

Exceptional Family Member Program (EFMP)



EFMP Exceptional
Family Member
Program

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Overview of the Exceptional Family Member Program (EFMP)

The EFM program supports military with special medical and/or educational needs. The program consists of 3 components:

- Identification/Enrollment
- Assignment coordination
- Family Support



Family Support Staff

- Information and referral services for military and community resources
- Assist families in navigating medical and education programs and resources
- How to apply for benefits
- Facilitate “warm handoffs” for families traveling to new locations
- Non- clinical case management including conducting family Needs Assessments and Individualized Services Plan



Qualifying Conditions

Trigger Questions for EFM Screening

Does the potential EFM reside with the service member (Page 2/DEERS)?

No.

Yes.

STOP The family is NOT eligible for enrollment at this time.

Go to trigger questions.

Does EFM take medications for more than six months?

Is EFM seen at any specialty clinic (cardiology, neurology, behavioral, orthopedics)?

Does EFM receive early intervention or special education services?

Does EFM receive services for a developmental delay?

Does EFM require adaptive equipment (apnea home monitor, home nebulizer, wheelchair, braces, hearing aids, etc.)?

If the answer was YES to any of the above trigger questions, refer the family to an EFMP coordinator.



Enrollment Forms

DD 2792 and DD 2792-1

- Medical Treatment Facilities (MTF)
- Military Homefront (online)
- Military One Source (online)

FAMILY MEMBER MEDICAL SUMMARY <i>(To be completed by service member, adult family member, or civilian employee.)</i> <i>(Read Instructions before completing this form.)</i>	OMB No. 0704-0411 OMB approval expires Jul 31, 2017
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The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0411). Respondents should not send money to this collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN

AUTHORITY: 10 U.S.C.

PRINCIPAL PURPOSE: Information will enable: (1) services, and (2) civilian their family members. The Official Military Personnel may be found at <http://ddp>

ROUTINE USE(S): DoD may apply.

DISCLOSURE: Voluntary information or providing false official statement, Military Healthcare System duty assignment. Dependent

By signing this authorization sponsor may be held accountable

I authorize _____

to release my patient information in the family travel review for the DoD and Service-specific the sponsor's proposed dependent

a. The military medical dependent be assigned or employed

b. Information that you have community office responsible

c. The authorization application These data may be stored limited to representatives responsible for care or services. **Start Date:** The authorization **Expiration Date:** The authorization service or employment of is the sole purpose for this

I understand that:

a. I have the right to review records are kept. I am the basis of this authorization

b. If I authorize my or my regulations, then such information

c. I have a right to inspect requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named provider/

SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY <i>(Page 1, items 1 - 7 to be completed by sponsor, parent or legal guardian.)</i> <i>(Read Privacy Act Statement and instructions before completing this form.)</i>			OMB No. 0704-0411 OMB approval expires Jul 31, 2017
The public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22304-3100 (0704-0411). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.			
DEMOGRAPHICS			
1. REQUEST (X one) <input type="checkbox"/> EFMP Registration/Enrollment Update <input type="checkbox"/> Change in EFMP Status: <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Government Sponsored Travel <input type="checkbox"/> No longer requires IEP/IFSP services <input type="checkbox"/> No longer qualifies as a dependent* (*Provide documentation for change in status) <input type="checkbox"/> Divorce/change in custody*			
2. CHILD/STUDENT INFORMATION (To be completed by sponsor, spouse or legal guardian)			
a. CHILD/STUDENT NAME (Last, First, Middle Initial)		b. SPONSOR NAME (Last, First, Middle Initial)	
d. FAMILY MEMBER PREFIX		e. CHILD/STUDENT DATE OF BIRTH (YYYY/MM/DD)	
f. CHILD/STUDENT GENDER (X one) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		g. CHILD/STUDENT CURRENT MAILING ADDRESS (Street, Apartment Number, City, State, ZIP Code, APO/FPO)	
c. FAMILY HOME E-MAIL ADDRESS		h. HOME TELEPHONE NUMBER (Include Area Code/Country Code)	
3. a. SPONSOR RANK OR GRADE		b. INSTALLATION OF CURRENT ASSIGNMENT (Include City, State, Country)	
c. SPONSOR'S OFFICIAL E-MAIL ADDRESS		d. DUTY TELEPHONE NUMBER (Include Area Code/Country Code)	
e. MOBILE NUMBER (Include Area Code/Country Code)		f. STATUS (X one) <input type="checkbox"/> Regular Active Service Member <input type="checkbox"/> Active Reserve <input type="checkbox"/> Active Guard <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Civilian <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard	
g. BRANCH OF SERVICE (Military only)		h. DOES CHILD RESIDE WITH SPONSOR? (X one. If No, explain.) YES <input type="checkbox"/> NO <input type="checkbox"/>	
i. IS THE CHILD/STUDENT ENROLLED IN DEERS UNDER A SPONSOR OTHER THAN THE ONE LISTED ABOVE? (X one. If Yes, provide name of sponsor) YES <input type="checkbox"/> NO <input type="checkbox"/>			
4. a. ARE BOTH SPOUSES ON ACTIVE DUTY? (Military only) (X one. If Yes, answer b - d. below) YES <input type="checkbox"/> NO <input type="checkbox"/>			
b. ACTIVE DUTY SPOUSE'S NAME (Last, First, Middle Initial)		c. BRANCH OF SERVICE	
d. RANK/RATE			
5. FOR CHILDREN FROM BIRTH TO AGE THREE ONLY: YES <input type="checkbox"/> NO <input type="checkbox"/> Is your child being evaluated for, or receiving, early intervention services on an Individualized Family Service Plan (IFSP)? (X one. If No, sign item 7 and return to the requesting office. If Yes, have early intervention professional complete Page 3.)			



Fleet & Family Support Centers

- Clinical Counseling
- New Parent Support Home Visitation Program
- Deployment Assistance
- Information and Referral
- Life Skills
- Transition Assistance
- Family Employment
- Personal Finance Management
- Gold Star Program



Summary and Questions

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