commander, U.S. Army Medical Command

The Commander, MEDCOM will—

- 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.
- b.* Provide technical and professional guidance to the ACSIM and CG, FMWRC 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 need 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 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 FMWRC in developing guidance for Family-find activities.

- g.* Ensure that technical and professional guidance is provided to medical treatment facility (MTF) commanders and designees and the HRC regarding medical aspects of the EFMP.
- 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.
- j.* Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.
- k.* Allocate and distribute budget resources to regional medical commands (RMCs).
- l.* 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).
- m.* Ensure coordination among AMEDD, the offices of the other Surgeons General, and the Department of Defense Education Activity (DODEA) with respect to implementation of this regulation.
- n.* Share appropriate information with medical and personnel officers when providing medically related services becomes the responsibility of another military department.
- o.* Ensure development and implementation of an AMEDD EFMP quality improvement program to include screening, evaluation, coding, and treatment.
- p.* 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.
- q.* 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.
- r.* 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.
- s.* Develop a comprehensive system of personnel development for all locations providing EIS and medically related services.
- t.* Sponsor training workshops for EFMP personnel as needed and as funds permit.
- u.* Coordinate medical pilot and research projects with FMWRC.
- v.* Provide technical support to FMWRC in monitoring compliance with this regulation.
- w.* Provide a representative to participate in CONUS and OCONUS technical assistance visits with FMWRC and HRC.
- x.* Provide a representative to the HQDA EFMP committee.
- y.* Review and forward EFMP Assignment Coordination Quarterly Summary (RCS: ACSIM-002) to Family and Morale, Welfare, and Recreation Command, 4700 King Street, Alexandria, Virginia 22302-4418. The summaries should arrive at FMWRC not later than 15 working days after the end of the reporting period.

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

The Commander, 18th Medical Command, Korea will—

- 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.
- b.* Provide technical and professional guidance to MTF commanders and designees and 8th HRC regarding medical aspects of the EFMP.
- 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.
- 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 intertheater and intratheater 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 on-site 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 FMWRC.
- 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 case study committee (CSC). This training will include information about the role and responsibilities of the CSC and the development of an individualized education program (IEP).
- v.* Ensure the provision of in-service training on EIS and medically related services to educational, legal, line, and other suitable personnel.
- 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.

1–20. Commanding General, U.S. Army Installation Management Command

The CG, IMCOM will act as the single integrator and synchronizer with the regions, the Army staff/ACSIM, and the FMWRC Family Programs, as needed, to resolve execution issues. The CG, IMCOM will also—

- a.* Manage and supervise the overall operation of IMCOM region EFMPs to ensure compliance with this regulation and (to the extent permitted by law) the criteria in paragraph 1–17*a*. Gaining commanders who are responsible for making pinpoint assignments will ensure that Soldier’s EFM needs are considered in the assignment process.
- b.* Designate the IMCOM region director as the EFMP proponent who will designate an EFMP manager in ACS to coordinate all components of the program at the IMCOM region level.
- c.* Support the EFMP in the budget process per AR 608–1. Guidance to the IMCOM is included in the annual Army guidance for programming, planning, and budgeting. The IMCOM should use those documents as its basis for developing and programming efforts that support the improvement in the EFMP. The IMCOM 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.* Ensure DA civilian employees are able to gain access to comprehensive information on communities outside the United States.
- e.* 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, regional medical commands in the United States

These commanders will—

- 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.
- c.* Implement OCONUS Family member deployment screening per paragraph 2–1*b*.
- 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.
- f.* Identify, coordinate, and submit EFMP resource requirements through budget channels to MEDCOM.
- g.* Provide adequate resources (funds and manpower) to meet all requirements for the EFMP medical components (including EIS where required).
- h.* Ensure at a U.S. Army medical center with regional responsibility and where a coding team has been established the following:
 - (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 area of responsibility regarding all aspects of this regulation.

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

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 (IFSP).

k. Ensure the provision of in-service 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 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, not later than 10 working days after the end of the reporting period.

1-22. Commander, European regional medical command

The Commander, European regional medical command will—

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

b. Provide technical and professional guidance to MTF commanders and designees and IMCOM-Europe, Human Resources Division (IMEU-HMT) regarding medical aspects of the EFMP.

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.

d. Analyze MTF budget submissions to formulate resource requirements.

e. Review and make recommendations on intertheater and intratheater transfers and PCS requests regarding Family members with medical needs.

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

g. Provide on-site evaluation and technical assistance.

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

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

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

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

l. 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.

m. 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.

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. Provide a decision to military personnel divisions and/or personnel service battalions (MPDs and/or PSBs) within 30 calendar days of receiving Family travel requests involving EFMs.

1-24. Garrison commanders

Garrison commanders will—

a. Have overall responsibility for the EFMP.

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,

MPD and/or PSB), civilian personnel advisory center (CPAC), director of public works, staff judge advocate (SJA), CYSS, 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, 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 1–8.

i. Ensure that reassignment processing (to include OCONUS Family member deployment screening) is completed within 30 days of the Enlisted Distribution Assignment System cycle and officer request for orders date.

1–25. Installation Exceptional Family Member Program managers

Installation EFMP managers will—

a. Advise the garrison 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 garrison commander to establish such a committee. The EFMP manager will—

(1) Provide comprehensive minutes to the garrison 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, CPAC, director of public works, SJA, CYSS, community recreation, and public affairs office. The CYSS representatives will include a CYSS coordinator and school liaison officer. Members will be full-time or permanent part-time officers or employees of the Federal government. Other members who are full-time or permanent part-time officers or employees of the Federal government may be included at the discretion of the chairperson. The committee may also obtain information or viewpoints from persons who are not full-time or permanent part-time officers or employees of the Federal government, provided that such persons do not participate in committee deliberations or in the creation of consensus advice. The chairperson may establish subordinate working groups, as necessary, and disband them as issues are resolved.

c. Establish a Special Needs Accommodation Process (SNAP) team as a subcommittee of the installation EFMP committee. The EFMP manager will serve as chair for the SNAP team. If the installation EFMP manager position is vacant, the ACS director will designate another ACS staff member to chair the SNAP team.

(1) Core SNAP team membership will consist of the installation EFMP manager, CYSS coordinator, Army public health nurse (APHN) and parents, augmented, as appropriate, with CYSS program staff, CYSS school liaison officer, school personnel, SJA representative, Family advocacy program manager, and other medical personnel.

(2) The SNAP team will—

(a) Explore installation child care and youth supervision options for children and/or youth that have medical diagnosis that reflects life-threatening conditions, functional limitations, or behavioral and/or psychological conditions.

(b) Determine child care and youth supervision placement considering feasibility of program accommodations and availability of services to support child and/or youth needs.

(c) Recommend placement setting that accommodates to the extent possible the child's or youth's individual needs.

(d) Develop and implement DA Form 7625–3 (SNAP Team Care Plan).

(e) Conduct annual periodic review of the child and/or youth individual SNAP care plan and/or, as requested, by CYSS.

(f) Establish an installation SNAP review team consisting of the garrison commander or designee, SJA, installation EFMP manager, and CYSS coordinator. The review team will be available, upon request, to ensure that a SNAP team has explored all options for reasonable accommodation.

(3) All eligible children and/or youth (active duty, appropriated fund and/or nonappropriated fund Department of Defense (DOD) civilians, Reservist on active duty, and DOD contractors) being registered for Army garrison CYSS will be screened to determine if the child/youth has a medical diagnosis that reflects life threatening conditions, functional limitations or behavioral/psychological conditions. The intent of the screening process is to determine which children and/or youth need to be reviewed for inclusion in the SNAP.

(a) The screening process includes completing DA Form 7625–1 (Army CYSS Health Screening Tool) at CYSS Central Enrollment Registry. Parents report whether their child and/or youth has a condition described in subparagraph c(3), above, and other medical information related to these conditions on DA Form 7625–1.

(b) If parent answers “no” to all questions on DA Form 7625–1, CYSS includes the form in the child’s and/or youth’s file and proceeds with the CYSS enrollment process.

(c) If parent answers “yes” to any questions on DA Form 7625–1, CYSS forwards the form to APHN for review with a copy to the installation EFMP manager for record within 3 to 5 working days.

(d) Parents are responsible for providing all requested and/or required medical information to APHN for review before the child placement is determined. Children will not be allowed to start in CYSS until the review has been completed.

(4) The APHN will—

(a) Review DA Form 7625–1 and other appropriate medical documents.

(b) Complete DA Form 7625–2 (Army Child and Youth Services Program Placement Checklist) within 7 to 10 working days.

(c) Determine if the medical condition warrants a SNAP review before placement in a CYSS setting. Questions 1, 2, and 3 in Part B of DA Form 7625–1 are designed as a decision algorithm based on medical clinical practice guidelines to identify children with: allergies; asthma-reactive airway disease; and attention deficit disorder who are medically stable and need to continue with their standard of care.

(d) If the parent answers “yes” to allergies, asthma, or attention deficit disorder but “no” to all subordinate questions under questions 1, 2, or 3 of Part B, the child does not require a SNAP review. The APHN will complete the DA Form 7625–2 with the required medical information for child placement and care within CYSS setting. The APHN will return the completed DA Form 7625–1 and DA Form 7625–2 to the installation EFMP manager who will then forward them to CYSS and the registration process can continue.

(e) If the parent answers “yes” to questions 1, 2, or 3 in Part B of DA Form 7625–1 and “yes” to any of the subordinate questions, the child will require a SNAP review before placement. The APHN will forward the completed DA Form 7625–1 and DA Form 7625–2 to the installation EFMP manager requesting that the child and/or youth be presented at the next SNAP review.

(5) The installation EFMP manager will—

(a) Schedule SNAP meetings in a timely and regularly scheduled manner to ensure the SNAP process—from provisional approval to final decision—is conducted in a manner supportive to the mission requirements of the garrison (not to exceed 14 days).

(b) Notify all core SNAP team members and pertinent other attendees (based on the specific children/youth placement requests to be addressed) on meeting agenda including time, date, and location of the SNAP meeting. Prepare the SNAP meeting agenda and coordinate all actions required prior to conducting the meeting.

(c) Ensure that SNAP minutes are prepared and on file under file number 608-75a and destroyed when no longer needed for current operations. Minutes will consist of a memorandum for record with the following enclosures: DA Form 7625–2 and DA Form 7625–3 for each child and youth reviewed. The memorandum for record will include date and time of meeting, attendees (chair, core membership, other augmentees), and case name and number for each child and youth reviewed for placement consideration. Minutes will be completed within 14 working days.

(d) Develop an installation SNAP standing operating procedure (SOP) in conjunction with CYSS coordinator and other SNAP team members. The SOP will prescribe local time lines for SNAP process.

d. Participate in in-service and ongoing professional training.

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

f. Develop installation EFMP SOPs.

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

h. Update the EFMP section of the DA Form 3063 (Army Community Service (ACS) Management Report) (RCS: ACSIM–001).

i. Assess relocating Soldier’s EFM housing and community support needs (for example, ACS, CYSS, and community recreation) prior to departure. Share required service information with the gaining CONUS installation EFMP manager or OCONUS IMCOM EFMP manager who will notify the affected installation agencies prior to the 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 garrison commander of EFM needs and resource requirements.

1–26. Military treatment facility commanders

The MTF commanders will—

- 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 RMC.
- 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 2–1*b.*
- 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 (Exceptional Family Member Program (EFMP) Screening Questionnaire) is completed by the Soldier or adult Family member prior to the face-to-face screening (includes OCONUS Family member deployment screening and other screening determined appropriate by ACSIM, FMWRC, 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 the questionnaire is provided to the 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 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 that warrants referral for EFMP evaluation and enrollment.
 - (3) Note on the SF 600 that a referral has been made to the MTF EFMP case coordinator 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 that Families with EFMs are given accurate information regarding TRICARE benefits.
 - l.* Appoint a special needs advisor to respond to queries from HRC and the ARNG about the availability of medical resources.
 - m.* Ensure that the MTF special needs advisor—
 - (1) Completes DA Form 7413 to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.
 - (2) Forwards a summary of completed DA Forms 7413 to their RMC EFMP office on a quarterly basis. The completed DA Forms 7413 should arrive at the RMC not later than 5 working days after the end of the reporting period.
 - n.* Provide statistical data for DA Form 3063 and other pertinent information on EFMP to the installation EFMP manager.
 - 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 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 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 B.
 - (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 persons directly involved in conducting the evaluations and assessments; and as appropriate, persons who will 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 will contain the criteria, procedures, and time lines 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 is 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 will 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 DODI 1342.12, enclosure 8, and that all Families and service providers know the process for handling disputes.
- (8) Ensure that 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 will 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 that 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 time frame specified in the memorandum of understanding 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, which 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.

1-27. Designated military treatment facility Exceptional Family Member Program physicians in the United States

These physicians will—

- a. Provide medical oversight for EFMP.
- b. Ensure that eligible EFMs are coded and EFMP summary is forwarded for enrollment per paragraph 3-1.
- c. Appoint an appropriate EFMP case coordinator who will—
 - (1) Maintain records that 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 demographic information on the DD Form 2792 and DD Form 2792-1 (Exceptional Family Member Special Education/Early Intervention 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.* 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.
- 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.* 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 participate in the MTF quality improvement program.
- l.* Supervise multidisciplinary team of EIS providers at required locations (see para 2–3).

1–28. Army training center commanders

The commanders, Army training centers will—

- a.* Establish an EFMP SOP.
- b.* Query IMT Soldiers about the existence of an EFM during reception battalion in processing and at the midway point of training at the training commander’s determination using DA Form 7415. Forward completed DA Form 7415 to the installation EFMP manager on a weekly basis.
- c.* Ensure that all IMT Soldiers are briefed on the EFMP prior to their departure for their first duty station.

1–29. Commanders of CONUS and OCONUS military personnel divisions and reassignment work centers

These commanders will—

- a.* Establish EFMP SOP.
- b.* Query Soldiers about the existence of an EFM during in processing, readiness processing, during reassignment interview, and out processing using DA Form 7415. Provide completed DA Forms 7415 to the installation EFMP manager on a weekly basis.
- c.* Implement Family member deployment screening per paragraph 2–1*b*.
- d.* Expedite processing of DA Form 4787–R (Reassignment Processing) and DA Form 5888 (Family Member Deployment Screening Sheet) and all EFMP documentation. (AR 600–8–11 prescribes DA Form 4787–R.)
- e.* Defer Soldiers with EFMs (excluding IMT Soldiers) until notification has been received from OCONUS travel approval authority about availability of services for EFMs. For IMT Soldiers, if notification of availability of EFM services has not been received from OCONUS travel authority 30 days prior to the Soldier’s graduation, contact HRC for issuance of new assignment instructions.
- f.* If a Soldier who is on assignment instructions has their Family members subsequently enrolled in EFMP, contact HRC to verify if services are available at the assignment location.
- g.* Identify the special needs of IMT Soldier’s Family members prior to their departure in coordination with HRC.
- h.* Provide local statistical data and other pertinent information on the EFMP to the installation EFMP manager.
- i.* Provide a representative to the installation EFMP committee.

1–30. Chiefs of civilian personnel advisory centers and Civilian Personnel Operations Centers

The chiefs of CPACs and CPOCs will—

- a.* Establish EFMP SOP.
- 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, Family and Morale, Welfare, and Recreation Command (FMWRC–FP), Alexandria, VA 22302–4418 (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 1–8.
- f.* Provide statistical data for the CPAC section of DA Form 3063 and other pertinent information on the EFMP to the installation EFMP manager.
- g.* Provide a representative to the installation EFMP committee.
- h.* Provide the information outlined in paragraphs 3–3*a*(1) and (2) when recruiting for an overseas position.
- i.* Include the statements in paragraph 3–3*a*(2) in recruitment information.

1–31. Installation staff judge advocates

The 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.

1–32. Installation public affairs officers

The installation 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 and/or PA) requests. The FOIA and/or PA requests will be processed and released by the appropriate installation FOIA and/or PA official.
- c.* Monitor the communications efforts and provide guidance to the installation EFMP committee and the garrison commander.
- d.* Inform internal audiences of the program and provide the garrison commander with feedback on the effectiveness of the communication program.
- e.* Provide a representative to the installation EFMP committee.

1–33. Directors of public works

The directors of public works will—

- a.* Establish EFMP SOP.
- b.* Provide engineering and funding guidance concerning facility modernization and construction.
- c.* Provide and use housing guidance according to AR 420–1.
- d.* Provide statistical data for the DA Form 3063 and other pertinent information on the EFMP to the installation EFMP manager.
- e.* Provide a representative to the installation EFMP committee.

1–34. Child, Youth, and School Services coordinators

The CYSS coordinators will—

- a.* Establish EFMP SOP for CYSS programs.
- b.* Ensure that all CYSS delivery systems are available to children with disabilities as determined through the SNAP process.
- c.* Outline technical assistance requirements to the installation EFMP manager prior to CYSS delivery of services for children with disabilities.
- d.* Ensure that special needs training is provided to CYSS staff.
- e.* Provide local statistical data and other pertinent information on EFM children served by CYSS to the installation EFMP manager.
- f.* Ensure CYSS representation on both the installation EFMP committee and the SNAP team.
- g.* Work with the installation EFMP committee to identify funding sources to support CYSS special needs inclusion costs.

1–35. Community recreation division chiefs and program managers

These chiefs and managers will—

- a.* Establish EFMP SOP.
- 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.

1–36. Commander, U.S. Army Intelligence and Security Command

The Commander, INSCOM will ensure that Family members are screened per AR 611–60. This includes nominees requesting initial assignments to the Defense Intelligence Agency (DIA) through the Defense Attaché System (DAS) and attachés seeking tour extensions and consecutive overseas tours.

Chapter 2

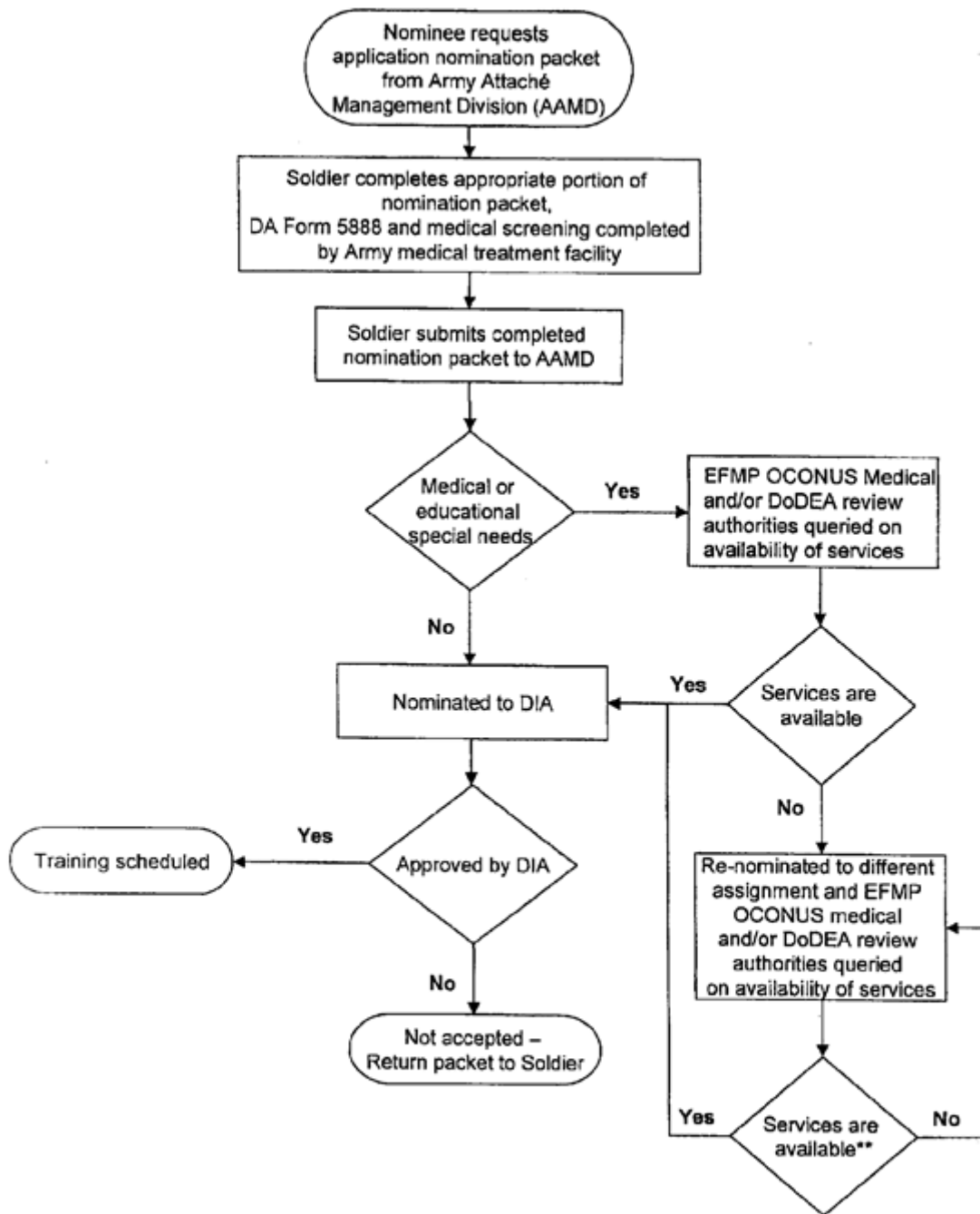
Policy

2-1. Military personnel

a. Assignment policies.

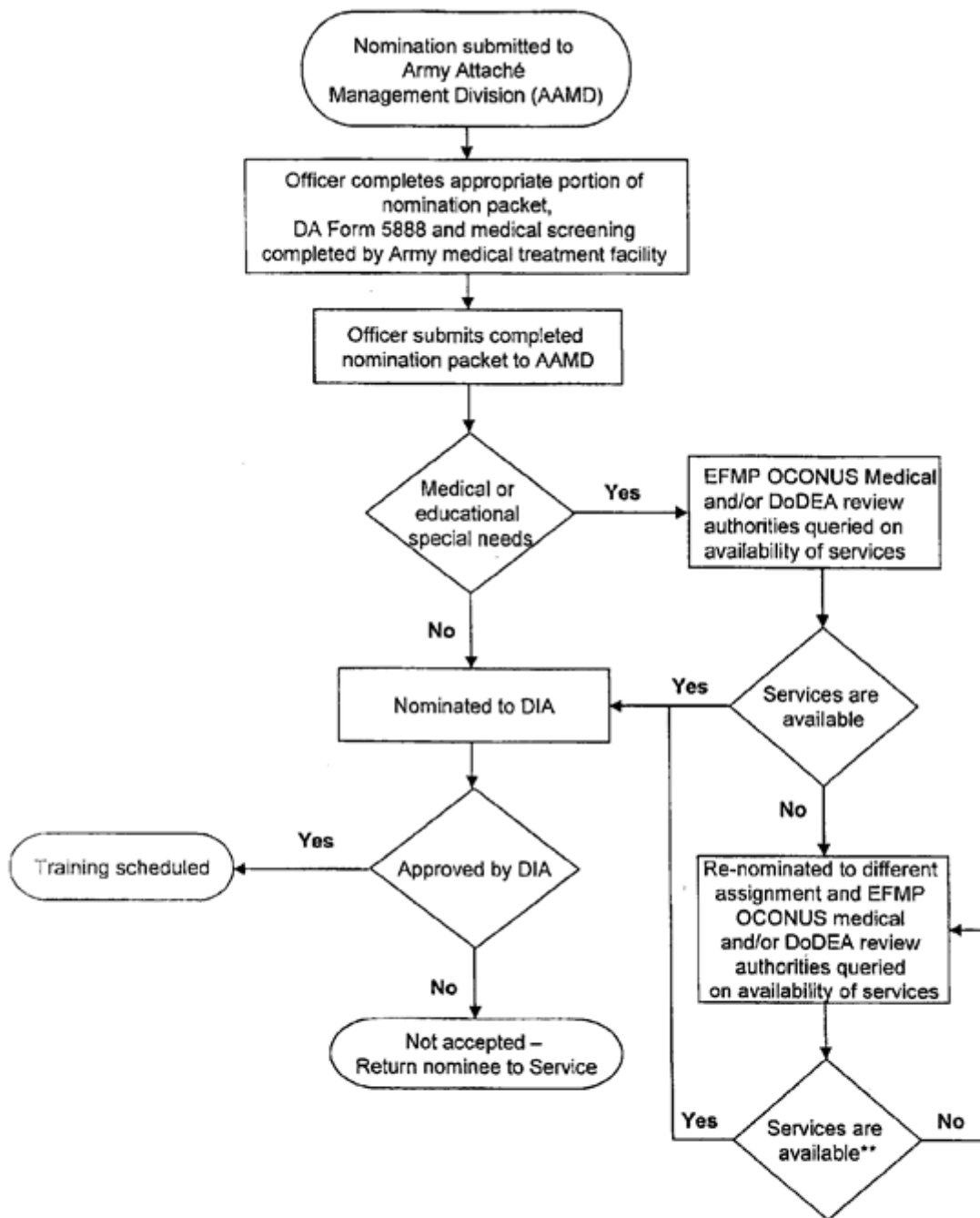
(1) Assignment managers will consider the documented special education and medical needs of Family members in the assignment of Soldiers.

(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 world-wide assignments. (See fig 2-1, fig 2-2, and app F for the EFMP process.)



* Process is followed for both initial applications and continuous overseas tours.
 ** If assignment can not be found (including unaccompanied tours) in six months, the packet will be returned to the Soldier.

Figure 2-1. Army EFMP process for enlisted nominees to DAS*



* Process is followed for both initial applications and continuous overseas tours.

** If an assignment can not be found (including unaccompanied tours) in six months, the officer will be returned to the Service.

Figure 2-2. Army EFMP process for officer nominations to DAS*

(3) If no suitable overseas location can be found and there is no adverse impact on the military mission or on the active duty Soldier's career, remove the Soldier who has a Family member with special education needs from overseas orders.

(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 614-100 or AR 614-200 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 (includes Soldiers who acquire Family members OCONUS).

(3) The PSB will not request command sponsorship/Family member travel to the Soldier's OCONUS duty station until the DA Form 5888 has been 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. The Soldier will hand carry a copy of the DA Form 5888 from the losing installation unit PSB to the gaining unit PSB. Instructions for completing DA Form 5888 are in appendix E.

(4) Family member travel at Government expense may be denied when an active duty Soldier has a Family member with special medical needs and the services to meet those needs are unavailable at the overseas location, as determined by the military health care system, based on acceptable U.S. health care standards. The procedures in DODI 1315.19 will be followed when processing a sponsor with a Family member who has special medical needs in Alaska, Hawaii, Commonwealth of Puerto Rico, and the possessions of the United States, although none of these locations is considered overseas.

(5) Active duty Soldiers may not be denied an essential (as defined by the military personnel system) overseas duty assignment solely because they have children who are or may be eligible for EIS or special education services. They will receive the same consideration for Family travel at Government expense to an overseas duty location as Families without such Family members.

(6) The failure to assign an active duty Soldier to a pinpoint location is never a basis to deny EIS or special education to the active duty Soldier's eligible infant, toddler, or child pursuant to DODI 1342.12.

(7) When Family members reside in remote OCONUS areas, a local medical practitioner familiar with Family members' medical needs and conditions will complete DA Form 5888-1 (Screening of Family Members in Remote OCONUS Areas). The DA Form 5888-1 should be attached to DA Form 5888.

(8) Family members will be screened as a requirement of the nomination process for attaché duty per AR 611-60 (see figs 2-1 and 2-2). Instructions for completing the attaché screening process are in appendix F.

c. Curtailment of overseas tours. Commanders are cautioned not to authorize curtailment of an overseas tour based solely on lack of medical or educational facilities until all other means to resolve the problem have been exhausted. Soldiers may request advance return of Family members under AR 55-46.

d. Local transportation of exceptional Family member 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.

(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.

e. Transportation and per diem for diagnostic and evaluation purposes. Infants and toddlers who meet 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. This occurs 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.

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 OCONUS 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 DFAS-IN Manual 37-100.

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.

h. Installations with DDESS arrangements. Transportation and related cost for obtaining EIS, including evaluations and developmental services stipulated in the IFSP, are the responsibilities of the MTF.

2-2. Department of the Army civilian employees

a. Department of the Army 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. 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.

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. These authorized expenses will be 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 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.

2–3. Medical services

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. The 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 EFM, 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.

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 AMEDD and forwarded to military personnel officials outlined in paragraph 3–1.

2–4. Housing

AR 420–1 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 420–1 for specific policy guidance when determining appropriate action to assist an EFM.

2–5. Community support services

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 EFMs and their Families by informing them about the availability of community support services and educational resources.

(3) 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) The 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. The 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. The 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 case coordinator for screening and evaluation. In locations outside the United States, the ACS will report the birth date, 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 CYSS (for example, adult respite care and care user's home), TRICARE ECHO, or civilian resources, ACS will establish and maintain a respite care program for eligible Family members with disabilities per guidelines in paragraphs 2–5d(2) through (7). 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 (Application for Respite Caregivers) and DA Form 5188 (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 of 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. The DA Form 5187 and DA Form 5188 are available on the APD Web site (www.apd.army.mil).

(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 2–3 for use by those ACS centers where guidelines do not exist. Coverage of the subjects in figure 2–3 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.

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 2-3. Respite Care Course outline

(5) Respite care users will register for the program by completing DA Form 5189 (Application for Respite Care for Children and Adults with Disabilities) and DA Form 5190 (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, 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 (Respite Care Agreement). In addition, they must have DA Form 5191 (Information on Individual with Disability) available for the respite caregiver. Respite care providers will be advised to carry personal liability insurance.

(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 garrison 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. The ACS will coordinate with CYSS, 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.

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 that need consideration in the military assignment process. The Soldier (or representative) will report to the MTF EFMP case coordinator to initiate the following evaluation process for enrollment, periodic update, or termination of enrollment in the program.

a. Enrollment.

(1) The MTF EFMP case coordinator will assist the Family in obtaining the necessary evaluations to determine diagnosis and treatment needs. He or she will ensure that the DD Form 2792 has been 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 DD Form 2792, it will be co-signed by a physician. If the Family member is a school-age child, the EFMP case coordinator will ensure that personnel at the child's school complete DD Form 2792-1. During summer months when school personnel are not available, the DD Form 2792-1 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 DD Form 2792-1. The EFMP case coordinator will forward a copy of the DD Form 2792 and the DD Form 2792-1 (if necessary) to the EFMP medical coding team. The originals of the DD Form 2792 and DD Form 2792-1 will be transmitted to the outpatient treatment records section for filing below the DD Form 2766 (Adult Preventive and Chronic Care Flowsheet) or DD Form 2882 (Pediatric and Adolescent Preventive and Chronic Care Flowsheet) on the left side of the outpatient treatment record of the EFM.

(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 DD Form 2792 has been 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 DD Form 2792 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 DD Form 2792 and DD Form 2792-1 and related information.

(b) Enrolling eligible active Army Soldiers in EFMP.

(c) Forwarding originals of the DD Forms 2792 and DD Forms 2792-1 with a memorandum under the signature of the EFMP physician when enrollment is warranted for Title 10 and Title 32 National Guard EFM's to Chief, National Guard Bureau, ATTN: ARNG-HRF, 111 South George Mason Drive, Arlington, VA 22204-1373. If enrollment is not warranted, the DD Form 2792 and DD Form 2792-1 will be returned to the sending military treatment facility. Block 10 of the DD Form 2792 will indicate that enrollment is not warranted.

(d) Forwarding originals of the DD Form 2792 and DD Form 2792-1 with a memorandum under the signature of the EFMP physician when enrollment is warranted for USAR AGR Soldier EFM's to Commander, U.S. Army Human Resources Command, ATTN: AHRC-EPO-A, 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122-5306. If enrollment is not warranted, the DD Form 2792 and 2792-1 will be returned to the sending military treatment facility. Block 10 of the DD Form 2792 will indicate that enrollment is not warranted.

(e) Forwarding the computer hard copy printout of EFMP summary to the EFMP case coordinator that initiated enrollment within 10 working days of receiving DD Form 2792 and DD Form 2792-1.

(4) The EFMP case coordinator will transmit computer hard copy printout of the EFMP summary to the outpatient treatment records section for filing below the DD Form 2766 (for adults) or DD Form 2882 (for children) on the left side of the outpatient treatment record of the EFM. If the Soldier and/or spouse wish, the EFMP case coordinator 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 the EFMP summary will be provided to the Soldier or spouse.

(5) The HRC and the ARNG will enter data from the EFMP summary into the EFMP needs data system. This signifies completion of the enrollment process.

(6) The EFMP enrollment forms completed for other military Services will be forwarded as follows:

(a) *Navy and Marine Corps.*

1. For Army MTF locations in the United States east of the Mississippi River and in Europe, send the EFMP enrollment forms to Naval Medical Center Portsmouth (Code 0465C), EFMP Central Screening Committee, 620 John Paul Jones Circle, Portsmouth, Virginia 23708-2197.

2. For Army MTF EFMP locations in the United States west of the Mississippi River, including Alaska, send EFMP enrollment forms to Naval Medical Center San Diego (Code CGH), EFMP Central Screening Committee, Suite 100, 34520 Bob Wilson Drive, San Diego, California 92134-5000.

3. For Army MTF locations in the west Pacific and Asia, including Hawaii, send EFMP enrollment forms to U.S. Naval Hospital Yokosuka, EFMP Central Screening Committee, PSC 475, Box 1, FPO AP 96350-1600.

(b) *Air Force.* Air Force MTF EFMP officer at the location of the sponsor's assignment or nearest Air Force MTF EFMP officer.

(c) *Coast Guard.* Commandant (G-PWL-2), ATTN: Special Needs Program, 2100 Second Street, SW, Washington, DC 20593.

(7) Completion of DD Form 2792 will constitute enrollment in EFMP for TRICARE ECHO enrollment purposes.

b. Periodic update and termination of enrollment. The MTF EFMP case coordinator will assist the Soldier and/or spouse in making an appointment with a physician (or a medical practitioner under the supervision of a physician) who will review the computer hard copy printout of the EFMP summary with the Soldier and spouse.

(1) If changes are not warranted, a physician will so annotate the SF 600 in the outpatient treatment record. A memorandum will be sent simultaneously from the medical department activity (MEDDAC) to the EFMP medical coding team where it will be endorsed and annotated for the active Army using the automated EFMP program. For the ARNG and the USAR Soldiers, the EFMP medical coding team will forward the memorandum as follows:

(a) National Guard—Chief, National Guard Bureau, ATTN: ARNG–HRF, 111 South George Mason Drive, Arlington, VA 22204–1373 for Title 10 and Title 32 Soldiers.

(b) Army Reserve AGR Soldiers, U.S. Army Human Resources Command, ATTN: AHRC–EPO–A, 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122–5306.

(2) If warranted, a new DD Form 2792 and DD Form 2792–1 will be completed and forwarded from the MEDDAC to the EFMP medical coding team according to paragraph 3–1a(1).

(3) When termination of enrollment is indicated for reasons other than death, a new DD Form 2792 and/or DD Form 2792–1 will be completed and forwarded from the MEDDAC to the EFMP medical coding team for review. After the review, the EFMP medical coding team will annotate the automated EFMP Summary for active Army Soldiers. In the case of the ARNG and the USAR Soldiers, the EFMP medical coding team will forward a memorandum under the signature of a physician to the appropriate military personnel agency in paragraph 3–1a(3) recommending termination of enrollment. When termination has occurred, the military personnel agency will send a memorandum to the EFMP medical coding team to notify them of case closure. The EFMP medical coding team will provide a copy of the memorandum to the MEDDAC.

(4) In the case of death, a memorandum requesting termination of enrollment will be forwarded from the MEDDAC to the EFMP medical coding team where it will be endorsed. For active Army Soldiers, the EFMP medical coding team will annotate the automated EFMP summary. In the case of the ARNG and the USAR Soldiers, the EFMP medical coding team will forward a memorandum under the signature of a physician to the appropriate military personnel agency in paragraph 3–1a(3) recommending termination of enrollment. When termination has occurred, the military personnel agency will send a memorandum to the EFMP medical coding team to notify them of case closure. The EFMP medical coding team will provide a copy of the memorandum to the MEDDAC.

c. Release of information. All information obtained in evaluating, documenting, and coding EFMs will be accorded strict confidentiality. Release of information regarding EFMs will be according to AR 340–21.

3–2. Military personnel agencies

The following procedures (paras 3–2a, b, and c) will be used in considering the documented special education and medical needs of Family members during the assignment process.

a. Nominative phase. 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. U.S. Army Human Resources Command.

(1) The HRC assignment manager will notify the HRC EFMP coordinator (AHRC–EPO–A) of all Soldiers enrolled in EFMP who are being considered for assignment.

(2) Upon notification, the HRC 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 HRC personnel network, forward only the name and social security number of Soldiers considered for assignment.

(b) Forward the EFMP Education Summary for Soldiers considered for overseas assignment to DODDS point of contact (app C) to identify EFM’s needs and obtain recommendation for pinpoint locations.

(3) The medical special needs advisor will notify the HRC EFMP coordinator about availability of medical resources within 3 working days for CONUS assignments and 15 calendar days for OCONUS assignments from receipt of EFMP query.

(4) The DODDS point of contact will recommend pinpoint locations to the HRC EFMP coordinator within 30 calendar days from receipt of the EFMP query.

(5) Upon notification, the HRC 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. The HRC and the ARNG (for Title 10 personnel only) will follow the above procedures for CONUS and OCONUS assignments. The AGR manager at the State area command will be the point of contact for considering medical needs of Family members in the Title 32 assignment process. The DD Form 2792 and DD Form 2792-1 will be used, where applicable, instead of the EFMP summary.

3-3. Civilian personnel advisory center and Civilian Personnel Operations Center

The following procedures will be used by gaining CPACs (or servicing CPACs if employee is already outside the United States), in coordination with ACS, DODDS, and medical personnel, in identifying and processing DA civilian employee selectees with dependent children who have special education and medically related service needs and Family members with medical needs:

- a.* When recruiting for an overseas position, the gaining CPAC will—
 - (1) Provide information on the requirements of DODI 1315.19 related to civilian employees, including employee rights.
 - (2) Provide information on the availability of medical and educational services, including a point of contact for the applicant to query about specific special needs (this information must be contained in any document used for recruitment for overseas positions).
- b.* The gaining CPOC will include the following statements in recruitment information:
 - (1) “If an employee brings a child to an overseas location and that child is entitled to attend the DODDS on a space-required basis under DODEA Regulation 1342.13, the DODDS and the military department responsible for providing related service will ensure that the child, if eligible for special education under DODI 1342.12, receives a free, appropriate public education, including special education and related services.”
 - (2) “If an employee brings an infant or toddler (birth through age 2 years of age) to an overseas location, and that infant or toddler, but for age, is entitled to attend the DODDS on a space-required basis under DODEA Regulation 1342.13, the military department responsible for providing EIS will ensure that the infant or toddler, if eligible for EIS under DODI 1342.12, receives the required EIS.”
 - (3) “If an employee brings a Family member to an overseas location who requires medical or dental care, the employee will be responsible for obtaining and paying for such care. Access for civilian employees and their Families to military medical and dental treatment facilities is on a space-available and reimbursable basis only.”
- c.* After notifying each selectee of his or her pending appointment for an overseas position, each selectee shall be queried using DA Form 5863 (EFMP Information Sheet) to determine whether a member of the selectee’s Family has special needs. Applicants for employment shall not be queried unless or until an offer of employment is made.
- d.* When there are no Family members or special needs do not exist, the selectee will so certify and sign the DA Form 5863. The DA Form 5863 will be forwarded to the gaining CPAC. The gaining CPAC will forward the DA Form 5863 to the gaining CPOC. The gaining CPOC will place the DA Form 5863 on the left side of the official personnel folder for the duration of the tour outside the United States.
- e.* When special needs exist and the selectee does not intend to take the Family member, he or she will so certify and sign the DA Form 5863. The gaining CPAC will forward the completed DA Form 5863 to Commander, Family and Morale, Welfare, and Recreation Command (FMWRC), Alexandria, Virginia 22302-4418. The gaining CPAC will advise the selectee that the DD Form 2792 and/or DD Form 2792-1 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 gaining CPAC 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.
- f.* If the Family member is a dependent child with special education and medically related service needs and the selectee intends to take the child, the CPAC will give the DD Form 2792 and DD Form 2792-1 to the selectee who will arrange for completion of the forms by school and medical officials for each child. The selectee will return the completed forms to the gaining CPAC.
 - (1) The gaining CPAC 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) DD Form 2792 and DD Form 2792-1.
 - (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. The DA Form 5863 will be forwarded immediately upon completion of coordination with DODDS point of contact to Commander, Family and Morale, Welfare, and Recreation Command (FMWRC), Alexandria, Virginia 22302-4418.

(3) When information is received from the DODDS point of contact, the gaining CPAC will provide the selectee, in writing, a notice describing available services and programs. The notice will include a statement indicating that the lack of EIS or special education resources (including related services assigned to the military medical departments) cannot serve as a basis for the denial of Family travel at Government expense and will be provided even if a local program is not currently established.

g. If the Family member has medical needs and the selectee intends to take the Family member, the gaining CPAC will give the DD Form 2792 to the selectee who will arrange for completion of the form by medical officials for each Family member. The selectee will return the completed form to the gaining CPAC. The gaining CPAC will forward the DD Form 2792 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 gaining CPAC about available services. The gaining CPAC will inform the selectee, in writing, about available services. A statement that coordination was accomplished with the medical point of contact will be documented on DA Form 5863. The DA Form 5863 will be forwarded immediately upon completion of coordination with medical point of contact to the Commander, Family and Morale, Welfare, and Recreation Command (FMWRC), Alexandria, Virginia 22302-4418.

h. 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.

Appendix A

References

Section I

Required Publications

AR 340–21

The Army Privacy Program (Cited in para 1–20*e*.)

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 1–9*f*.)

AR 611–60

Assignment of Army Personnel to the Defense Attaché System (Cited in para 1–36.)

DFAS–IN Manual 37–100

Finance and Accounting Policy Implementation (Cited in para 2–1*f*(4).) (Available at <https://dfas4dod.dfas.mil>.)

DODI 1315.19

Authorizing Special Needs Family Members Travel Overseas at Government Expense (Cited in para 1–5*h*.) (Available at <http://www/dtic.mil>.)

Section II

Related Publications

A related publication is a source of additional information. The user does not have to read it to understand this publication. Department of Defense publications are available at <http://www.dtic.mil/whs/directives>. United States Code is available at <http://uscode.house.gov/>.

AR 25–400–2

The Army Records Information Management System (ARIMS)

AR 40–3

Medical, Dental, and Veterinary Care

AR 55–46

Travel Overseas

AR 215–1

Military Morale, Welfare, and Recreation Programs and Nonappropriated Fund Instrumentalities

AR 420–1

Army Facilities Management

AR 600–8–11

Reassignment

AR 600–8–24

Officer Transfers and Discharges

AR 600–37

Unfavorable Information

AR 608–1

Army Community Service

AR 608–10

Child Development Services

AR 614–100

Officers Assignment Policies, Details and Transfers

AR 614–200

Enlisted Assignments and Utilization Management

AR 635–200

Active Duty Enlisted Administrative Separations

DODD 1020.1

Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense

DODD 1342.17

Family Policy (Available at <http://dtic.mil/whs/directives>.)

DODI 1342.12

Provision of Early Intervention and Special Education Services to Eligible DOD Dependents

Freedom of Information Act

(Available at <http://www.justice.gov/oip>.)

JFTR, Volume 1

Joint Federal Travel Regulations (Available at <http://www.defensetravel.dod.mil>.)

JTR, Volume 2

Joint Travel Regulations (Available at <http://www.defensetravel.dod.mil>.)

Privacy Act of 1974

(Available at <http://www.justice.gov/opcl/privacyact1974.htm>.)

RCS: ACSIM–001

Army Community Service Management Report

RCS: ACSIM–002

EFMP Assignment Coordination Quarterly Summary

32 CFR 80

Provision of Early Intervention Services to Eligible Infants and Toddlers with Disabilities and Their Families and Special Education Children with Disabilities Within the Section 6 School Arrangements (Available at <http://ecfr.gpoaccess.gov>.)

10 USC

Armed Forces

10 USC 1076

Medical and dental care for dependents: general rule

10 USC 2164

Department of Defense domestic dependent elementary and secondary schools

20 USC 921 et seq.

Defense dependent's education system

20 USC 1400

Short title; findings; purposes

29 USC 794

Nondiscrimination under Federal grants and programs

32 USC

National Guard

42 USC 4151 et seq.

“Building” defined

UCMJ, Art. 92

Failure to obey order or regulation (Available at <http://www.apd.army.mil/pdffiles/mcm.pdf>.)

UCMJ, Art. 107

False official statements (Available at <http://www.apd.army.mil/pdffiles/mcm.pdf>.)

Section III

Prescribed Forms

Except where otherwise indicated below, the following forms are available as follows: DA forms are available on the APD Web site (www.apd.army.mil); DD Forms are available at <http://www.dior.whs.mil>.

DA Form 5187

Application for Respite Caregivers. (Prescribed in para 2–5.)

DA Form 5188

Medical Report on Applicant for Certification to Provide Care for Children or Adults with Disabilities. (Prescribed in para 2–5.)

DA Form 5189

Application for Respite Care for Children and Adults with Disabilities. (Prescribed in para 2–5.)

DA Form 5190

Clinician’s Information. (Prescribed in para 2–5.)

DA Form 5191

Information on Individual with Disability. (Prescribed in para 2–5.)

DA Form 5512

Respite Care Agreement. (Prescribed in para 2–5.)

DA Form 5863

Exceptional Family Member Program Information Sheet. (Prescribed in para 3–3.)

DA Form 5888

Family Member Deployment Screening Sheet. (Prescribed in para 1–29.)

DA Form 5888–1

Screening of Family Members in Remote OCONUS Areas. (Prescribed in para 2–1.)

DA Form 7246

Exceptional Family Member Program (EFMP) Screening Questionnaire. (Prescribed in para 1–26.)

DA Form 7413

Exceptional Family Member Program (EFMP) Assignment Coordination Sheet. (Prescribed in para 1–15.)

DA Form 7415

Exceptional Family Member Program (EFMP) Querying Sheet. (Prescribed in para 1–25.)

DA Form 7625–1

Army Child and Youth Services Health Screening Tool (Prescribed in para 1–25*b*.)

DA Form 7625–2

Army Child and Youth Services Program Placement Checklist (Prescribed in para 1–25*c*.)

DA Form 7625–3

Special Needs Accommodation Process (SNAP) Team Care Plan (Prescribed in para 1–25*c*.)

DD Form 2792

Exceptional Family Member Medical Summary (Prescribed in para 1–27.)

DD Form 2792–1

Exceptional Family Member Special Education/Early Intervention Summary (Prescribed in para 1–27.)

Section IV

Referenced Forms

DA Form 2028

Recommend Changes to Publications and Blank Forms

DA Form 3063

Army Community Service (ACS) Management Report (Available at <https://www.acsstaff.org> (for ACS personnel only.))

DA Form 4187
Personnel Action

DA Form 4787
Reassignment Processing

DA Form 7419–2
Exceptional Family Member Program (EFMP)

DD Form 2766
Adult Preventive and Chronic Care Flowsheet (Available through normal forms supply channels.)

DD Form 2882
Pediatric and Adolescent Preventive and Chronic Care Flowsheet (Available through normal forms supply channels.)

SF 600
Health Record–Chronological Record of Medical Care (Available at <http://www.gsa.gov>.)

Appendix B

Criteria for Identifying a Family Member with Special Needs

B–1. Special medical needs

Family members of active duty Soldiers and civilian employees appointed to an overseas position who meets one or more of the following criteria will be identified as a Family member with special medical needs.

a. Potentially life-threatening conditions and/or chronic medical/physical conditions (such as high-risk newborns, patients with a diagnosis of cancer within the last 5 years, sickle cell disease, insulin-dependent diabetes) requiring follow-up support more than once a year or specialty care.

b. Current and chronic (duration of 6 months or longer) mental health condition (such as bipolar, conduct, major affective, or thought and/or personality disorders), inpatient or intensive outpatient mental health service within the last 5 years; intensive (greater than one visit monthly for more than 6 months) mental health services required at the present time. This includes medical care from any provider, including a primary health care provider.

c. A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring wheezing which meets one of the following criteria:

(1) Scheduled use of inhaled and anti-inflammatory agents and/or bronchodilators.

(2) History of emergency room use or clinic visits for acute asthma exacerbations within the last year.

(3) History of one or more hospitalizations for asthma within the past 5 years.

(4) History of intensive care admissions for asthma within the past 5 years.

d. A diagnosis of attention deficit disorder and/or attention deficit hyperactivity disorder that meets one of the following criteria:

(1) A co-morbid psychological diagnosis.

(2) Requires multiple medications, psycho-pharmaceuticals (other than stimulants) or does not respond to normal doses of medication.

(3) Requires management and treatment by mental health provider (for example, psychiatrist, psychologist, and/or social worker).

(4) Requires specialty consultant, other than a Family practice physician or general medical officer, more than twice a year on a chronic basis.

(5) Requires modification of the educational curriculum or the use of behavioral management staff.

e. Requires adaptive equipment (such as apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, home ventilator, and so forth).

f. Requires assistive technology devices (such as communication devices) or services.

g. Requires environmental and/or architectural considerations (such as limited number of steps, wheelchair accessibility and/or housing modifications, and air conditioning).

B–2. Special educational needs

Family members of active duty Soldiers and civilian employees appointed to an overseas position will be identified as a Family member with special educational needs and eligible for EIS or special education or if they meet one of the following criteria:

a. Has or requires an IFSP.

b. Has or requires an IEP.

Appendix C

Department of Defense Education Activity Points of Contact

C-1. DODDS point of contact for Europe

The following is the DODDS point of contact for Europe:

DODDS Europe Area Office
ATTN: Special Education Coordinator
CMR 443, Box 7700
APO, AE 09096
Commercial: 011-49-611-380-7809
Fax Commercial: 011-49-611-380-7458

C-2. DODDS point of contact for the Pacific

The following is the DODDS point of contact for the Pacific area office:

DODDS Pacific Area Office
ATTN: Special Education Coordinator
Unit 35007
FPO, AP 96373-5007
Commercial: 011-81-611-744-5670
Fax Commercial: 011-81-611-744-5900

C-3. Department of Defense Education Activity point of contact for Central and South America

The following is the DODEA point of contact for Central and South America:

DDESS/Cuba Area Service Center
ATTN: Special Education Coordinator
700 Westpark Drive, Third Floor
Peachtree City, Georgia 30269-1498
Commercial: 678-364-8000
Fax Commercial: 770-632-8720

Appendix D

Medical Points of Contact

D-1. Medical point of contact for Europe

The following is the medical point of contact for Europe:

Commander
Europe Regional Medical Command
ATTN: MCEU-EFMP/EDIS
CMR 442
APO, AE 09042
DSN: 371-3377
Commercial: 011-49-6221-17-3377
Fax DSN: 371-3376
Fax Commercial: 011-49-6221-17-3376

D-2. Medical point of contact for the Pacific

The following is the medical point of contact for the Pacific:

Commander
Pacific Regional Medical Command
Tripler Army Medical Center, ATTN: MCHK-PEF
1 Jarrett White Road
Tripler Army Medical Center, HI 96859-5000
DSN: 315-433-4441
Commercial: 808-433-4441
Fax DSN: 315-433-4316
Fax Commercial: 808-433-4316

D-3. Medical point of contact for Mexico and Central and South America

The following is the medical point of contact for Central and South America:

Commander
Southern Regional Medical Command
Brooke Army Medical Center
ATTN: MCHE-DPE-EFMP
Fort Sam Houston, TX 78234-6200
DSN: 429-2577/2711
Commercial: 210-916-2577/2711
Fax DSN: 429-1254
Fax Commercial: 210-916-1254

D-4. Medical point of contact for Canada

The following is the medical point of contact for Canada:

Commander
Northern Regional Medical Command
Walter Reed Army Medical Center, ATTN: MCHL-KEX
6900 Georgia Avenue, Building 41, Room 008
Washington, DC 20307-5001
DSN: 662-4185
Commercial: 202-782-4184
Fax DSN: 662-5387

Fax Commercial: 202-782-5387

Appendix E

Instructions for Completing DA Form 5888

E-1. Part A

The MPD or PSB representative will enter and authenticate Soldier and/or Family member data in consultation with the Soldier. Family members will not be screened unless Part A has been completed and authenticated by the MPD or PSB representative.

E-2. Part B

a. Part B will only be completed by an Army MTF EFMP 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 case coordinator prior to screening regardless of whether it is being conducted at that MTF, another DOD MTF, or by a civilian physician. The contact with the Army MTF EFMP case coordinator does not need to be in person if that MTF is not within 60 miles driving distance. The screening requirements appear below.

(1) If the nearest Army MTF is within 60 miles or 1 hour driving distance (at 55 miles per hour), the EFMP case coordinator will make an appointment for the 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 MTF 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 have been identified, the physician or medical practitioner under the supervision of a physician will check enrollment not warranted in block 9a of DA Form 5888.

(f) If a Family member requires further evaluation for possible enrollment, the physician or medical practitioner under the supervision of a physician will complete DD Form 2792. When the Family member is a school-age child, personnel at the child's school will complete the DD Form 2792-1. During summer months when school personnel are not available, the DD Form 2792-1 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 DD Form 2792-1. Upon completion of the DD Form 2792 and DD Form 2792-1 (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.

(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 DD Form 2792 and DD Form 2792-1 (if needed) will be completed. A new DD Form 2792-1 will also be completed if the Exceptional Family Member Special Education/Early Intervention Summary is older than 1 year at the time of screening. The date the DD Form 2792 and DD Form 2792-1 is sent for coding will be noted in block 9c of DA Form 5888.

(h) The Army MTF EFMP physician will ensure that DA Form 5888 is properly signed and copies of DD Form 2792 and DD Form 2792-1 (if needed) are attached to the DA Form 5888 when enrollment is warranted or there has been a substantial change since enrollment.

(2) If there is no Army MTF within 60 miles or 1 hour driving distance, but there is another DOD MTF within that radius, the nearest Army MTF EFMP case coordinator will provide forms and guidance to the Family member as if they are using 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 case coordinator.

(3) If there is neither an Army MTF nor another DOD MTF located within 60 miles or 1 hour 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 EFMP case coordinator.

Appendix F

Coordination Process for Soldiers Seeking an Assignment in the Defense Attaché System

F–1. Forms

The U.S. Army Field Support Center (USAFSC) will include DA Form 5888 and DA Form 7246 (EFMP Screening Questionnaire) in the nomination packet.

F–2. Deployment screening

a. All Family members must undergo deployment screening prior to the submission of the nomination package.

(1) The Family member should complete any medical appointments before requesting the screening. The completed DA Form 7246 must be provided to the EFMP office in the MTF prior to the actual screening.

(2) The DA Form 5888 must be authenticated by the Soldier's current MPD or PSB prior to presenting the form at the MTF.

(3) If the screener indicates on the DA Form 5888 that EFMP enrollment may be warranted, copies of applicable DD Form 2792 (EFMP Medical Summary) and/or DD 2792–1 (EFMP Special Education/Early Intervention Summary) should be included in the completed nomination package. If the child is receiving early intervention or special education, a copy of the IFSP or IEP must be attached to the DD Form 2792–1. The EFMP office in the MTF will forward the original copies of the form to the RMC for review.

(4) The USAFSC must ensure that the DA Form 5888 has an EFMP physician's authentication.

(5) Once the Soldier is under consideration for an attaché assignment to a specific location, copies of the DD Form 2792 and DD Form 2792–1 submitted with the Soldier's nomination package should be forwarded by USAFSC to the appropriate OCONUS medical coordination office. The coordination offices for medical concerns are listed in appendix D.

(6) If special education is involved, the DD Form 2792–1 and IEP should be sent to the appropriate DODEA coordinating office. The coordination offices for educational concerns are listed in appendix C.

(7) The DA Form 5888 is good for 1 year from the date of authentication in Part B, block 11e.

(a) If the assignment selection process or training extends beyond 1 year, a new DA Form 5888 and screening are required before accompanied Family travel can be approved.

(b) DA Form 5888 must be dated within 1 year of the Family's projected arrival on station. If not, a new DA Form 5888 and screening are required.

(8) The Soldier must provide information to an Army EFMP MTF office if the medical or educational condition of any Family member changes.

b. Soldiers serving in the attaché system who are requesting a consecutive overseas assignment must have their Family members screened prior to approval of accompanied Family travel. Screening is also required when the Soldier requests an extension of a 36-month tour for any period longer than an additional 6 months.

(1) The Soldier will contact the nearest OCONUS Army MTF or the medical coordination office (referenced in app D) to initiate the screening process.

(2) The coordination should be conducted per paragraph a, above.

(3) If the Family members are in an OCONUS remote area and are unable to be screened in person at an MTF, a local medical practitioner must complete the DA Form 5888–1 (Screening of Family Members in Remote OCONUS Areas) to ensure consideration of enrollable conditions. The DA Form 5888–1 will be attached to the DA Form 5888.

(4) If the local medical provider identifies an enrollable condition on the DA Form 5888–1, the applicable DD Form 2792 and DD Form 2792–1 must be completed and forwarded to the MTF where the screening process began.

Appendix G

Eligibility Criteria for Early Intervention Services for Infants and Toddlers with Disabilities from Birth to Age 2

G–1. Development delays

The child is experiencing a developmental delay as measured by diagnostic instructions 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.

G–2. Diagnosed physical or mental conditions

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.

Appendix H

Internal Control Evaluation Checklist

H-1. Function

The function covered by this evaluation process is the EFMP.

H-2. Key internal controls

- a.* Annual review.
- b.* Completion of DA Form 7419-2 (Exceptional Family Member Program (EFMP)) Army Medical Department (20000.3 and 20000.10).

H-3. Internal control evaluation process

- a.* The Army Community Service director will conduct the annual review to substantiate compliance with DA Form 7419-2 (20000.3 and 20000.10).
- b.* A copy of the completed DA Form 7419-2 (20000.3 and 20000.4) will be provided to the appropriate installation internal control office.
- c.* Findings, recommendations, and corrective actions will be maintained on file at the installation and provided to higher headquarters upon request.

Glossary

Section I

Abbreviations

AAMD

Army Attache Management Division

ACS

Army Community Service

ACSIM

Assistant Chief of Staff for Installation Management

AGR

Active Guard Reserve

AMEDD

Army Medical Department

APHN

Army public health nurse

ARNG

Army National Guard

ASA (M&RA)

Assistant Secretary of the Army (Manpower and Reserve Affairs)

CG

commanding general

CNGB

Chief, National Guard Bureau

CONUS

continental United States

CPA

Chief, Public Affairs

CPAC

civilian personnel advisory center

CPOC

Civilian Personnel Operations Center

CSC

case study committee

CYSS

Child, Youth, and School Services

DA

Department of the Army

DDESS

Domestic Dependent Elementary and Secondary Schools

DIA

Defense Intelligence Agency

DOD

Department of Defense

DODDS

Department of Defense Dependents Schools

DODEA

Department of Defense Education Activity

ECHO

Extended Care Health Option

EFM

exceptional Family member

EFMP

Exceptional Family Member Program

EIS

early intervention services

FMWRC

Family and Morale, Welfare, and Recreation Command

FOIA

Freedom of Information Act

HQDA

Headquarters, Department of the Army

HRC

U.S. Army Human Resources Command

IEP

individualized education program

IFSP

individualized Family service plan

IMCOM

U.S. Army Installation Management Command

IMT

initial military training

INSCOM

U.S. Army Intelligence and Security Command

JFTR

Joint Federal Travel Regulation

JTR

Joint Travel Regulation

MEDCOM

U.S. Army Medical Command

MEDDAC

medical department activity

MPD

military personnel division

MTF

medical treatment facility

NGB

National Guard Bureau

OCONUS

outside the continental United States

PA

Privacy Act of 1974

PAO

public affairs officer

PCS

permanent change of station

PDQ

Preschool Developmental Questionnaire

PSB

personnel service battalion

RMC

regional medical command

SJA

staff judge advocate

SNAP

Special Needs Accommodation Process

SOP

standing operating procedure

TRICARE

Tri-Service Medical Care

USAFSC

U.S. Army Field Support Center

USAR

U.S. Army Reserve

USC

United States Code

Section II**Terms****Assistive technology device**

Any item, piece of equipment, or product system, including, but not limited to, an apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, or a home ventilator, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals 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.

Case study committee (CSC)

A CSC is the school level team composed of, among others, principal, educators, parents, and medically related service providers who do the following: a. Oversee screening and referral of children who may require special education. b. Oversee the multidisciplinary evaluation of such children. c. Determine the eligibility of the student for special education and related services. d. Formulate an individualized education curriculum reflected in an IEP. e. Monitor the development, review, and revision of the IEPs.

Development 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, and 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 (EIS)

Services provided pursuant to the "Individuals with Disabilities Education Act," as amended, by the military medical departments to infants and toddlers (birth through 2 years of age) who are experiencing developmental delays or who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Educational and developmental intervention services

Programs operated by the military medical departments to provide EIS and related services.

Eligible active duty status

The term applies to any non-AGR ARNG and USAR Soldiers ordered to active duty for more than 30 consecutive days.

Evaluations

Medical, psychological, and educational assessments required to define a medical or educational condition suspected after a screening procedure.

Exceptional Family member

A Family member with any physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, or counseling.

Family member (same as dependent)

An individual whose relationship to the sponsor leads to entitlement to benefits and privileges. Family member travel refers exclusively to permanent change of station actions.

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.

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.

Garrison 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.

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 DODI 1342.12. Under section 1076, Title 10, United States Code, general medical care is provided to Family members on a space-available basis.

Health services

Services necessary to enable an infant or toddler to benefit from the other EIS being received. a. The term includes the following: (1) Services such as clean intermittent catheterization, tracheotomy care, tube feeding, changing of dressings or colostomy collection bags, and other health services. (2) Consultation by physicians with other service providers about the special toddlers with disabilities that will need to be addressed in the course of providing other EIS. b. 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 education program (IEP)

A written document defining specially designed instruction for a student with a disability, ages 3 through 21 years. The IEP is further described in, and prepared under DODI 1342.12 and Chapter 33 of Title 20, United States Code.

Individualized Family service plan (IFSP)

A written document for an infant or toddler (birth through 2 years of age) with a disability and the Family of such infant or toddler that is further described in, and prepared under DODI 1342.12 and Chapter 33 of Title 20, United States Code.

Infants and toddlers with disabilities

Children, ages birth through 2, who need EIS because they are experiencing a developmental delay or have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Initial military training (IMT)

Initial military training includes basic combat training, advanced individual training, one station unit training, and basic officer leaders courses.

Installation

The organization, activity, or military community that 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 EFMP summary.

Medical services

Those evaluative, diagnostic, therapeutic, and supervisory services provided by a licensed and/or credentialed physician to assist CSCs and to implement IEPs. Medical services include diagnostic, evaluation, and medical supervision of related services that, by statute, regulation, or professional tradition are the responsibility of a licensed and credentialed physician.

Medically related services

Related services assigned to the military medical departments overseas.

Overseas

Other definitions notwithstanding, for purposes of authorizing Family member travel at Government expense when the Family member has special needs, overseas is any area outside the United States. The term "United States," when used in a geographical sense, means the several States, the District of Columbia, the Commonwealth of Puerto Rico, and the possessions of the United States (excluding the Trust Territory of the Pacific Islands and Midway Islands). See Subsection 932 (3) and (4), Title 20, United States Code.

Pinpoint location

A specific geographic location recommended for an active duty Soldier's assignment because it has the following: a valid requirement for the active duty Soldier's grade and military occupational specialty and availability of medical and educational staff necessary to provide EIS and special education to the active duty Soldier's child with special educational needs.

Related services

Transportation and such developmental, corrective, and other supportive services as required to assist a child, ages 3 to 21, with a disability to benefit from special education under the child's IEP. This includes speech-language pathology and audiology, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluative purposes. It also includes school health services, social work services in schools, and parent counseling and training. The sources for those services are school, community, and medical treatment facilities.

Related services assigned to the military medical departments overseas

Services provided by Educational and Developmental Intervention Services to DODDS students, under the development or implementation of an IEP, necessary for the student to benefit from special education. These services may include medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy.

Remote OCONUS area

Geographical locations outside the catchment area of OCONUS MTFs.

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.

Responsible military department

The military department responsible for providing EIS or related services in the geographic areas assigned under DODI 1342.12.

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

Specialized instruction and related services for which a child, aged 3 through 21 years, becomes entitled when a case study committee determines a child's educational performance is adversely affected by one or more disabling conditions as defined in DODI 1342.12.

Special educational needs

The needs of a Family member who meets DOD criteria for identifying a Family member with special needs defined in appendix B.

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 IFSP. c. Providing Families with information, skills, and support to enhance skill development. d. Working with a child to enhance development and cognitive processes.

Special medical needs

The needs of a Family member who meets DOD criteria for identifying a Family member with special needs defined in DODI 1315.19.

Sponsor

A person who is a member of the Armed Forces serving on active duty or civilian employee of the DOD, and a citizen or national of the United States, and who is authorized to transport dependents to or from an overseas area at Government expense and is provided an allowance for living quarters in that area.

Tri-Service Medical Care (TRICARE)

TRICARE is the DOD's worldwide health care program for active duty and retired uniformed Servicemembers and their Families. TRICARE consists of TRICARE Prime, a managed care option; TRICARE Extra, a preferred provider option; and TRICARE Standard, a fee-for-service option. TRICARE for Life is also available for Medicare-eligible beneficiaries age 65 and over.

Section III**Special Abbreviations and Terms**

This section contains no entries.

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