

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSESSMENT GUIDE

For use of this form, see AR 608-75; the proponent agency is OACSIM

AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE (YYYYMMDD)	COMMENTS <i>(Include required action)</i>
1. Full time EFMP manager has been designated to manage the installation EFMP. If not, indicate percentage of time manager devotes to EFMP.					
2. EFMP manager participates in training.					
3. EFMP manager's office is accessible to persons with disabilities.					
4. EFMP manager submits annual budget request to ACS director.					
5. Installation EFMP committee meets at least quarterly.					
6. Comprehensive EFMP committee minutes are presented to the installation commander for approval.					
7. A copy of EFMP minutes is furnished to medical treatment facility (MTF) commander.					
8. EFMP committee minutes are on file.					
9. EFMP committee representation is appropriate.					

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10. Special Needs Resource Team (SNRT) is a subcommittee of installation EFMP committee.					
11. SNRT membership is appropriate.					
12. Installation EFMP standing operating procedure is on file.					
13. EFMP roster is established.					
14. Installation EFMP committee meets at least quarterly.					
15. Relocating soldier's EFM needs are shared with gaining command prior to arrival.					
16. EFMP families are assisted in developing solutions to EFMP issues and problems.					
17. EFMP is monitored per AR 608-75.					
18. Special education information is updated annually from existing information sources.					
19. Families are informed about military and civilian community support services.					

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20. Family members are provided with information about rights and responsibilities under laws.					
21. ACS facilities EFMP support groups.					
22. Relocating families of exceptional school age children obtain information for transitioning to the new school per para 2-5b(2), AR 608-75.					
23. Relocating families with exceptional school age children are linked with school officials and medical providers.					
24. ACS assists in the IEP process upon request of parents.					
25. Family-find activities are implemented.					
26. Respite care is provided for children.					
27. Respite care is provided for adults.					
28. Recreational and cultural activities are provided for exceptional family members.					

AGENCY: ARMY MEDICAL DEPARTMENT

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1. A physician is designated to provide medical oversight for the EFMP <i>(includes early intervention services)</i> .					
2. The EFMP physician ensures that eligible exceptional family members are coded and EFMP summary forwarded for enrollment per para 3-1, AR 608-75.					
3. The EFMP physician has appointed an appropriate EFMP case coordinator.					
4. The EFMP case coordinator performs the responsibilities in para 1-27c, AR 608-75.					
5. Medical resourcing needs are identified and reported to the MTF commander.					
6. All medical providers receive training to become knowledgeable of EFMP requirements.					
7. Standing operating procedures are established in coordination with each medical department or clinic in the MTF to ensure effective screening, identification, and referral for enrollment in EFMP.					
8. The EFMP physician provides professional technical assistance to ACS in development and execution of family-find activities.					
9. The EFMP physician coordinates medical evaluations for disabling conditions of EFMs in concert with the capabilities of local MTF.					

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10. EFMP medical chief provides or coordinates assistance to adult EFMs in concert with capabilities of local MTF.					
11. The EFMP physician ensures that all EFMP medical and administrative staff participates in MTF quality improvement program.					
12. The EFMP physician supervises multidisciplinary team of early intervention service providers at required locations in the United States.					
13. The MTF commander supervises multidisciplinary team of service providers outside the United States.					
14. The MTF commander ensures that multidisciplinary teams outside the United States perform responsibilities in para 1-26, AR 608-75.					
15. The MTF commander performs the responsibilities of the medically related services liaison officer in para 1-26s, AR 608-75.					
16. OCONUS family member deployment screening is completed per para 2-1b, AR 608-75.					
17. Family members have the same priority as active duty military for purpose of OCONUS family member deployment screening and evaluation.					

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18. DA Form 7246 is completed prior to face-to-face screening.					
19. Family members <i>(children and adults)</i> are screened during routine health care visits.					
20. DA Form 5571 and SF 600 are documented at least annually that patient does or does not have a condition warranting referral for EFMP.					
21. SF 600 is documented when an enrollment referral has been made to the MTF EFMP point of contact.					
22. Physicians are directed to refer soldiers for EFMP enrollment immediately upon diagnosis of an eligible condition of a family member.					
23. Families with EFMs are provided accurate information regarding benefits of TRICARE.					
24. Statistical data and other pertinent EFMP information are provided to installation EFMP manager.					
25. An appropriately qualified individual is appointed to coordinate, supervise, and manage the EFMP medical components-- screening, coding, early intervention services and medically related services.					

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26. An MTF special needs advisor is appointed to respond to queries from U.S. Total Army Personnel Command (<i>PERSCOM</i>), U.S Army Reserve Personnel Command, and Army National Guard Readiness Center about availability of medical resources.					
27. The MTF special needs advisor responds to <i>PERSCOM</i> , U.S. Army Reserve Personnel Command, and Army National Guard Readiness Center about availability of medical resources within 5 working days for CONUS assignments and 30 calendar days for OCONUS assignments from receipt of EFMP query.					
28. The MTF special needs advisor completes DA Form 7413 (<i>EFMP Assignment Coordination Sheet</i>) to document EFMP coordination during the nominative phase of the CONUS military personnel assignment process.					
29. The MTF special needs advisor forwards a copy of the completed DA Forms 7413 to their regional medical command on a quarterly basis.					
30. The EFMP physician, the manager of the EFMP medical components, and the MTF special needs advisor attend installation EFMP committee meetings.					

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31. Early intervention at required locations is family centered, community based, with services provided in the child's natural setting and with the parents/primary caregivers present.					
32. All EFMP staff <i>(includes early intervention services)</i> is appropriately qualified and receive annual professional training per medical department guidance.					
33. All children receiving services under Individual With Disabilities Education Act have appropriate documentation on file, including individualized education program/ individualized family service plan, eligibility documentation, due process notification, and progress notes.					