

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) CONTINUUM OF CARE

1. Name (*Last, First, Middle*)

2. Sponsor's social security number

3. You were seen today for the following reason(s):

- Family member OCONUS or remote location screening.
- Initiating or updating EFMP enrollment.
- PCS service coordination.
- Child and youth service coordination.
- Assistance with a special housing request.
- Resource coordination
- Other:

4. Please return with the document(s) indicated below:

- Completed EFMP medical summary
- Completed EFMP educational summary
- Completed mental health appendix
- Completed asthma appendix
- Copy of most recent Individualized Educational Plan
- Copy of most recent Individualized Family Services Plan
- Authenticated DA Form 5888-R
- Authenticated AF Form 1466
- Completed AF Form 1466A
- Vaccination/Immunization record
- Medical record(s)
- Current physical exam
- Other: _____

5. To present the document(s) indicated above--

- You do not need an appointment. Please call _____ to speak with _____ to ensure the provider will be available when you plan to arrive.
- Bring the document(s) along with you to your appointment on _____ with _____ at _____. If you are unable to keep the appointment, call 301-677-8435.

REMINDER

If you are submitting completed forms, they must be screened by an EFMP staff member.

Please do not leave them with any administrative personnel.

Failure to submit the document(s) via the proper channels may result in another visit to Community Health Nursing.