

# EXCEPTIONAL FAMILY MEMBER PRIVACY ACT STATEMENT

1. **LEGAL AUTHORITY FOR REQUESTING INFORMATION:** 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 3001.02, Personnel Accountability in Conjunction with Natural Disasters or National Emergencies; OPNAVINST 3006.1, Personnel Accountability in Conjunction with Catastrophic Events; SECNAV Instruction 1754.5B Exceptional Family Member Program; and E.O. 9397 (SSN), as amended, N01754-4.
2. **PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION WILL BE USED:** The information you provide will help the Exceptional Family Member Program (EFMP) professional staff evaluate your needs or the needs of your family member to provide one or more of the following services: The completion of an EFMP Needs Assessment, development of an EFMP Services Plan, and/or providing EFMP related information and referral resources.
3. **ROUTINE USES THAT MAY BE MADE OF YOUR INFORMATION:** This information will only be accessed by EFMP professional staff to process enrollments and the case files associated with enrollees.

**Other Routine Uses:** In addition to using the information you give us for the "principal purpose" and the "routine uses" given above your information may be disclosed in certain specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life threatening situations, substance-abuse programs, and family abuse situations including:

- a) Disclosure to state and local government authorities in accordance with state and local laws requiring reporting of suspected child abuse or neglect.
  - b) Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where staff or Fleet and Family Support Center (FFSC) records indicate that a violation of law may have occurred.
  - c) Disclosure to certain foreign authorities in connection with international agreements, including status of force agreements (SOFAs); and
  - d) Disclosure to the Department of Justice for litigation purposes.
4. **DISCLOSURE: VOLUNTARY;** however, failure to provide this information may hinder or prevent the EFMP staff from being able to assist you.

I have read and understand the above Privacy Act Statement and the routine uses of the information that I may provide. My EFMP Case Liaison has explained the contents of the Privacy Act Statement to me.

5. **For Active Duty Only:** I am currently in the Personnel Reliability Program: Yes  No   
*(If "Yes", complete and sign the Privacy Act Statement for Members on PRP form.)*

<b>Client Name - Printed</b>	<b>Client Name - Signature</b>	<b>Date</b>

<b>EFMP Liaison - Printed</b>	<b>EFMP Liaison - Signature</b>	<b>Date</b>

## INTERIM EFMP FAMILY NEEDS ASSESSMENT & SERVICES PLAN

**PURPOSE:** The EFMP Family Needs Assessment should be completed by EFMP Family Support Staff to identify the needs of EFMP families. The appendix provides sample questions to guide conversation, as needed.

**NOTE:** Only collect information that the family is willing and comfortable to share. It is possible that not all information requested on the form is available.

Demographic Information				
Sponsor <i>(Last Name, First Name)</i>	Branch			
Rank	Status <i>(Active, Active Guard, Active Reserve, Inactive)</i>			
Case Number <i>(If applicable)</i>				
Dual Military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Spouse <i>(Last Name, First Name)</i>	Branch <i>(If applicable)</i>			
Rank <i>(If applicable)</i>	Status <i>(If applicable; Active, Active Guard, Active Reserve, Inactive)</i>			
Contact Information				
Phone _____ Alternate Phone _____				
Email _____				
Mailing Address <i>(Street)</i> _____				
<i>(City, County)</i> _____				
<i>(State, Zip)</i> _____				
Current Installation	Previous Installation	Prospective Installation		
Is your family currently enrolled in the EFMP? <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled since <i>(MM/YYYY)</i> : _____ <i>If family is not currently EFMP, provide program information.</i>	Is Permanent Change of Station (PCS) or Transition out of Service expected in the next six months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, circle one:      PCS      Transition Out Expected <i>(MM/YYYY)</i> : _____			
Family Members in Household				
Name of Family Member <i>(Last Name, First Name)</i>	Special Needs? <i>(Y/N)</i>	Relationship to Sponsor	Gender	Date of Birth <i>(DD/MM/YYYY)</i>
1)				
2)				
3)				
4)				
5)				

## INTERIM EFMP FAMILY NEEDS ASSESSMENT & SERVICES PLAN

Needs Assessment	
<p>1. What is the reason for your visit today? <i>(E.g. PCS transfer; new EFMP case; housing concerns; educational concerns; medical concerns; life events, such as: birth, death, separation.)</i></p>	
<p>2. What actions have you taken and/or services have you received to address your concerns? What were the outcomes? <i>(E.g. This may include formal or informal resources, such as family relationships or support systems, which have helped.)</i></p>	
Action/Resource	Outcome
<p>3. Are there any other needs, services, or questions that we did not cover today?</p>	
<p>4. <b>Next Steps discussed with family:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information and Referral Only</li> <li><input type="checkbox"/> Provide EFMP Enrollment Information</li> <li><input type="checkbox"/> Develop Services Plan</li> <li><input type="checkbox"/> Declined Services Plan</li> <li><input type="checkbox"/> No Services Plan Needed</li> <li><input type="checkbox"/> Check back with family</li> </ul> <p><i>(DD/MM/YYYY):</i> _____</p>	<p><b>Additional Notes</b> <i>(Explain selections.)</i></p>
Staff Member <i>(Last Name, First Name)</i>	Form Completed <i>(DD/MM/YYYY)</i>

## INTERIM EFMP FAMILY NEEDS ASSESSMENT & SERVICES PLAN

Services Plan			
Family Goals	Steps to Achieve Goals	Points of Contact	Achieved Services
Agreed-upon frequency of follow-up contact:			
Staff Member <i>(Last Name, First Name)</i>		Form Completed <i>(DD/MM/YYYY)</i>	

# INTERIM EFMP FAMILY NEEDS ASSESSMENT & SERVICES PLAN

## Appendix:

*Information provided may be used to prompt discussion, as needed, in order to better understand the needs of the family.*

### Medical Concerns

- Do you have a TRICARE Case Manager?
  - If family does not have a TRICARE Case Manager, provide information on how to get a Case Manager
- What services are you receiving? (*E.g. Extended Care Health Option (ECHO), Respite Care*)

### Educational Concerns

- Is your child receiving early intervention or special education services?
- Do you have any education-related concerns with regards to your child or your child's school?

### Child Care Services

- What child care services are you currently receiving?
- Are there child care services that you need?

### Transition to Adulthood

- Do you need information regarding the continuation of military and/or federal benefits for a child turning eighteen?
- Do you need information regarding guardianship?
- Do you need information regarding vocational opportunities?

### Federal and/or State Support

- What federal and/or state support do you receive?
- What support would you like to receive?

### Housing Concerns

- Have you found housing?
- Do you need information regarding housing?

### Recreational Activities

- Take this opportunity to discuss recreational activities available at the installation.
- Is your family involved in any recreational activities?
- Would your family like to be involved in any recreational activities?
- Does your family face any barriers in regards to recreational involvement?

### Transition Out of the Military to Community-Based Supports

- Do you have a plan for transitioning out of the military?
  - Review each of the above categories, as applicable, to discuss the family's plan for transition to community-based supports
  - Additional topics may include employment and health insurance