

The DD 2792-1 "Special Education Early Intervention" (3 pages) This is for all children between the ages of 3 and 21

Page 1: Instructions.

Page 2: Demographics.

Please complete blocks 1 through 7-c. We will complete block 8 once we receive the form back.

Page 3: Please complete blocks 1 through 2b. Blocks 4 through 8 will be completed by the school.

We will also need the current IEP / 504 / or IFSP if there is one.

DD 2807-1 (3 pages). This is a fillable form and can be saved for future use.

Page 1

Complete blocks 1 through 5. Block 2 will be the family member's SSN and not the sponsors.

Blocks 6 and 7 leave blank for dependents. Active duty must fill in.

Complete blocks 8 and 9.

Blocks 10 through 14: Fill in appropriate circle. Be careful with number 14 c. **It states are you currently in good health yes or no.**

Page 2

Complete top of page with your information and your SSN. For dependents, it will be their SSN and not the sponsor's.

Complete blocks 15 – 29.

In block 29: For any question that was answered yes in blocks 10 – 28, with the exception of block 14 C, you need to describe the answer with dates seen, name of doctor or hospital, and any treatment that was given and current medical status. For example: 12 n broken arm 1999, seen and treated at Your Community Hospital by Dr. XYZ, healed.

Page 3

Complete top of page with your information and your SSN. For dependents, it will be their SSN and not the sponsor's.

Block 30 will be completed by your Primary Care Provider and make sure that he/she signs and dates it.

NAVMED 1300-1 (3 pages)

Page 1

Complete top portion only.

Sponsor's name, rank, and SSN

Family member's name

Family prefix number

Family member's SSN

Next Duty station location

Type Duty Classification Code is for Navy Enlisted Only. All others put in N/A.

Type Duty Classification Code		Family Prefix Number	
		20	Active Duty
Type 1	Shore	30	First Wife
Type 2	Sea	31	Second Wife
Type 3	Overseas Remote	32 onward	Third wife and onward
Type 4	Oversea Sea	01	Oldest child
Type 5	None	02	Next oldest child
Type 6	Overseas Shore	03 onward	Next oldest and onward

Part 1 will be completed by your PCM. If there is a check mark in any of the shaded areas, we will need notes to justify it.

Page 2

This is the continuation of part 1. Your PCM will check either Yes or No and then sign the form.

Page 3

Part 2

Active Duty Member: Complete top portion and then make an appointment at your dental clinic.

For all Dependents: Complete top portion, Family Member Name, family prefix, sponsor's last 4 of SSN.

Sponsors are to schedule an appointment for their family members at the sponsor's dental clinic. When they schedule this appointment they need to let them know the appointment is for overseas screening. All dependents need to be examined by a Military Dentist. The family members need to be a dental class 1 or 2 in order to go overseas. If dental work is needed, it needs to be completed by their civilian dentist. Once dental work is completed, they then need to return to their sponsor's dental clinic to have the form signed and so that they can receive their military dental record.

NAVMED 1300-2 (2 pages)

Page 1

Complete the top portion only.

Sponsor's Name, Grade/Rate, SSN

Current Unit

Phone Number

Next Duty Station

Type Duty Classification Code is for Navy Enlisted Only. All others put in N/A

Family Member Name

Family Member Prefix Number

The rest of the form we will complete.

Type Duty Classification Code		Family Prefix Number	
		20	Active Duty
Type 1	Shore	30	First Wife
Type 2	Sea	31	Second Wife
Type 3	Overseas Remote	32, 33, 34, etc.	Third, fourth, fifth wife, etc.
Type 4	Oversea Sea	01	Oldest child
Type 5	None	02	Next oldest child
Type 6	Overseas Shore	03, 04,04,06, etc	Next oldest and onward

NAVPERS 1300-16 (4 pages)

Page 1

Complete blocks 1 through 11. Block 8 needs to be signed by the **Family Advocacy Office. Bldg 798, which is behind the Russell Family Service Center on Brewster Blvd on Camp Lejeune, or Bldg 90 at the New River Air Station.**

Page 2

Complete blocks 1 and 2 at top of page. Complete blocks 12 – 16. Then print, sign, and date in blocks 6 through 7. Blocks 8 through 10 needs to be signed by someone in members chain of command that is above them. They are signing stating that member has been counseled on overseas assignments.

Page 3

Just complete blocks 1 and 2 at top of page. **Blocks 9 through 11 will be signed by my command for medical endorsement.**

Page 4

Complete blocks 1 and 2 at the top of the page.

Part 3 CMC/COB/SEA Endorsement

For enlisted members, 1stSgt or above can sign this. For officer, this is N/A

Part 4 Commanding Officer's Endorsement

Can be signed by Company, Battalion, or Regimental CO.

Dependent Checklist

This is to help you stay on track in getting the screening process completed. Our group e-mail address is at the top of the form and anyone in the office can assist you.

You will need to complete the Anti-Terrorism Training website is provided on the check list. Anyone over the age of 18 will need to complete this training. Once you completed the training, print off the Certificate of Completion, I will need a copy of this.

Pap smear: Has to be current, within the last 3 years. **Will need a copy of the results.**

Well woman's exam: Will need copy of most recent Well-Woman's exam / physical

Need last well child exam / physical

Will need copies of the last 6 medical notes from **all medical providers.**

Immunizations: Will need copy of all immunization records. If none are available, then blood titers for the first four (4) immunizations will be needed. If any of the titers are negative, then a booster will be required. . If there is no documentation for Tdap or Hepatitis A, then a booster will be needed.

- (1) IPV/OPV – (polio)
- (2) MMR
- (3) Varicella
- (4) Hepatitis B
- (5) Hepatitis A
- (6) TD / TDAP – (tetanus)