



Exceptional Family Member Program Family Transition Checklist Camp Pendleton, California

Please complete prior to your Permanent Change of Station (PCS)

SPONSOR INFORMATION

Sponsor Name: _____ Sponsor Rank: _____

Phone: _____ Cell: _____

Email 1: _____ Email 2: _____

Current Location/Unit Info: _____

Gaining Location/Unit Info: _____

Orders Effective Date (DD/MM/YY): _____ Estimated Date of Arrival (DD/MM/YY): _____

FAMILY INFORMATION

Spouse Name: _____ Email: _____

Phone: _____ Cell: _____

Exceptional Family Member (EFM) Name, Sex, Age:

1. _____

2. _____

3. _____

4. _____

EFMP

1. Is your EFMP enrollment current? YES NO

2. Would you be interested in a special needs support group? YES NO

3. Would you be interested in EFMP recreational activities? YES NO

HOUSING

1. Will your family be applying for base housing? YES NO

2. Have you already applied for housing? YES NO

3. Has your family been recommended for priority housing? YES NO

4. Please specify what type of accommodations/modification your EFM requires for housing: _____

5. Do you have any pets or service animals? YES NO

Please Specify: _____

TRAVEL

1. Does your family have a *Plan My Move* calendar? YES NO
www.militaryonesource.com
2. Are all medication prescriptions filled with refills? YES NO

MEDICAL

1. Do you have copies of your EFM's medical records? YES NO
2. Have you notified your current TRICARE region and given them information about your upcoming move? YES NO
3. Do you have a doctor established at your gaining facility/location? YES NO
4. Will you need a doctor's appointment within 30 days of your arrival? YES NO
5. Does your EFM require a generator in the vent of a power failure? YES NO
6. Does your EFM require a translator (hearing impaired)? YES NO

SCHOOL

1. If applicable, do you have current copies of your EFM's IFSP/IEP or 504 Plan? YES NO
2. Does the gaining school have a copy of the current IFSP/IEP or 504 Plan? YES NO
3. Does the school currently provide any assisted technology for your EFM? YES NO

STATE SERVICES

1. Does your EFM qualify for SSI (Supplemental Security Income)? YES NO
2. Does your EFM qualify for Medicaid? YES NO
3. Does your EFM qualify for Developmental Disability Services? YES NO
4. Does your family qualify for WIC/Food Stamps? YES NO

RESPIRE/CHILD CARE

1. Are you interested in using respite care services at your gaining location? YES NO
2. Are you currently receiving respite care services? YES NO
3. Will your child(ren) be participating in Children, Youth, and Teen Programs (CYTP)? YES NO

COMMENTS SECTION

(Please write any additional comments relating to your move.)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form. Authority: 10 U.S.C. 5013; 10 U.S.C. 5041; MCO 1754.4, Exceptional Family Member Program and E.O.9397 (SSN). Principal Purpose: To manage services provided under the Exceptional Family Member Program. Collected information will be filed pursuant to the Privacy Act System of Records Notice M01754-6 Exceptional Family Member Program Records, which may be downloaded at <http://dpclo.defense.gov/privacy/SORNS/component/usmc/M01754-6.html>. Retention and Safeguards: Paper and electronic records are restricted to authorized personnel with an official need-to-know. Electronic data is maintained in a password restricted case management system and encrypted while at rest and during transmission. Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to the DoD Blanket Routine Uses that appear at http://privacy.defense.gov/notices/blanket_uses.shtml. Disclosure: Providing information on this form is voluntary. Failure to provide the information may result in limited EFMP services.