

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSIGNMENT COORDINATION SHEET

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

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; E.O. 9397 (SSN); Army Regulation 608-75, EFMP.

PRINCIPAL PURPOSE: To document EFMP assignment coordination during the nominative phase of the CONUS military personnel assignment process.

ROUTINE USES: None.

DISCLOSURE: Voluntary.

1a. SPONSOR NAME	b. RANK	c. SSN
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2a. FAMILY MEMBER NAME	b. * DIAGNOSIS	c. * SERVICES <i>(Required)</i>	AVAILABLE		d. * EXPLANATION
			YES	NO	

3a. PROJECTED ASSIGNMENT LOCATION	b. * ZIP CODE
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4. INDIVIDUAL WITH WHOM COORDINATION OCCURRED

a. NAME AND TITLE	b. PHONE NUMBER
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5a. * COMPLETING MILITARY TREATMENT FACILITY	b. COMMERCIAL PHONE NUMBER
	c. DSN PHONE NUMBER
	d. FAX PHONE NUMBER

e. E-MAIL ADDRESS

6. INDIVIDUAL COMPLETING FORM

a. PRINTED NAME AND TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
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*** To be completed by Military Treatment Facility, Special Needs Advisor, ONLY**