

## EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING 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 1071-1085; 10 USC Section 3013, Secretary of the Army; E.O. 9397 (SSN); and Army Regulation 608-75, EFMP.

**PRINCIPAL PURPOSE:** To identify soldiers that have family members for enrollment in the EFMP.

**ROUTINE USES:** To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

**DISCLOSURE:** Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

1. NAME OF SOLDIER	2. SSN	3. RANK
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4. UNIT

5a. HOME ADDRESS	b. HOME PHONE NUMBER
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6a. DUTY ADDRESS	b. DUTY PHONE NUMBER
	c. FAX NUMBER

d. EMAIL ADDRESS

7. Do you have a family member (*child or adult*) with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner?  YES  NO

8. If the answer to the above question is yes, is the family member enrolled in EFMP?  YES  NO

9. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.

10. The above information is true and correct to the best of my knowledge.

a. SIGNATURE OF SOLDIER	b. DATE SIGNED (YYYYMMDD)
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