

# Table of Contents

## Chapter 1: The Exceptional Family Member Program

---

Introduction .....	1:1
Purpose and How to Use This Guide .....	1:1
The Exceptional Family Member Program .....	1:2
Relevant Legislation and Military Policies .....	1:2
Summary .....	1:3

## Chapter 2: Family Support: Managing the Program and Understanding Your Role

---

Exceptional Family Member Program Family Support Program Development .....	2:1
Installation Demographics .....	2:2
Reaching Families .....	2:2
Command and Installation Support .....	2:2
Supervision .....	2:3
Collaboration and Partnerships .....	2:3
Program Awareness and Marketing .....	2:3
Quality of Life Reviews and Surveys .....	2:3
Quality Assurance .....	2:4
Summary .....	2:4

## Chapter 3: Fundamentals of Working with Families

---

Building Rapport .....	3:1
Professional Boundaries .....	3:4
Service Accessibility .....	3:6
Empowering Families .....	3:7

Cultural Competency .....	3:8
Summary .....	3:9

## **Chapter 4 Documentation and Non-Clinical Case Management**

---

Overview of the Continuum of Support.....	4:1
Privacy and Disclosure.....	4:4
Records Management .....	4:4
Internal Case Review.....	4:5
Record Transfers.....	4:5
Summary .....	4:5

## **Chapter 5: Legal Issues**

---

Installation Legal Office.....	5:1
Family Care Plans.....	5:1
Letter of Intent.....	5:2
Estate Planning .....	5:2
Guardianship and Conservatorship for Incapacitated Adults .....	5:4
Summary .....	5:7

## **Chapter 6: Early Intervention and Special Education**

---

Educational Programs and Services for Children .....	6:1
Early Intervention Services .....	6:1
Special Education .....	6:3
Public School Structure .....	6:6
Collaborating with School Personnel.....	6:8
The School Liaison Program.....	6:10
Summary .....	6:10

## **Chapter 7: Adults with Special Needs**

---

Assisting Adults with Special Needs.....	7:1
Military Benefits for Adult Family Members.....	7:1
Determination Criteria for Parents.....	7:2
Education Options.....	7:3
Vocational Rehabilitation and Employment Options.....	7:5
Assistive Technology.....	7:8
Transportation.....	7:8
Social and Recreational Opportunities for Adults.....	7:8
Personal Financial Management and Free Tax Return Assistance.....	7:8
Deployment Support.....	7:9
Parenting.....	7:9
Installation Emergency Assistance Plan.....	7:10
Summary.....	7:10

## **Chapter 8: Health Care Benefits**

---

Assisting Families with Special Medical Needs.....	8:1
TRICARE.....	8:1
Medicare.....	8:10
Medicaid.....	8:11
Title V of the Social Security Act.....	8:13
Summary.....	8:13

## **Chapter 9: Public Benefits and Financial Assistance Programs**

---

Assisting Families with Public Benefits.....	9:1
Social Security Administration Benefits.....	9:1
Food Assistance Programs.....	9:4

## Table of Contents

---

Housing Assistance .....	9:5
Summary .....	9:6

### **Chapter 10: Relocation**

---

Permanent Change of Station .....	10:1
Connecting to Resources .....	10:1
Housing .....	10:3
TRICARE Portability .....	10:4
Early Intervention and Special Education Services Considerations .....	10:5
Guardianship and Conservatorship .....	10:6
Relocating State to State .....	10:6
Relocating Overseas .....	10:6
Humanitarian or Compassionate Reassignments .....	10:8
Summary .....	10:8

### **Appendix**

---

Exceptional Family Member Program Privacy Act Statement (Sample).....	1
Release of Information Authorization Form (Sample).....	2
Exceptional Family Member Program Services Plan (SP) (Sample).....	3
Exceptional Family Member Program Case Notes (Sample) .....	4
Needs Assessment Checklist (Sample) .....	5
Request for Evaluation (Sample).....	10
Request for Independent Educational Evaluation (IEE) (Sample) .....	11
Request for Records (Sample) .....	12
Public Benefits Resource Table.....	13
A–Z Index of Government and Non-Government, Agencies and Resources .....	17
Glossary of Terms.....	27

# 1 : The Exceptional Family Member Program

## Introduction

The **Department of Defense (DoD)** is committed to providing consistent, high quality support to military families with special needs. Understanding and meeting the needs of these family members is important to both mission and personal readiness.

Working together with military family advocates and DoD components, Congress expanded the **Exceptional Family Member Program (EFMP)** to incorporate family support services into the assignment coordination program. Section 563 of the National Defense Authorization Act for Fiscal Year 2010, Pub. L No. 111-84, required the Secretary of Defense to establish an **Office of Community Support for Military Families with Special Needs (OSN)** to “enhance and improve Department of Defense support around the world for military families with special needs (whether medical or educational needs) through the development of appropriate policies, enhancement and dissemination of appropriate information throughout the Department of Defense, support for such families in obtaining referrals for services and in obtaining service, and oversight of the activities of the military departments in support of such families.” The legislation also expands the current policy requiring Military Departments to coordinate assignments of military families with special needs to overseas locations to include those within the United States.

In light of this legislation and the DoD’s commitment to providing *exceptional service for exceptional families*, the DoD, in close collaboration with the Services, has created the installation *EFMP Family Support Reference Guide*. The Guide’s objective is to provide a clear understanding of the EFMP services that provide assistance to military families with special needs.

The Guide will be updated periodically to reflect evolving policies, roles, and responsibilities, and to identify best practices for delivering timely and effective services to military families. Bolded terms are defined in the glossary for a handy acronym and definition resource.

Providers can subscribe to the **MilitaryHOMEFRONT** EFMP eNewsletter to receive program updates. A full version of the Guide can be downloaded from the Service Providers Special Needs/EFMP section of MilitaryHOMEFRONT, the DoD’s official **Military Community and Family Policy (MC&FP)** website.

## Purpose and How to Use This Guide

This Guide is an information source for use in supporting military families. It provides critical program planning information, including parameters for establishing a new family support program at an installation, improving an existing program, providing service delivery, and developing collaborative relationships with on- and off-installation offices and agencies. The Guide also includes valuable tools, resources, and sample documents.

Use this Guide in conjunction with Service and installation policies and procedures. It is a customizable working document that will help you provide support to military families with special needs.



The Service Provider section of **MilitaryHOMEFRONT**, the Department of Defense’s official **Military Community and Family Policy** website, offers a variety of information and resources you can use to assist families.

# The Exceptional Family Member Program

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You can also use this Guide to compile and store the following information:

- important legislation, DoD policies, and Service regulations
- sample forms
- tools for tracking your program's activities
- operating policies and procedures
- information on programs or services available on the installation and in the surrounding community
- additional tools and resources



Exceptional Family Member Program enrollment does not negatively impact a service member's career or advancement opportunities.

## The Exceptional Family Member Program

Over 115,000 family members are enrolled in the EFMP. Enrollment includes spouses, children, and other dependent family members with a diagnosed physical, intellectual, or emotional condition requiring special medical or educational services.

Although it is mandatory for active duty personnel with family members with special needs to enroll in the EFMP, enrollment is not necessary to access family support services. The goal of a service provider is not to enforce enrollment, but to increase program awareness, dispel myths, and encourage enrollment while facilitating access to a range of family support services.

Beyond the family support function, the EFMP includes the identification, enrollment, and assignment coordination of military personnel to verify that the family member's medical and/or educational needs are documented and considered during the assignment process, regardless of location. This function involves personnel commands, medical commands, and educational systems. You can learn more about assignment coordination in [Chapter 10](#).

## Relevant Legislation and Military Policies

It is important to understand the legislation and DoD policies that impact families with special needs. For ease of reference, you may wish to insert relevant Service and Installation policies at the end of this chapter.

### Legislation

The **Americans with Disabilities Act (ADA)** of 1990 is comprehensive legislation providing civil rights protections to individuals with disabilities. It guarantees equal opportunity in employment, state and local government, public accommodations, telecommunications, and transportation.

The **Uniform Federal Accessibility Standards (UFAS)** are design requirements developed under the **Architectural Barriers Act of 1968**. The Act requires that buildings and facilities designed, constructed, or altered with federal funds be accessible and provides a definition of "accessible."

The **Individuals with Disabilities Education Act (IDEA)** of 2004 governs how states and public agencies provide early intervention, special education, and related services to children with disabilities:

- Part A addresses general provisions of the Act.
- Part B addresses requirements for educating children ages three to twenty-one with disabilities and applies to all United States public schools and DoD schools.
- Part C addresses early intervention requirements to identify, assess, and provide services to infants and toddlers between birth and two years old who are at risk for developmental delay.
- Part D provides for national activities to improve the education of children with disabilities.

**Section 504 of the Rehabilitation Act of 1973** prohibits discrimination on the basis of disability in public and private programs and activities receiving federal funding, including the DoD. Under Section 504, individuals with disabilities are defined as persons with physical or mental impairments that substantially limit one or more major life activities. People who have a history of, or are regarded as having, such impairment are also covered. These individuals may need an accommodation plan for added support.

**The Vocational and Technical Education Act, also known as the Carl D. Perkins Vocational and Technical Act of 1998**, was enacted to improve the academic and occupational competence of all vocational students with an emphasis on special populations. Special populations include students with disabilities and students who are academically or economically disadvantaged. The Act provides funding for secondary, post-secondary, and technical programs.

### Department of Defense Policies

**DoD Directive 1020.1**, "Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense," implements Section 504 and directs the DoD to make all services and facilities accessible to people with disabilities. It also ensures nondiscrimination in employment and establishes procedures to file and manage complaints.

**DoD Instruction 1342.12**, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," establishes policy for providing early intervention, special education, and related services in the DoD schools.

**DoD Instruction 1315.19**, "Authorizing Special Needs Family Members Travel Overseas at Government Expense," assigns responsibilities and prescribes procedures for authorizing family travel at government expense for active duty service members who are assigned overseas and have a family member with special needs. It also provides guidance for processing civilian employees who have family members with special needs for an overseas assignment.

Access Department of Defense policies from the Defense Technology Information Center at [www.dtic.mil/dtic](http://www.dtic.mil/dtic).

### Summary

This chapter provided an introductory overview of the EFMP to include federal laws and policies that impact services for individuals with special needs. [Chapter 2](#) will discuss the EFMP and the support role of the EFMP provider.





## 2 : Family Support: Managing the Program and Understanding Your Role

This chapter focuses on the fundamental building blocks of family support within the **Exceptional Family Member Program (EFMP)**. It provides an overview of program development and marketing, as well as the role of the provider in the family support function of the EFMP.

### Exceptional Family Member Program Family Support Program Development

Family support services provide information and referrals for families as well as non-clinical case management services. It is important to understand the various driving forces and major influences that impact your organization and the planning process. The specific needs of your installation population will further define the services and supports your program should provide.

#### Roles and Responsibilities

Provision of family support services is varied and involves a number of functions and activities. As you provide family support services, you may find your role and responsibilities are divided between program implementation, program development, community outreach, and family support:

##### Program Implementation

- provide overall program administration, resourcing, reporting, and outreach
- brief family readiness staff and others upon request
- represent the EFMP at installation coordinating committees
- manage records in accordance with **Department of Defense (DoD)** and service regulation
- forward records to the appropriate EFMP personnel when transitions occur
- collect and analyze data for planning, reporting, and program improvement
- ensure all designated reports are submitted to **Service Headquarters** as required

##### Program Development

- remain informed regarding recent research and policies
- monitor, evaluate, and enhance program services to meet the needs of families

##### Community Outreach

- develop partnerships with military and civilian agencies and offices (local, state, and national)
- improve program awareness
- provide information updates to families
- host and/or participate in EFMP family events

##### Family Support

- implement policies, procedures, and practices that connect families to support services
- partner with families to increase **resilience**, develop **self-advocacy** skills, and improve their ability to navigate systems effectively
- provide families with current information and assist families in connecting to resources

### Installation Demographics

The demographics of an installation have a direct impact on the level and types of support needed. Improve effectiveness by becoming familiar with the following on your installation:

- average rank/rate or age of active duty personnel
- number of Reservists in your local community
- percentage of active duty service members who are deployed
- number of residents on and off the installation
- approximate number of other DoD members located in the area who are eligible for installation services
- groups that may require additional assistance
- multi-cultural families
- dual-military couples, working spouses, or single parent service members

### Reaching Families

While the EFMP is available across all Services, many families are unaware of the types of support EFMP may provide. Reach out to families by attending briefings, workshops, or events on and off of the installation. Newsletters and information on upcoming events can be quickly shared by using social media sites, such as **HOMEFRONTConnections**, or by building installation-specific distribution lists.

Protect confidentiality when sending email from a distribution list by ensuring contact information is kept hidden.

### Command and Installation Support

Sharing program information with installation or unit commanders, Family Centers, **military treatment facilities (MTF)**, and schools enhances opportunities to reach families. Service members are much more likely to participate in programs supported by their command or by those in leadership roles. Use the following strategies to reach service members directly at the unit level:

- provide short articles for unit newsletters or websites
- coordinate with **Family Readiness Officers (FRO)** or support organizations
- participate in family day events
- attend **deployment** and **reunion** briefs

### Supervision

The EFMP is a part of the **family readiness system**. Unless otherwise identified, the program falls under the supervision of the Family Center director. Do not hesitate to go to the director for help and guidance on issues concerning your program or regarding support for families.

### Collaboration and Partnerships

Working with others is often the most effective means of addressing complex needs. Helping families navigate military and civilian support systems requires close-working relationships with installation and community organizations.

Families with intensive needs may have multiple case managers. Work with these providers to clarify roles and responsibilities. This will allow you to avoid duplicating efforts while working efficiently with available resources.

Remain in regular contact to learn about service updates and share information about new EFMP offerings or supports. Follow up with a family that is referred to another program or service to verify that its needs are being met.

### Installation Committee Participation

You will have the opportunity to represent the EFMP and the needs of families at a variety of installation-wide meetings. Participation in these types of committees allows for greater coordination and collaboration in accessing quality support services. Participation also promotes creativity in problem-solving and allows participants to share ideas to overcome challenges.

### Program Awareness and Marketing

Ongoing marketing is an important aspect for the success of your program. The goal is three-fold: raise awareness of the program, identify family needs, and highlight available support services. This will result in an improved perception of the EFMP and an increase in enrollment.

### Quality of Life Reviews and Surveys

The DoD completes quadrennial **quality of life reviews**. These reviews generate recommendations for improvements and evaluate progress towards meeting previously identified goals. Completed reports provide information and data for further program planning.



The Family Center director is there to assist you. It is your responsibility to alert your director of any issues that may require his or her attention or action.

Promotional materials, such as eNewsletters, email, web postings, print materials, briefings, and presentations, are available for download on MilitaryHOMEFRONT at [www.militaryhomefront.dod.mil/sp/efmp/promotionalmaterials](http://www.militaryhomefront.dod.mil/sp/efmp/promotionalmaterials).

### Quality Assurance

A comprehensive **quality assurance (QA) plan** includes measurable outcomes that demonstrate that all program objectives are being met. It involves systematic monitoring and evaluation of families' access to, and the appropriateness of, care and services. It also monitors satisfaction with the services. A QA plan helps to identify concerns and provides an opportunity to improve care, service, and program performance. Reviews are conducted for all quality of life programs to ensure they are operating within existing regulations. Refer to your Family Center's QA plan for more information.

### FIGURE 2:1 — Key Messages for Family Support

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Use the following key messages as talking points:

1	We care about exceptional families and quality of life.
2	We listen, we care, we understand.
3	We are here to help you identify the services available to you.
4	We will connect you to resources and help you navigate the system.
5	We know the system. We can help.

### Summary

This chapter discussed program awareness, development, and your role as a provider in the EFMP family support function. [Chapter 3](#) provides information on effective strategies and techniques that can improve the family support function.

## 3 : Fundamentals of Working with Families

This chapter discusses effective strategies for supporting families and specific techniques for maintaining positive relationships between service providers and families. It also addresses challenges you may encounter while working with families.

### Building Rapport

Building rapport is a critical step in creating successful interactions with military families and developing a relationship based upon trust and mutual respect. Convey genuine warmth and respectful interest to the family seeking assistance. A sound foundation with families will result in more positive interactions and a more effective service delivery.

### Hallmarks of the Helping Professional

Establish an atmosphere that is welcoming and puts families at ease. Have an inviting and comfortable place to meet families that also offers privacy to protect confidentiality.

When meeting with families, be sure to maintain the positive traits of the helping professional as identified in Figure 3:1.

It is always advisable to meet with family members in a private space.

FIGURE 3:1 — Attributes of the Helping Professional



### Communication Skills

Verbal and non-verbal communication sets the tone for every interaction and is an essential piece of building rapport. This section outlines the use of positive verbal and non-verbal communication skills when working with families.

#### Active Listening

Regardless of the audience, **active listening** is critical for successful communication. Consider the following active listening tips when working with families:

- **Prepare to be completely focused on the family or individual.** Turn off your cell phone and computer monitor. Each family member needs to know he or she is valued and that each meeting is important to you. You will have difficulty expressing your sincerity if you are distracted by your surroundings.
- **Observe non-verbal behavior and body language.** Body language can indicate what someone is feeling or thinking.
- **Listen for and use vocal cues.** Vocal cues include such things as pitch, tone, speed of speaking, and volume. Each influences perceptions. For example, listeners tend to perceive speakers who have variety in their pitch as having a more positive personality and speakers who have more consistent low pitches as being more dominant. Signal cues such as "mm-hmmm," "uh-huh," "ah," "umm," and brief comments such as "oh," "I see," and "yes," encourage people to continue speaking.
- **Mirror statements.** Mirroring refers to rephrasing ideas in similar words and then repeating them back. Mirroring statements include "What I hear you saying is..." or "You would like to..."
- **Ask open ended questions.** Try to ask questions that require more than a one-word answer. For example, "What information have you already gathered?" garners a more in-depth response than, "Have you gathered information?"
- **Validate responses.** When a family member shares an opinion or comment, offer encouragement and support.

#### Body Positioning

The position of a person's body during an interaction can indicate the person's level of comfort and emotional state. It is a form of non-verbal communication to consider when speaking with families.

- **Body orientation.** This refers to the degree to which the shoulders and legs are turned toward or away from another person. Facing an individual conveys empathy and interest. Turning away from a person indicates a sense of separation.
- **Body positions.** Use open body positions when working with families. Open body positions include elbows away from the body, hands not touching, and uncrossed legs. Crossed arms would be an example of a closed body position. An individual's body position can be an indicator of comfort level or feelings about the interaction.

You should not use pet names like sweetie, honey, dear, etc., when working with families. Address individuals using their given name.

- **Gestures.** The motion of the hands or body express a lot about a person's thoughts and feelings. Self-conscious or nervous behaviors include fidgeting, touching hair, and nail biting. Drumming fingers conveys that the listener is bored or losing patience, while still hands convey warmth and interest.
- **Head movements.** Frequent head nods encourage an individual to share more and suggest that you are empathetic and understanding.

**FIGURE 3:2 — Positive/Negative Approaches to Communication**

The following table provides examples of positive and negative communication techniques to consider while meeting with families.

Preferred Communication Approaches	Non-Productive Communication Approaches
■ asking open-ended questions	■ asking questions requiring a one-word answer
■ probing for more information and problem solving together	■ not attempting to gather more details or disregarding the thoughts and opinions of family member
■ making eye contact, leaning toward the other person, giving full attention	■ being distracted or using other body language that suggests lack of interest or attention
■ showing empathy, validating the other person's feelings, displaying empathy or using phrases such as "This must be hard for you"; "Sounds like you are puzzled about what's going on"; or "It's difficult to talk about"	■ using inappropriate feeling phrases such as "You shouldn't think that"; "That's silly"; "Come on, it's not that bad"; "I didn't see it, so it's hard for me to believe it"; or "Just buck up and you'll be fine"
■ active listening	■ interrupting
■ withholding judgment	■ lecturing or moralizing
■ using "Yes...and" statements	■ using "Yes...but" statements
■ normalizing the experience by using statements like "What you're experiencing is not uncommon"; "You are not alone in your experience"; "I had a very similar experience"	■ monopolizing conversation by sharing personal experiences

### Professional Boundaries

**Professional boundaries** establish the tone of your relationship with a family receiving services and improve credibility. It allows for safe and appropriate interactions between providers and the families they support. Professional boundaries include scheduling appointments within reasonable working hours, limiting the length of meetings, minimizing self-disclosure, and having your personal space respected. Consult your supervisor if you have questions regarding the maintenance of professional relationships, as failing to maintain professional boundaries can lead to disciplinary action, dismissal, or legal action, and may damage program credibility.

### Challenging Situations

While the majority of interactions with families will be positive, there may be times when interactions may become difficult. Always be aware of your personal safety while working with families.

Set limits for what behaviors you are willing to tolerate. If an individual becomes increasingly agitated, consider using the following de-escalation strategies:

- Make eye contact and suspend other activities. Let the person know he or she has your attention.
- Validate each person's feelings. Try to understand their concerns and demonstrate empathy.
- Discuss concerns using facts, not feelings. Try to capture any differences in perspective.
- Speak softly and respectfully. Lowering your volume often influences the other person to mirror your actions and speak more softly.
- Let the individual know that you want to help solve the problem or issue. Be clear. For example, you can say, "Let's work together to solve this issue," "I want to help you work this out," or "Let's see if we can find a solution."
- Keep the focus on problem solving.

If your attempts to de-escalate the situation fail, or if you feel threatened at any time during the interaction, it is appropriate to end the meeting. Do so in a respectful manner and suggest rescheduling the meeting for a later time.

Familiarize yourself with your Family Center's safety **standard operating procedures (SOP)** and consult your supervisor if you have any questions or concerns.

### Self-Disclosure

**Self-disclosure** is the intentional or unintentional sharing of personal information. When introduced appropriately, self-disclosure can play an important role in developing credible relationships with families.

Some individuals have varying comfort levels regarding physical contact. Simple touches meant to convey sympathy or empathy (e.g., a hand on the back or patting someone's arm) may not be appropriate for this situation. Minimize unnecessary physical contact with families to avoid adding stress to the meeting.



Unintentional self-disclosure could be as simple as leaving a photo of your special needs family member on your desk. Intentional disclosure could involve sharing personal experiences regarding other programs or sharing information about your own family. Before sharing personal information consider your motives: is this information beneficial to the family receiving services, or is it meeting a personal need of your own?

### Compassion Fatigue

**Compassion fatigue** is a form of burn out. It manifests itself as physical, emotional, or spiritual exhaustion and can be a consequence of being a support provider or a caretaker. In this situation, providers often find it difficult to maintain a healthy balance between their personal needs and their dedication in caring for others. Educate yourself and the families you consult about the signs of compassion fatigue. Seek professional help if you begin to feel overwhelmed and encourage overwhelmed families to do the same. Connect them with support groups in the local community. Although symptoms may vary, the red flags noted in Figure 3:3 may be indicators of compassion fatigue.

**FIGURE 3:3 — Symptoms of Compassion Fatigue**

anger	hopelessness
blaming habits	inability to maintain balance of empathy and objectivity
chronic lateness	increased irritability
depression	decreased ability to feel joy
diminished sense of personal accomplishment	low self-esteem
physical ailments	abuse of drugs, alcohol, or food
high self-expectations	

Consider the following to prevent and alleviate compassion fatigue:

- Be aware of and accept the limitations of the family, your job, and yourself to solve serious problems.
- Develop relationships with others who provide similar types of services to create outlets for relieving stress.
- Set priorities by organizing daily tasks and responsibilities.

## Fundamentals of Working with Families

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- Take small breaks during the day.
- Remind yourself that your role is to provide support and not to solve every problem.
- Be honest with yourself. Ask for help or take a break when you are not in a position to provide effective support.

### Gift Giving and Receiving

Government employees must adhere to certain standards of conduct and ethics. You cannot accept gifts beyond simple cards or thank-you notes from families you serve. Giving or receiving gifts can negatively affect relationships and blur professional boundaries. Consult your supervisor or installation SOP regarding restrictions on gift giving and receiving.

DoDD 5500.07 contains the standards of conduct and ethics guidelines for government employees.

### Dual or Overlapping Relationships

**Dual relationships** exist when you hold a secondary significant relationship with one of the families you serve (e.g., an authority relationship, such as a supervisor, or an emotional relationship, such as a relative or friend). Dual relationships present an inherent risk of power imbalance in the relationship, which can damage a family's trust or comfort level with you.

**Overlapping relationships** exist when a provider has contact but no significant secondary relationship with the family. These often exist in small communities, such as churches, the service member's unit, schools, fitness centers, the **military treatment facility (MTF)**, or within military housing.

Avoiding dual or overlapping relationships may not always be possible. Assess each situation on a case-by-case basis to determine whether the relationship will affect your ability to provide objective services. Consult your supervisor if questions arise.

### Service Accessibility

Make every effort to identify and implement strategies that foster positive relationships with all families. For example, some may speak English as a second language; others may have religious or cultural beliefs that affect their participation in the process. Individuals with visual or hearing impairments may need accommodations to facilitate effective communication. Whatever the issue, remain non-judgmental and avoid making assumptions.



Maintain objectivity regardless of age, education, gender, rank, ability, temperament, and ethnicity. Provide the same quality support and services to all families.

## Language

When a family member speaks another language, it may be necessary to locate an interpreter. With the individual’s permission, attempt to identify a coworker who may be proficient in that language. If an outside interpreter is used, he or she must sign a privacy statement. Be sure to include your actions in the case notes along with the interpreter’s contact information. A sample of a privacy statement is provided in the Appendix.

## Visual and Hearing Impairment

Plan ahead for a family member who has a visual or hearing impairment that may influence meeting effectiveness. The **Department of Defense (DoD) Computer/Electronics Accommodations Program (CAP)** is a reasonable accommodation program for DoD employees and wounded service members with disabilities. CAP also supports DoD programs serving deaf, hearing, or visually impaired individuals by providing face-to-face communication tools. Contact a program consultant if you are serving a family member who is deaf, hearing, or visually impaired. The equipment they provide is free of charge, but must remain in the center for all programs to use.

## Overcoming Stigma

The DoD is structured to encourage service members to be self-sufficient and capable of managing the welfare of their families and fellow troops. Some service members may view seeking help as a sign of weakness, and some may avoid seeking help for fear that doing so could negatively affect their careers. While the military has made great strides in reducing this stigma, the fear may still hinder some service members and their families from seeking support services. Building trust allows families to access needed services, gain control over their own lives, build resiliency, and support the military mission.

## Empowering Families

One of your primary responsibilities is empowering families to interact with support agencies. Families should become familiar with advocacy, entitlements, military benefits, respite care, and available resources. Figure 3:4 lists techniques that you can use to help empower families. *The DoD Special Needs Parent Tool Kit* is designed to help families build advocacy skills. *The Facilitator’s Guide to the DoD Special Needs Parent Tool Kit* is a resource for you to teach parents these skills. These resources can be accessed through MilitaryHOMEFRONT. Families can also order hard copies of the *DoD Special Needs Parent Tool Kit* from **Military OneSource**.

**FIGURE 3:4 — Tips for Empowering Families**

Acknowledge that the situation is difficult.	Discuss their options.
Identify the family’s strengths and accomplishments.	Facilitate decisions and help formulate a plan.
Remind them that they are not alone.	Follow up after a reasonable time period.

See [Chapter 2](#) for information on the provision of family support services.

### Resilience

**Resilience** is the ability to withstand, overcome, and adapt to an immediate crisis or an ongoing challenge in positive ways. It means that the individual is able to recover and grow stronger from the experience. These challenges can vary in degree and frequency — some are discrete events, while others are continuous. Everyone responds to challenges and stressors differently.

Families may be so overwhelmed at the thought of navigating the vast network of services that they lose sight of their own strengths. Resilient families understand the critical role each family member plays in promoting health and happiness. Work with family members to identify core strengths and build upon them to improve resiliency.

As a provider, you assist families who feel they are facing insurmountable challenges as well as those facing minor stressors. Provide appropriate information to help each family make informed choices and navigate the systems that improve quality of life. These actions provide families the tools to resolve issues in the future.

### Cultural Competency

Many service members and military families have varied cultural and ethnic backgrounds. To provide quality services, it is important to be sensitive to cultural norms. **Cultural competency** is a highly valued skill that will enable you to connect with, respond to, and interact effectively with families.

**FIGURE 3:5 — Applying Cultural Competency**

Examples of Cultural Competency	Ways to Develop Cultural Competency
<ul style="list-style-type: none"><li>■ being aware of your values, stereotypes, and biases regarding your own and others' ethnicity and social class</li></ul>	<ul style="list-style-type: none"><li>■ interacting and developing relationships with people of different cultural backgrounds</li></ul>
<ul style="list-style-type: none"><li>■ acknowledging culture as a significant force in shaping people's behaviors, beliefs, and values</li></ul>	<ul style="list-style-type: none"><li>■ talking with supervisors and coworkers to learn from their experiences</li></ul>
<ul style="list-style-type: none"><li>■ accepting that cultural differences exist and have an impact on interactions among people</li></ul>	<ul style="list-style-type: none"><li>■ attending and participating in a variety of cultural events</li></ul>
<ul style="list-style-type: none"><li>■ understanding other cultures and developing skills to effectively communicate with diverse groups respecting the unique, culturally-defined needs and behaviors of various populations</li></ul>	<ul style="list-style-type: none"><li>■ reading materials on cultural competence</li></ul>
<ul style="list-style-type: none"><li>■ demonstrating an appreciation that diversity enriches our world</li></ul>	<ul style="list-style-type: none"><li>■ attending training sessions that focus on cultural competence</li></ul>
<ul style="list-style-type: none"><li>■ believing that diversity within cultures is as important as diversity between cultures</li></ul>	

### Military Culture

Within the military community, each Service also has its own culture. You will find that each Service has its own language, customs, traditions, uniforms, and rank insignias. It is important to understand these differences. For example, the rank of Captain in the Navy is an 0–6 in grade, whereas a Captain in the Marine Corps and the Air Force is an 0–3 in grade. Seek resources through your Family Center to learn more about the military culture and attend courses for civilian employees if available on your installation.

It is also important to familiarize yourself with the various programs and services available to military families. Take time to learn about the services offered through your installation's Family Center and about other services provided at the installation such as the commissary, DoD school programs, religious programs, spouse organizations, and housing.

### Essentials in the Military Culture

**Mission.** The **mission** of each Service and installation drives its decision-making processes. Family Center programs are designed to contribute positively to the mission and support **personnel readiness**. This allows service members to focus on mission obligations without having to worry about the welfare of the member's family.

**Chain of Command.** All of the Services use a **chain of command** to communicate. This is a formal system in which authority passes down from the top through a series of executive positions or **military ranks** to disseminate information and to make decisions. Each member of the chain of command is accountable to the member directly above him or her in the chain. This long-established process maintains a flow of communication and ensures that all relevant individuals are aware of key decisions and actions taken.

### Summary

This chapter covered fundamental information on how to work with families within the military community. It addressed rapport building and cultural competency. [Chapter 4](#) will provide more detailed information on assessment, service plans, and supporting documentation.



## 4 : Documentation and Non-Clinical Case Management

**T**his chapter includes information on the provision of case management services. It also addresses the process of providing services, documenting those services, and protecting the privacy of records.

### Overview of the Continuum of Support

Individual and family needs exist on a continuum. Most families will require only information and referral to appropriate programs or services. Other families will need support while obtaining additional information and accessing programs or services. The more involved the needs of the family, the more direct support and assistance the family will need while navigating multiple systems coordination and service planning.

### Information and Referral

Your primary role in providing services is to gather and maintain resource information, supply descriptive information about agencies or organizations which offer needed services, and link families to the appropriate resource provider.

Information and referral means any of the following:

- helping families determine which community resources are appropriate to meet their needs
- assisting families in effectively accessing identified resources, services, and programs
- offering relevant information
- following up to verify the family has connected with support services
- gathering feedback from families on resource effectiveness

Non-clinical case management involves the provision of information and referrals to families and the individuals who assist them in making informed decisions and navigating resources. The goal of non-clinical case management is to improve the family's quality of life. This does not involve coordination and follow-up of medical treatments.

### Assessment

Assessing the needs of the individual and the family is the first step in supporting families. Doing so establishes the nature and extent of support the family will require.

The assessment process will also help you consider the family holistically. Be sure to explore family's needs and the individual's current medical, physical, psychological, and social condition. The assessment takes into account the family's resources and strengths, including **formal and informal supports**, which can be used to inform service planning. A sample **needs assessment** form is included in the appendix.

During the assessment, identify the following:

- reason family is requesting support
- family member's likes/dislikes and strengths/challenges
- concerns for the future

- activities that keep the family involved and functional
- needs that are important to the family
- what is and is not working for the family
- support and services currently provided
- ways to increase independence of the individual and the overall well-being of the family

### Services Plans

The **National Defense Authorization Act (NDAA)** for Fiscal Year 2010 directed the **Department of Defense (DoD)** to establish “requirements regarding the development and continuous updating of an individualized services plan (medical and educational) for each military family with special needs.” The NDAA also required “record keeping, reporting, and continuous monitoring of available resources and family needs under the individualized services support plans for military families with special needs.”

Families and individuals who actively develop and endorse their own plan will be more motivated to be involved in advocating for their needs and guiding changes in their lives. The goal is to foster independence. Providing the necessary tools can help families reach desired goals without extensive support and therefore enhance their quality of life.

**Services Plan** implementation occurs across military and civilian systems to verify that needs in all **life domains** are addressed. If the family allows, the process can include more than just immediate family members. Encourage all interested family members to participate in the plan development. Teachers, counselors, and therapists can also be useful resources. Depending on the needs of the family, the process may take several appointments to gather all necessary information.

An example of the Services Plan is included in the Appendix.

The Services Plan form includes the following key information:

- services a family member is already receiving
- names of family members or service providers who are involved in the development of the Services Plan
- desired goals, including services or information the family is requesting
- strategies or outlined steps to achieving desired goals
- relevant points of contact
- agreed-upon frequency of follow up contact
- dates and a brief description of services that the family has received



The Services Plan should be updated and revised whenever the needs of the family change. The plan should only be closed when the service member separates from the military, when the family requests it to be closed, or when the family meets criteria for unresponsiveness.



The Services Plan documents and tracks progress the family makes towards meeting its goals. It acts as a reference point in locating support services. The Services Plan allows for the continuity of services during the relocation process by providing a record for the gaining installation Exceptional Family Member Program (EFMP). The record describes the family's necessary services and supports.

The most effective plan will meet its service goals and identify resources and information for the family. Document follow-up contact with the family to establish whether or not the family feels its needs were met. Regularly refer to your case notes to document and track progress towards meeting the goals of the Services Plan.

### Case Notes

Documenting all contact with the family or other service providers listed in the family's file allows for continuity of care in the event that a family's case is transferred to another staff member or the family's relocation to another installation. A sample **case note** form is included in the Appendix.

Case notes should include the following information:

- date, time, and form of contact
- reason for the contact and, if applicable, the Services Plan goal
- status of issues (i.e., ongoing or resolved)
- steps taken or to be taken by you or the family
- required follow up

Keeping accurate and timely case notes will assist in the following:

- monitoring and coordinating information and referral and non-clinical case management services
- tracking the flow of events and outcome
- tracking follow-up with the family and other programs
- verifying provision of services
- maintaining focus on goals
- evaluating the effectiveness of recommended services
- identifying emerging or changing needs
- evaluating effectiveness of the Services Plan
- tracking time and the level of service you are providing

### FIGURE 4:1 — Case Note Tips

Set aside time daily to write your case notes.	Be clear, objective, and factual.
Annotate items that still need to be accomplished and follow through.	Review case notes for clarity.
Use positive, unbiased language.	Remember that others will read your case notes.

### Privacy and Disclosure

The **Privacy Act of 1974** safeguards individuals against the invasion of personal privacy and allows individuals access to relevant government records. Personal information shared by families will be kept private. Unless you have a signed consent form from the individual or the legal guardian, information should only be disclosed on a “need to know” basis and in compliance with installation policies and **standard operating procedures (SOP)**. Families should be aware that situations involving domestic abuse, known or suspected child abuse and neglect, thoughts of harm to self or others, and illegal activity must be reported. Check with your supervisor regarding the reporting process for your installation.

In explaining the Privacy Act to families, you must make clear under which circumstances reporting is mandatory. For further guidance on Privacy Act issues, consult your supervisor.

### Family Advocacy Program

The **Family Advocacy Program (FAP)** provides clinical assessment, treatment, and assistance for service members and their families involved in incidents of domestic and child abuse. The primary goals of FAP are prevention, victim safety and support, and rehabilitative interventions. FAP staff works in conjunction with military command, military and civilian law enforcement, medical staff, Family Center personnel, chaplains, and civilian agencies to provide the tools families need to develop healthier relationships at home.

### Records Management

Proper management of records includes protecting family records and ensuring confidentiality. Consider the following guidelines when maintaining installation records.

#### Paper Records

- Paper records should not be carried off-site unless absolutely necessary and then only with the permission of your supervisor or from the Family Center director for official business use.
- Records should be stored in a secured environment when not in use. They should not be left unattended in a public environment.
- Ensure the record is not in open view and that the content cannot be read by others.

#### Computer and Electronic Records

- Never leave a computer or electronic record unattended in a public environment.
- Computer access should always be password protected.
- Regularly change passwords to EFMP case files.
- Position computer monitors for privacy.
- Remove your **Common Access Card (CAC)** when you leave your computer.

### Internal Case Review

The family file contains invaluable information that demonstrates the progress the family has made while participating in the EFMP. Internal case reviews provide an opportunity to assess what has and has not worked for the family. Reviewing records internally ensures that all information is current, that the needs of the family are being met, and that new services are considered when appropriate. Internal case reviews should be conducted by the losing EFMP prior to relocation, by the gaining EFMP upon arrival, and at regularly scheduled intervals for families who receive continuing support services.

### Record Transfers

Coordination of services for the relocating family is imperative. A warm hand-off and proper transfer of records help to minimize interruption to the family's continuum of services during relocation. Your Service Headquarters provides guidance regarding the transfer of records when a family relocates.

Provide a warm hand-off when working with families by helping them identify needed supports or services and facilitating the initial contact or meeting with the next program.

### Summary

This chapter provided information on the provision of non-clinical case management services, including assessment, services planning, and documentation. This chapter also covered records management, review, and transfer. [Chapter 5](#) discusses the legal issues that can impact families who are caring for an individual with special needs.



## 5 : Legal Issues

**T**his chapter provides basic information regarding legal issues. Familiarize yourself with these issues and consult the installation **Legal Assistance Office** for additional information.

**PLEASE BE ADVISED** that the information in this chapter is not intended as legal advice. Laws change, and we cannot guarantee the timeliness of information presented. If you have any questions about how the law applies to a specific situation, consult your Legal Assistance Office.

### Installation Legal Office

Your installation Legal Assistance Office provides a wide range of services subject to availability of resources and the expertise of the Legal Assistance attorneys. Specific services vary by Service and from installation to installation. Contact your Legal Assistance Office on your installation for advice, information, or referral regarding the following topics:

- Wills, Testamentary Trusts, Advance Medical Directives, Living Wills, and estate planning
- domestic relations to include divorce, legal separation, marriage annulments, child custody, and paternity cases
- adoption and legal name changes
- notarization of documents
- financial nonsupport and indebtedness issues
- immigration and naturalization issues
- basic tax advice and assistance on federal, state, and local taxes
- landlord-tenant contracts and lease reviews
- civil suits, to include preparation of legal correspondence, documents, and, in limited cases, preparation of pleadings
- service members' rights and responsibilities under the Servicemembers Civil Relief Act
- general advice on misdemeanor criminal matters or traffic offenses

### Family Care Plans

A **family care plan** is a mandatory document that outlines care for family members in the absence of the service member due to mission requirements, such as deployment or training. The plan describes the legal, medical, logistical, educational, monetary, and religious arrangements for family member's care and includes certain legal documents (e.g., a Power of Attorney or a Will). Refer to DODI 1342.19 for additional information regarding family care plans.

Family care plans are required for all service members who are:

- single parents
- dual-member couples with dependents
- married service members with custody or joint custody of a child whose non-biological or adoptive parent is not the current spouse of the service member
- service members who are primarily responsible for dependent family members

Each Service has their own regulations regarding family care plans. Family care plans are particularly important for those families with special needs.

### Letter of Intent

Although not legally binding, a **letter of intent** allows family members to provide written instruction to the person caring and making decisions for the individual with special needs. These letters become critically important in the absence, incapacitation, or death of family members who usually provide that care. Guardians may appreciate your help in constructing a letter of intent. The letter can include relevant background information for the person with the disability, medical information, and educational needs, as well as more informal information such as favorite activities, foods, and friends. It can also address any plans a family has made for future living arrangements.

### Estate Planning

**Estate planning** is the strategy used to direct property to the appropriate beneficiaries, diminish tax liability and other costs, and to arrange for property management and disposition in the event of physical disability, mental disability, or death. Families can arrange for estate planning by using a combination of legal instruments and documents.

### Will

A **Will** is the most significant instrument used in estate planning. If a person dies without a properly executed Will, a probate or trial court will appoint an administrator of the estate and require distribution of property in accordance with state laws.

A Will is indispensable in estate planning, as it provides control over what happens to the person's children and property. A Will allows the person to nominate a legal guardian for his or her minor children and to name an executor to handle the distribution of the estate to designated beneficiaries. The requirements for a legally valid Will vary from state to state. The testator, or person making the Will, must take the formal, legal step of executing the Will after it has been drafted.

You should encourage families to consult an attorney to ensure that a Will is executed properly and in compliance with state laws. If the Will is not properly executed, it may not be honored by the probate court.

## Advance Health Care Directive

An Advance Health Care Directive provides instruction regarding health care should a person become unable to make decisions on his or her own. This directive can only be revoked by a court. The most common types of Advance Health Care Directives are Powers of Attorney for Health Care and Living Wills.

## Power of Attorney for Health Care

A **Power of Attorney for Health Care** is a written legal document through which a person with capacity names another individual to make health care decisions on his or her behalf. The named person must follow any instructions or wishes expressed by the individual. The named person must also take the individual's personal values into consideration when making decisions. Any decisions made by the individual with Power of Attorney for Health Care take precedence over those of a guardian unless the court orders otherwise.

## Living Will

A **Living Will** is a set of written instructions that explain a person's wishes regarding end-of-life decisions in the event that person becomes terminally ill and unable to communicate with his or her doctor.

## Survivor Benefit Plan

Surviving spouses and/or children of retirees may be entitled to **Survivor Benefit Plan (SBP)** payments. SBP payments are equal to 55 percent of what a member's retirement pay would have been had he or she retired at 100 percent disability. SBP payments are annuities typically distributed to the surviving spouse. If the spouse is deceased, the annuities are equally divided amongst the children.

SBP annuities can be problematic for the disabled survivor. As they cannot be placed in a special needs trust, SBP annuities can impact public benefits eligibility (e.g., for Medicaid or Social Security Insurance). The beneficiary may be required to exhaust, or spend-down, these funds before he or she meets assistance criteria.

SBP payments are subject to federal income taxes. Persons receiving an SBP annuity may wish to visit their installation legal office for tax assistance.

Survivor Benefit Plan annuities can impact eligibility for some of the public benefits covered in [Chapter 9, Public Benefits](#). For more information on the SBP, visit [http://militarypay.defense.gov/survivor/sbp/01\\_overview.html](http://militarypay.defense.gov/survivor/sbp/01_overview.html).

## Special Needs Trusts

**Special Needs Trusts** are discretionary trusts created for people with disabilities for the purpose of supplementing public benefits. They allow a disabled individual to continue to receive **Supplemental Security Income (SSI)**, **Medicaid**, and assistance from other public programs while benefiting from trust fund money.

SSI is designed to pay for food, clothing, and shelter. Medicaid makes it possible for qualified individuals to get the medical care they need.

Special Needs Trusts can be used to pay for all other needs identified in the trust document. Many families use this arrangement to provide for non-covered equipment, a personal attendant, or recreational activities.

The installation Legal Assistance Office or **Military OneSource** can provide a list of attorneys who are qualified to handle Special Needs Trusts.

### Guardianship and Conservatorship for Incapacitated Adults

Establishing a guardianship and/or conservatorship can be a critical part of estate planning. There is a presumption that adults have the capacity to manage their own personal and financial affairs. When this is not the case, most states allow for the adult's decisions to be made by a guardian or conservator.

Guardianships and conservatorships are intended to protect and offer ongoing care for individuals unable to make or communicate responsible decisions. An illness or disability alone is not sufficient reason for guardianship or conservatorship. Individuals that have executed necessary documents while still capable may not require a guardian or conservator. Guardianship or conservatorship will be imposed only if the person is determined by a court to be incapacitated.

Although the definition of incapacity varies from state to state, it is generally specified that the person must be unable to make or communicate responsible decisions regarding his or her own person or property. In some states, an incapacitated person is defined as a person who is impaired by reason of mental illness, intellectual disability, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause. This impairment must be to the extent that he or she lacks sufficient understanding or capacity to make or communicate reasonable decisions concerning his or herself or property.

A guardian makes decisions about the incapacitated person's life and well being. If a conservator is not appointed, a guardian may have limited authority over the person's money and property. If the person owns real estate or has a substantial amount of money or property, the probate judge will generally appoint a conservator to make decisions regarding money and property. The same person can be both guardian and conservator or there may be a different person for each responsibility.

Depending on the circumstances, a guardianship or conservatorship may be defined as full, limited, partial, or temporary. A guardianship or conservatorship defined as limited or partial restricts the powers of the guardian or conservator and allow the individual to retain more rights and freedom.

Obtaining guardianship or conservatorship is a very serious step that extensively restricts an individual's rights and freedom. It should be considered only after all other reasonable alternatives have been explored and exhausted.

#### Guardian Defined

A **guardian** is a person appointed by the court to make decisions on behalf of an individual the court has found to be incapacitated. The guardian has decision-making authority for all aspects of a person's life except those specifically excluded by other laws or the guardianship order.

#### The Duties and Powers of a Guardian

In many states, unless modified by the court, a guardian has most of the powers and duties that a parent has toward a minor child. The guardian, however, does not have to personally provide for the person and is not liable to third parties for acts of the person solely based on the guardianship relationship.

Guardianship or conservatorship may not be necessary if the individual executed necessary documents such as a Living Will, a Power of Attorney for Health Care, a Durable Financial Power of Attorney, or a living trust while he or she had capacity.



Although duties and responsibilities vary from state to state, there are some commonalities:

- The guardian has custody of the individual and can decide where the incapacitated person will live, either in or out of state.
- The guardian can put the incapacitated person in a hospital, nursing home, boarding home, or other institution. The guardian is not allowed to commit the incapacitated person against his or her will to a mental health institution without going through the formal legal procedure for involuntary commitment.
- The guardian must see to the care, comfort, and maintenance of the incapacitated person and, where appropriate, arrange for training and education.
- The guardian must take care of clothing, furniture, vehicles, and other personal effects and commence protective proceedings if other property is in need of protection.
- The guardian does not have authority over the minor children of the incapacitated person unless the guardian files a separate petition to be appointed as the guardian of the person's minor children and is awarded the additional guardianship.

Chapter 10, *Relocation*, provides information on relocating when a guardianship or conservatorship is in place.

## Conservator Defined

A **conservator**, also called a *guardian of the estate*, is an individual, corporation, or state agency appointed by the court to protect and manage the estate of a person the court has found to be incapacitated or otherwise unable to effectively manage the estate. A conservator will generally be appointed if the individual owns real estate or has a substantial amount of money or property. In some states, the judge must also determine that the individual has property that will be wasted if not appropriately managed or that funds need to be managed for the care, support, and welfare of another person supported by the individual.

## The Duties and Powers of a Conservator

The conservator is not legally obligated to use his or her own money or property for the care and support of the protected person.

Although duties and responsibilities vary from state to state, there are some commonalities:

- The conservator is usually required to use income and assets for the reasonable care and support of the protected person.
- The conservator is usually responsible for the accounting of those funds.
- The conservator may be required to spend money for the care and support of the protected person's dependents and/or for members of the protected person's household who are not legally dependent but are unable to support themselves and who are in need of support.
- The conservator is usually required to manage and invest excess property and money of the protected person so as to provide a reasonable return; thus the conservator can usually make investments, buy and sell property, and borrow money on behalf of the protected person.

- The conservator is usually empowered to employ people, including lawyers, accountants, and investment advisors, to assist the conservator in his or her duties and pay for those services from the protected person's funds.
- The conservator is usually required by the court to provide an inventory of the estate of the protected person within a certain time of his or her appointment.

### The Legal Process of Obtaining Guardianship or Conservatorship

Determining incapacity and obtaining guardianship or conservatorship is accomplished through the court system. The proposed or protected person has the right to attend the hearing, to have legal representation, to see and hear all of the evidence regarding his or her condition, and to present evidence or cross-examine witnesses. The court may appoint an attorney if the individual contests any part of the proceeding or seeks to limit the power of the proposed guardian or conservator.

The incapacitated person should be encouraged to attend the incapacitation hearing and be involved to the fullest extent possible.

During the hearing, a judge determines if a person meets criteria for incapacitation. At the end of the incapacitation hearing, the judge may enter a decision and name a guardian and/or conservator. The judge may also choose to review the evidence and issue a decision later.

Every state has its own legal process for determining incapacity and appointing a guardian or conservator. The major procedural steps followed in most states are as follows:

1. A petition is filed with the appropriate court located in the county or district where the incapacitated person resides.
2. The court notifies the relatives of the incapacitated person that a petition has been filed.
3. The court appoints a court visitor/investigator and a guardian ad litem to represent the incapacitated person.
4. A hearing is held where the judge determines if the individual is incapacitated.
5. The court appoints a guardian and/or conservator or denies the request.

### Guardian ad Litem

In many states, the court can appoint a **guardian ad litem** for the allegedly incapacitated person. Guardian ad litem are usually lawyers appointed by the court to carry out an independent investigation of the facts and circumstances surrounding the issues for the best interest of the person. The guardian ad litem often interviews family members and other individuals who play an important role in the allegedly incapacitated person's life. The guardian ad litem generally visits the person's home to see his or her living environment and to ensure it is healthy.

The guardian is financially responsible for paying the legal fees for the guardian ad litem.

### Guardian ad Litem and Attorney Responsibilities

An appointed attorney is responsible for providing legal representation supporting the *wishes and position* of the proposed or protected person. An attorney litigates legal issues on behalf of that person. A guardian ad litem provides an objective assessment of all circumstances surrounding the requested appointment and advocates for the *best interest* of the allegedly incapacitated person. The guardian ad litem also makes recommendations to the court on behalf of the allegedly incapacitated person.

### Summary

This chapter provided an overview of the legal issues impacting families caring for individuals with special needs. It addressed the family care plan, letter of intent, estate planning, and guardianship and conservatorship. [Chapter 6](#) will discuss issues specific to children receiving early intervention or special education services.



## 6 : Early Intervention and Special Education

**T**his chapter provides an overview of the educational systems and services provided to children with special needs from birth through age twenty-one.

### Educational Programs and Services for Children

The **Individuals with Disabilities Education Act (IDEA)** is the federal law that governs how United States public agencies provide early intervention, special education, and related services to children with disabilities. It addresses the educational needs for children with disabilities from birth through age twenty-one. The requirements under the IDEA apply to all public schools in the United States and to all **Department of Defense (DoD)** schools.

Each state is responsible for developing IDEA policy for their early intervention and special education services. Copies of the policies and procedures are available through each state's Department of Education website. DoD Instruction 1342.12, "Provision of Early Intervention and Special Education Services to Eligible DoD Dependents," is the Department's implementing guidance for the provision of early intervention and special education services.

[Chapter 10, Relocation](#), provides additional information for relocating families with a child who has early intervention or special education services.

### Screening and Referral

**Child Find** is the on-going process used by states and the DoD to identify children and youth from birth through age twenty-one who may be eligible to receive early intervention, special education, and related services because they have a developmental delay or disability. Child Find is a coordinated effort involving public awareness activities and products, developmental screenings, and evaluations. Child Find is provided at no cost to families.

### Early Intervention Services

In 1986, Congress recognized the importance of getting help for young children with special needs and their families and amended The Education for All Handicapped Children Act of 1975. This amendment ensures that children with an eligible disability or developmental delay will not have to wait until they are school-aged to receive needed services and family supports. Today, Part C of the IDEA requires that all fifty states and jurisdictions, as well as the DoD, have a system of **Early Intervention Services (EIS)** for all children with disabilities from birth until they turn three years of age. This system supports the family's ability to function independently as they work to enhance their child's growth and development.

State systems use the term "Part C" when referring to EIS. "Part C" is the specific section of IDEA related to EIS. Each state has one agency, or lead agent, that is in charge of the early intervention system. The lead agent may be the state department of education, the health department, or another designated agency.

Usually, military families will receive EIS from state-based agencies. However, at military locations in the United States served by the **Department of Defense Dependent Education Activity (DoDEA)** schools, the military departments provide EIS through the **Educational and Developmental Intervention Services (EDIS)**. Overseas, the military departments provide EDIS EIS in assigned geographic areas of responsibility (e.g., the Navy is responsible for providing services to all eligible children in Japan and Okinawa). For specific information regarding EIS and EDIS visit **MilitaryHOMEFRONT** or contact your local military service EDIS program.

### Eligibility

In order to participate in EIS, children must meet EIS eligibility guidelines according to the IDEA. An infant and toddler up to the age of three years may be eligible for services if he or she meets the following criteria:

- The child has a diagnosed condition likely to result in a developmental delay.
- The child has a developmental delay in one or more of the following areas: adaptive/self help skills, social or emotional development, communication, physical development (including vision and hearing), or cognitive as measured by appropriate assessments, procedures, and criteria.
- The child is considered to be at high risk of developing a delay if EIS are not provided.

Because of state differences in the definition of developmental delay and lists of conditions that are likely to result in developmental delay, eligibility for EIS varies from state to state. Children who are eligible for services in one state may not be eligible in another state. Additionally, some states provide EIS for infants and toddlers who are at risk of developmental delay and their families. For information on the definition of disability under IDEA and eligibility criteria for early intervention in your state, contact your state's Part C coordinator.

The National Early Childhood Technical Assistance Center maintains information regarding each state's Part C services. For additional information and contacts, visit [www.nectac.org](http://www.nectac.org).

### Individualized Family Service Plan

When a child is found eligible for EIS, a multidisciplinary team including the parents and key service providers will meet to develop an **Individualized Family Service Plan (IFSP)**. This plan will identify current developmental levels, outcomes (or goals), and services and other supports that will assist the family and child to meet those outcomes.

The foundation of the IFSP is the idea that the family is the child's greatest resource and that a child's needs are closely tied to the needs of his or her family. It is important for the early intervention service providers and family to understand that the best way to meet a young child's needs is to support and build upon the strengths of the family. In this way, EIS aims to support the family's needs relative to their child's functioning within the day-to-day routines and activities and within their natural environment.

The IFSP will include the following:

- child's current level of development
- family resources, priorities, and concerns
- outcomes, or results, that are expected to be achieved
- a detailed description of agreed upon services that are needed to achieve the outcomes
- what service is needed, how often the service will be provided, how many sessions and how long each session will last, where the sessions will take place, how the service will be delivered (e.g. individual, consultation)

- a statement about the natural environment where the services will be provided
- name of the service coordinator who will help coordinate and obtain the services
- a transition plan for moving out of EIS as the child approaches age three

The IFSP is a family plan with the parents as key contributors in its development. The involvement of other EIS team members depends on what the child and family need to support the child's growth and development. Unless services cannot be provided satisfactorily in such settings, the EIS are to be provided in the child's natural environment including the child's home and the community settings in which children without disabilities participate. In this way, EIS empower families to become active participants in their child's development to improve the functional independence of their infants or toddlers. Families are to regularly review the IFSP with their child's EIS team to be sure that there is progress towards meeting IFSP outcomes and to revise or update the plan as needed.

IDEA mandates timely access to EIS. A child's IFSP should be developed within 45 days of the first contact with the EIS program. This means that the comprehensive evaluation is completed, the eligibility meeting is held, and the IFSP is developed within 45 calendar days.

### **Transition**

Usually six months before a child turns three, EIS will begin to discuss options for services that may be available for a child after his or her third birthday. For some children, EIS will be all that is needed and no further services or supports are necessary. Others may need continued services during their preschool years and beyond and will transition to school special education services (Part B). States differ in their EIS transition options so be sure to check state **Department of Education (DoE)** websites.

### **Special Education**

**Special education** is defined as specially designed instruction provided at no cost to the parent to meet the unique needs of a child with a disability ages three through twenty-one.

### **Referral**

A referral to the special education committee is the first formal step in the special education process. A parent, the child's teacher, another teacher, or a health care provider familiar with the child can initiate a referral if a lack of progress or signs of physical or behavioral challenges that interfere with learning is noticed. A referral is generally submitted in writing and most schools have a specific referral process.

After a referral is made, a special education committee meets to determine if the child needs a full and comprehensive evaluation. If the special education committee decides an evaluation is needed, the school will request the parent's written permission to evaluate the child. A child cannot be evaluated without parental consent. You can assist the family by determining if their local school has a special form for requesting an evaluation or by helping write the request for the evaluation using the sample template included in the [Appendix](#).

Within DoDEA, teams are referred to as **Case Study Committees (CSC)**. In the public school system the name for these teams will vary from state to state.

### Eligibility

Figure 6:1 lists the disability categories under which children from the age of three through twenty-one may be eligible for special education services as identified by the IDEA. For a child to be eligible, the disability must affect the child's educational performance.

States and DoD school systems define their own criteria to determine eligibility under IDEA. All DoD schools in the United States and overseas use the same eligibility criteria. State criteria can be found on individual State DoE websites.

**Figure 6:1 — Disability Categories Listed in the IDEA**

autism	orthopedic impairment
deaf-blindness	other health impairment
emotional disturbance	specific learning disability
developmental delay	speech or language impairment
hearing impairment (including deafness)	traumatic brain injury
intellectual disability	visual impairment (including blindness)
multiple disabilities	

Special education eligibility decisions are made by reviewing the disability criteria and the results of the child's evaluation. Parents are an integral part of the eligibility meeting. A written summary identifies testing results, the implications for programming, and the team's recommendations.

If a parent does not agree with the results of the evaluation, he or she may request the school undertake additional evaluations, include additional information as provided by the parents, delete disputed information from the record, or request an **Independent Educational Evaluation (IEE)**. A family that disagrees with the findings should consult the school system's policies for reviewing or mediating assessment decisions. You can assist families in crafting this request. A sample request for an IEE is provided in the [Appendix](#).

When a parent requests an Independent Educational Evaluation (IEE), the school system may either 1) agree to fund an IEE, or 2) initiate a Due Process hearing to demonstrate that its evaluation was appropriate.



### **Individualized Education Program**

An **Individualized Education Program (IEP)** is developed once the child is found eligible for special education services. The IEP is a written statement for a child with a disability describing a specially-designed education program.

The IEP articulates the details of the services and commits necessary resources as agreed upon by both parents and school personnel. All school systems use their own standardized form for the IEP. It is reviewed and updated annually and eligibility for services is reconsidered every three years in accordance with the IDEA. Additional information on the IEP can be found in the DoD Special Needs Parent Tool Kit.

### **Transition to Adulthood**

Between the ages of fourteen and sixteen, a child's IEP begins to address the process of transitioning out of the public school system. During transition planning, students and their families learn about community agencies and programs that provide services to individuals with disabilities after high school. Some of these adult services include job training and placement, housing assistance, and programs related to health care and independent living. Transition services should start by the time child turns sixteen and should be reviewed annually thereafter. No later than one year before the child reaches the age of majority under state law, the child should be advised of his or her IDEA rights that will be applicable upon reaching the age of majority.

If appropriate, the child should be involved in the transition planning. [Chapter 7](#), [Chapter 8](#), and [Chapter 9](#), provide additional transition information relevant to adults with special needs.



## Public School Structure

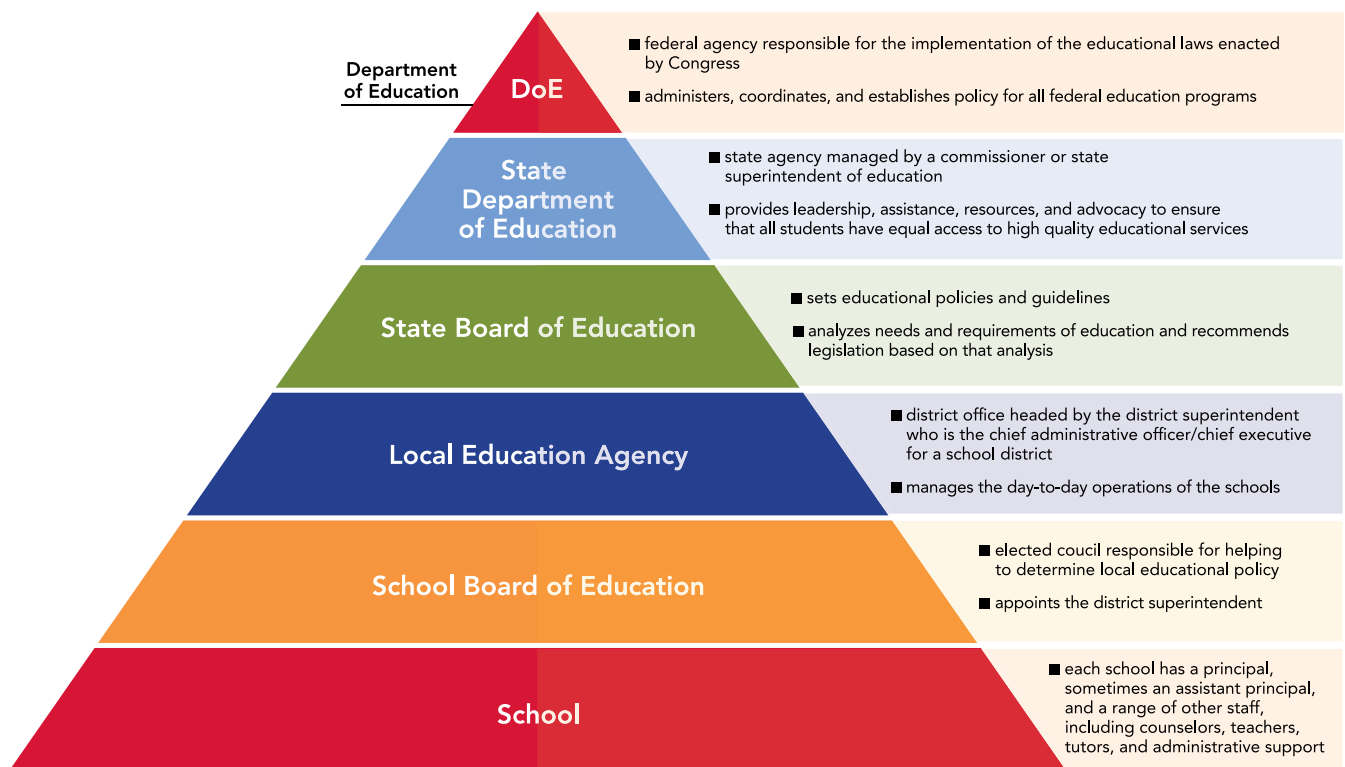
Each state places the responsibility of public education on its state department and board of education, including early childhood, K–12 secondary, higher education, and technical and community colleges.

Becoming familiar with the organizational structure of the public school systems will help families successfully navigate the system and services it provides.

The federal government provides funding and aid to the states who meet federal requirements. Minimum education standards are established by state education agencies. **Local education agencies (LEAs)** provide oversight for the public schools within their jurisdiction. Under the provisions of state law and through elected school board members, individual school districts set policies, develop curricula, and make funding decisions.

Figure 6:3 shows the organizational structure of the public school system.

**FIGURE 6:3 — Organizational Structure of the Public School System**



## Department of Defense School Structure

DoDEA provides pre-kindergarten through grade twelve education to children of service members within certain jurisdictions. All schools within DoDEA are fully accredited by United States accreditation agencies. DoDEA schools are organized into two separate but parallel systems:

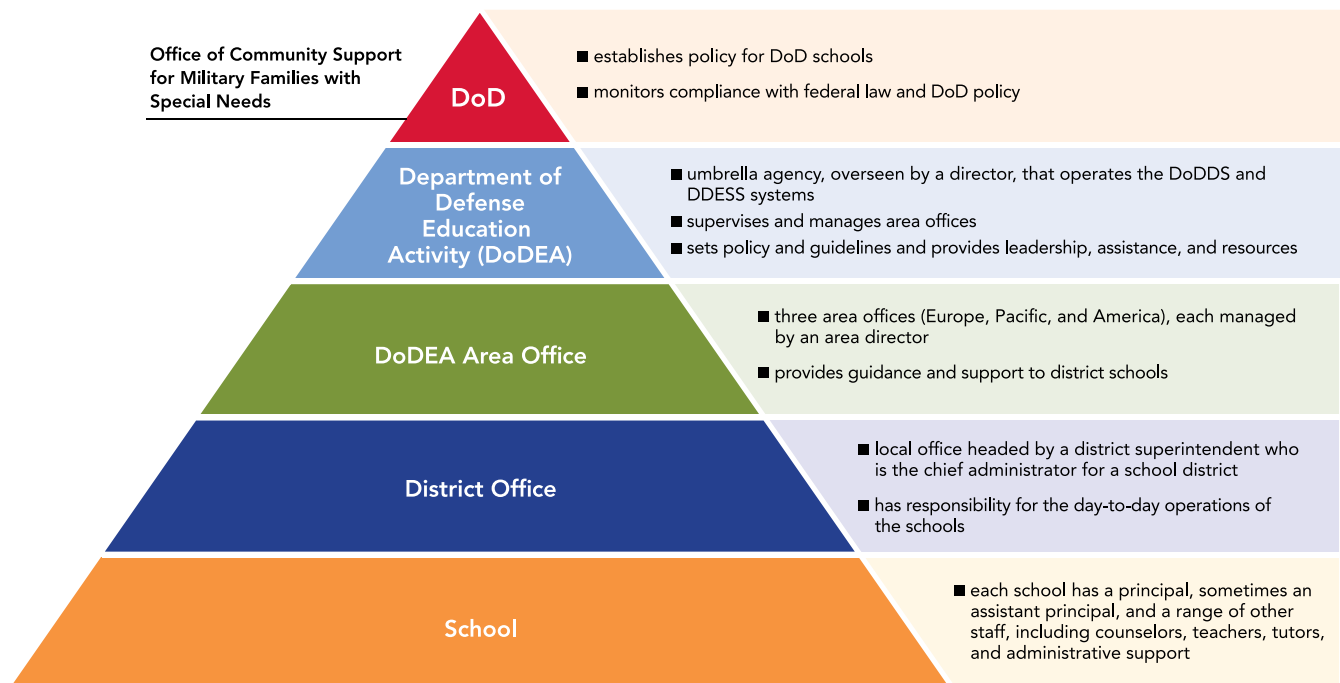
- **Department of Defense Dependents Schools (DoDDS)** are located in Bahrain, Belgium, Guantanamo Bay (Cuba), England (UK), Germany, Italy, Japan, Korea, The Netherlands, Portugal, Spain, and Turkey.
- **Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS)** are located in Alabama, Georgia, Kentucky, New York, North Carolina, South Carolina, Virginia, Guam, and Puerto Rico.

For a complete list of DoDEA schools, visit [www.dodea.edu/datacenter/schools.cfm](http://www.dodea.edu/datacenter/schools.cfm).

**Advisory councils** function as the equivalent to state boards of education. They make recommendations to the Secretary of Defense and the various leadership levels within DoDEA regarding policy, programs, and practices that impact the overall educational system.

Figure 6:4 shows the organizational structure of the DoD school system.

**FIGURE 6:4 — Organizational Structure of the DoD School System**



### Collaborating with School Personnel

School administrators, teachers, parents, and other service providers must work in collaboration to meet the educational needs of children. You can foster productive relationships by visiting the local schools, inviting representatives from the schools to present at workshops, and attending committee meetings and special events as appropriate.

Parents develop trusting relationships with their child's teacher by meeting with them regularly and sharing necessary information about their child. You can support parents as they prepare to advocate for their children within the school system by providing them with information.

Parents can also collaborate with schools by becoming more involved. Suggest that parents volunteer in their child's school or classroom, attend parent-teacher conferences and **parent teacher association (PTA)** or **parent teacher organization (PTO)** meetings, and serve on an advisory committee or governing council.

### Problem Solving

Parents should address concerns with their child's teacher before they move to the next level as described in Figure 6:5. The result of positive collaborations on the parent-teacher level is often more positive and strengthens relationships between the parents and those individuals directly responsible for their child's education than those settled on a higher level.

Whether the child attends a public or DoDEA school, the steps for resolving concerns regarding the child's educational services are similar. Encourage families to try to resolve issues at the lowest level possible.

Many school districts are now using a variety of strategies to avoid or resolve conflicts between families and schools. This strategy, referred to as alternative dispute resolution, offer parents and schools the opportunity to resolve concerns collaboratively to avoid time-consuming and costly litigation.

The United States Department of Education funds state-wide and community-based **Parent Training and Information (PTI)** centers offering information and assistance regarding special education rights, advocacy, and dispute resolution. PTI center staff are knowledgeable about informal dispute resolution techniques and can assist families in understanding the options available in their area.

Families may need additional support navigating the educational systems on the installation or in the local community and resolving any related issues or concerns. Partner with the schools or other local agencies to host local information/educational seminars regarding special education issues.

Contact information and resource guides for supporting the education of military children can be found at [www.militaryk12partners.dodea.edu](http://www.militaryk12partners.dodea.edu).

Figure 6:5 — Resolving Concerns



### **The School Liaison Program**

The **School Liaison** Program brings together local school personnel and military commanders to support military school-aged children on educational issues. Liaisons also help schools identify the unique challenges facing military children, such as frequent separations and moves, and how those challenges can impact children emotionally.

The School Liaison Program goals include the following:

- develop and coordinate partnerships in education
- educate local communities and schools regarding the needs of military children
- promote parental involvement in education
- identify barriers to academic success and develop solutions
- provide parents with the tools they need to overcome obstacles to education stemming from the military lifestyle

Working closely with your installation School Liaison Program can provide insight into how to best meet the needs of EFMP families whose children are in local school districts.

### **Summary**

This chapter provided an overview of early intervention and special education services for children through the age of twenty-one. It also provided an overview of school structure and problem-solving strategies.

[Chapter 7](#) will address issues specific to adults with special needs.

## 7 : Adults with Special Needs

**T**his chapter describes resources and programs related to issues affecting adults with special needs. The information is applicable to adults with an acquired disability and to children with disabilities who have reached adulthood.

### Assisting Adults with Special Needs

The **Exceptional Family Member Program (EFMP)** addresses the needs of eligible adult family members with special needs. This includes spouses, parents, parents-in-law, or children who have reached the age of majority. You will be working with these family members to address issues that may be reoccurring, chronic, or terminal.

Supporting adult family members with complex needs involves collaboration with a variety of support systems and community-based services. Assistance may take the form of services such as access to non-clinical case management, referrals to mental health services, and public benefits. Installation support services may be necessary to support adult family members with complex or on-going needs. Information related to health care and public benefits can be found in chapters 8 and 9, respectively.

Keeping track of records, appointments, or other pertinent information can be especially difficult for adults with special needs. The **Special Care Organizational Record (SCOR) for Adults with Special Health Care Needs** is an organizer for tracking and maintaining records, medical information, contacts, and appointments. The SCOR also consolidates a set of instructions for a caregiver to use in the event the primary caregivers are not available. The SCOR is available for download from MilitaryHOMEFRONT.

### Military Benefits for Adult Family Members

Military benefits are provided to family members who are enrolled in the **Defense Eligibility Enrollment Reporting System (DEERS)** and have a **Department of Defense (DoD) identification (ID) card**. Military benefits are provided to the service member's spouse, surviving spouse/widow, and former spouses under certain conditions. Benefits may be requested for a parent, parent-in-law, step-parent, parent by adoption, or a person who stood in loco parentis at any time for a continuous period of at least five years.

Adult children of service members are eligible to continue to receive military benefits until they reach the age of twenty-one unless they marry or become service members themselves. Benefits may be extended until the age of twenty-three if they are enrolled full-time in an institution of higher learning and receiving more than fifty percent of their support from the service member.

Service members can request benefits for an incapacitated child over the age of twenty-one if the incapacitation occurred prior to the twenty-first birthday or before the twenty-third birthday if the child was a full-time student.

Medical coverage may be extended to eligible family members through the age of twenty-six with the premium-based TRICARE Young Adult Program. Visit the [TRICARE website](#) for additional information.

To request benefits, service members must submit the appropriate DD Form with any required documentation to the determining agency for their Service. For service members in the Army, Navy, and Air Force, dependency determinations are processed by the Dependency Determination Branch at the Service-specific **Department of Finance and Accounting Service (DFAS)** site. Dependency determinations for the Marine Corps are made at Headquarters Marine Corps.

### Determination Criteria for Parents

Dependency for a parent is determined based upon the DD Form 137-3, Service-specific required documentation, and the parent's affidavit. The service member must provide over fifty percent of the parent's support. The parent's income, including any public benefits or pensions, must be less than one-half of their monthly living expenses. Determination criteria must be met each time the ID card is renewed.

### Permanent Dependency — Incapacitated Child over the Age of Twenty-One

Children who become incapacitated prior to the age of twenty-one (or between twenty-one and twenty-three if enrolled as a full-time student) who are incapable of self-support can remain in DEERS and receive continued military benefits and privileges. For an adult child to be considered eligible they must meet the following criteria:

- unmarried
- incapable of self-support because of a mental or physical incapacity that existed before their twenty-first birthday or twenty-third if enrolled as a full-time student
- dependent on the sponsor for over one-half of his or her support or have been at the time of the sponsor's death, if applicable

Review [Chapter 5, Legal Issues](#), for additional information on estate planning.

Although documentation requirements vary between Services, they all require the following at minimum:

- a current physician's statement dated within ninety days of the application
- a current statement from the **Social Security Administration (SSA)** certifying non-eligibility for Medicare, Part A, to continue eligibility for **TRICARE** benefits
- a birth certificate if not already enrolled in DEERS
- a parent's marriage certificate if not already enrolled in DEERS

The following additional documentation is required for an individual who becomes incapacitated between the ages of twenty-one and twenty-three:

- a physician's statement dated within ninety days of the application that indicates incapacitation occurred after the twenty-first birthday but before the twenty-third birthday
- a letter from the school registrar reflecting enrollment as a full-time student in an accredited institution of higher learning when the incapacitation occurred



The renewal process for a child over twenty-one with a permanent incapacitation requires a dependency determination each time an ID card is issued. An approved dependency determination from a Uniformed Service approval agency would indicate that the sponsor provides over fifty percent of the individual's support. This evaluation should be included in the medical sufficiency statement.

Form 137-5 is included in the Appendix as a sample of what these forms look like and the information required to complete them. For additional information, contact the appropriate Service office:

<p><b>ARMY</b></p> <p>DFAS-Indianapolis            Army Military Pay Operations            Special Processing            Special Actions, Dependency and            Garnishments Branch            8899 East 56th Street            Indianapolis, IN 46249-0855            Phone: (317) 510-2774 or 2775</p>	<p><b>MARINE CORPS</b></p> <p>Manpower and Reserve Affairs (MRP-1)            3280 Russell Road            Quantico, VA 22134-5103            Phone: (703) 784-9529/30; DSN: 278-9529/30</p> <p><b>Note:</b> Retired members and former spouses should contact the Retired Activities Section (MMSR-6) at 1-800-336-4649.</p>
<p><b>NAVY</b></p> <p>Naval Personnel            Incapacitated Dependent Coordinator            (PERS-673E3)            Phone: (901) 874-3360; DSN: 882-3360</p>	<p><b>AIR FORCE</b></p> <p>Department of the Air Force            Assistance Chief, DEERS/RAPIDS            ID Card Operations            Phone: (210) 565-2089; DSN: 665-2089</p>

For relevant policy information, review the DoD and Service policies noted below:

- DoD: Department of Defense Instruction 1000.13
- Army: Army Regulation 600-8-14
- Marine Corps: Marine Corps Order P5512.11C
- Navy: Navy BUPERS Instruction 1750.10B
- Air Force: Air Force Instruction 36-3026(I)

## Education Options

For individuals transitioning out of high school, transition services are intended to prepare students for the move from high school to adulthood. The **Individuals with Disabilities Education Act (IDEA)** requires that transition planning begin by the time the student reaches age sixteen and must be included as part of his or her **Individualized Education Program (IEP)**. A student with an IEP that does not meet his or her goals and objectives is eligible to continue a public school education until the age of twenty-one.

## Adults with Special Needs

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Many adults with disabilities leave school and explore other educational and work opportunities. Employment and educational options for adults with special needs vary between states and counties. The parents or person with a disability may wish to explore a range of employment options such as the following:

- **Competitive employment** – full- or part-time jobs
- **Continued education** – enrollment in a college or university, community college, vocational school, or apprenticeship program
- **Transitional job training** – short-term programs designed to provide the vocational skills necessary to obtain competitive employment
- **Supported employment** – paid employment for persons with severe disabilities who need ongoing support to get and keep jobs
- **Sheltered employment** – a work environment in a supervised setting where workers with disabilities are paid a “piece rate” for roughly half the productivity of the average workforce
- **Adult day programs** – settings in which staff members assist clients in personal care, community living, and vocational skill development

### Installation Education Centers

Family members wishing to explore educational opportunities can visit the installation **Education Center**. The DoD, Services, and individual universities provide information on schools, programs of study, and various scholarships that make pursuing personal and professional goals easier. Contact your Education Center for information and assistance regarding voluntary education programs, financial aid, and scholarships available to family members.

### Post-Secondary Education

Post-secondary schools cannot discriminate based upon a disability and must provide appropriate academic accommodations as necessary to students who identify their disabilities.

If the student plans to move out of the family home to obtain a post-secondary education, the family may need help identifying resources and services in the school’s community. If housing is provided to nondisabled students, a post-secondary school must provide comparable, convenient, and accessible housing to students with disabilities at the same cost. If the student is attending school out of state, the family will need to be aware of how the move will impact any public benefits or health care benefits the student receives.

### Military Spouse Career Advancement Account

The **Military Spouse Career Advancement Account (MyCAA)** program offers financial assistance for education or training to spouses of active duty service members in the ranks of E1-E5, Warrant Officer 1-2 and Officer 1-2. Spouses of Reserve Component members or National Guard members serving on active duty Title 10 orders are also eligible. The lifetime benefit is \$4,000 and is limited to spouses seeking an Associate’s Degree, license, or credential necessary for a portable career.

Military spouses seeking a Bachelor’s or advanced degree may contact Military OneSource to learn about additional financial resources. **Military OneSource Spouse Education and Career Consultants** can assist with the MyCAA application process or other career and educational questions such as required education and training, career exploration, assessment, and employment readiness.

Military OneSource can be reached online at [www.militaryonesource.com](http://www.militaryonesource.com) or by phone stateside at 1-800-342-9647.

## Vocational Rehabilitation and Employment Options

The **Americans with Disabilities Act (ADA)** provides equal work opportunities to individuals with disabilities who are qualified to work. The ADA requires employers of more than fifteen people to make reasonable accommodations for qualified job applicants and employees with disabilities. The **Carl D. Perkins Vocational and Rehabilitation Act of 1998** provides for **vocational rehabilitation (VR)** to assist individuals with disabilities in securing and keeping employment. The VR program includes state assistive technology centers, centers for independent living, a protection and advocacy program, and initiatives for supported competitive employment.

### Vocational Rehabilitation

The VR programs are federal- and state-funded services that provide the primary employment support resource for adults with disabilities.

**Figure 7:1 — Vocational Rehabilitation Services**

vocational counseling and guidance	services to assist students with disabilities in their transition from school to work
job placement assistance	reader services for individuals who are blind
college or vocational training	assistive and rehabilitation technology services
supported employment services	referral services
transportation	support, advocacy, and follow-up services for at least ninety days following job placement
interpreter services for individuals who are deaf or hard of hearing	

## Adults with Special Needs

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These services are available to individuals over the age of fourteen who are capable of achieving gainful employment but have a physical or mental impairment that creates a substantial barrier. Services are prioritized based upon disability and the impact the disability has on the individual's functioning. Fees are dependent on state policies. Based on a financial need, VR services are often free or offered on a sliding fee scale for individuals with disabilities. For additional information, contact your state's VR agency.

### Installation Employment Assistance Office

Family members who are seeking employment can find support and resources through the installation's **Employment Assistance Program**. These programs are designed to offer military family members assistance in reaching their employment and career goals by providing tools to help address the unique challenges that accompany life in the military community. Programming varies by installation, but may include resume writing, job search tools, and employment skills workshops.

### One-Stop Career Centers

Neighborhood-based **One-Stop Career Centers** provide intensive employment services such as job training and education. **Disability Program Navigators** assist individuals with special needs in accessing employment opportunities and benefits.

Core services include the following:

- job search and placement assistance
- labor market information
- initial assessment of skills and needs
- information about available services
- follow-up to assist individuals in keeping their jobs

Some centers offer more intensive services such as the following:

- comprehensive assessments
- individual employment plans
- group and individual counseling about work
- case management
- short-term pre-vocational services

Individuals can locate centers in their community by visiting the CareerOneStop website at [www.careeronestop.org](http://www.careeronestop.org).

### Client Assistance Program

The **Client Assistance Program (CAP)** advises individuals with disabilities of available services and benefits under the **Section 504 of the Rehabilitation Act of 1973** and those under Title I of the ADA. The program helps people with disabilities advocate for their interests, identify resources, understand procedures, resolve problems, and protect their rights in the rehabilitation process.

### **Ticket to Work**

The **Ticket to Work Program** benefits those who receive disability benefits through the SSA. The program is designed to remove barriers that have previously influenced people's decisions about going to work because of concerns over losing health care coverage. It allows those with health care coverage under **Medicare** or **Medicaid** to work without having their income count as an asset. The person with a disability pays for Medicaid, but still receives employment services and employment benefits. It also makes it possible for the person to have extended Medicare coverage.

The goal of the Ticket to Work Program is to increase opportunities and choices for Social Security disability beneficiaries to obtain employment, VR, and other support services from public and private providers, employers, and other organizations.

Under the program, the SSA provides disability beneficiaries with tickets that they may use to obtain employment, VR services, and other support from public and private agencies and employers. Individuals with a ticket may use the One-Stop Career Center Disability Program Navigator in their neighborhood to seek support services. The program also consists of employment networks that take responsibility for the actual delivery of ticket services or the coordination of those services.

### **Work Incentives Planning and Assistance**

The **Work Incentives Planning and Assistance (WIPA) Program** offers benefit planning and assistance services to individuals with disabilities, including those who are transitioning from school to work. These programs are authorized to serve all SSA beneficiaries with disabilities. Each WIPA project is staffed with **Community Work Incentive Coordinators** who are responsible for the following:

- providing work incentives planning and assistance
- helping beneficiaries and their families determine eligibility for federal or state work incentives programs
- referring beneficiaries with disabilities to appropriate Employment Networks or state VR agencies based on individual needs
- providing general information about potential employer-based or federally subsidized health benefits coverage available to beneficiaries once they enter the workforce
- informing beneficiaries with disabilities of further protection and advocacy services available to them

### **Plan to Achieve Self-Support**

The **Plan to Achieve Self-Support (PASS)** is a **Supplemental Security Income (SSI)** program designed to help individuals with disabilities return to work. PASS is designed to help individuals with disabilities accrue savings or property while still qualifying for SSA benefits as they return to work and set and achieve specific work goals.

### Centers for Independent Living

The **Centers for Independent Living Program** maximizes the leadership, empowerment, independence, and productivity of individuals with disabilities and integrates these individuals into the mainstream of society. Centers are consumer-controlled, community-based, cross-disability, nonresidential, private, nonprofit agencies that are designed and operated within local communities by individuals with disabilities. Centers provide an array of independent living services including the core services of information and referral, independent living skills training, peer counseling, and individual and systems advocacy.

### Assistive Technology

**Assistive technology** is any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities (29 U.S.C. Sec 2202(2)).

The level of assistive technology required is determined by the individual, the environment, or the task or activity being performed. Assistive technology can range from items as basic as a magnifying glass to more developed technologies such as high-tech communication tools and mobility equipment. Planning for and obtaining assistive technology devices can be difficult and expensive for the adult with special needs. See [Chapter 8](#) to learn about **Durable Equipment** available through TRICARE's **Extended Care Health Option (ECHO)** benefit.

Learn about resources in your community that improve access to assistive technology. Every state has different programs, services, and equipment exchange programs for assistive technology. The **Arc**, **Easter Seals**, **Parent Training and Information (PTI) Centers**, universities, and disability support organizations can provide additional information or resources for funding and equipment.

### Transportation

Individuals with disabilities unable to drive will require information on public transportation and other community-based transportation options. Some community-based programs, such as VR services, provide transportation to participants. These programs may be a good resource for information regarding transportation options.

### Social and Recreational Opportunities for Adults

Hosting social and recreational events affords opportunities for families to meet and enjoy each other's company. Collaborate with your installation **Morale, Welfare, and Recreation (MWR)** program or privatized housing office on ideas, activities, and events.

Families new to the area may be unaware of social and recreational programs in the community. Contact your local Special Olympics or The Arc to learn about social and recreational opportunities for adults.

### Personal Financial Management and Free Tax Return Assistance

Expenses associated with specialty care and equipment can be difficult to manage. Financial planning, budgeting, and assistance can alleviate some of the difficulties families face as they cope with chronic disabilities or illnesses.

Your installation's **Personal Financial Management Program (PFMP)** provides financial education classes designed to increase individual and family financial stability. They offer classes on a variety of financial topics such as effective money management, financial traps, and consumer rights and obligations. They can also assist with individual budget development, financial planning, and evaluation of assets and liabilities. The installation PFMP has a list of local resources for assistance with federal and state tax filing.

In the community, **Volunteer Income Tax Assistance (VITA)** sites offer free tax return preparation to individuals with low to moderate income and those with disabilities. Call 1-800-829-1040 (TTY/TDD call 1-800-829-4059) for the nearest VITA site.

### Deployment Support

Family members with special needs may require additional support when the service member deploys. The stress of deployment can exacerbate family situations and disability-related issues. To meet the needs of the family, you may need to coordinate several layers of support. Speak with your Family Center colleagues, as they have information on your installation's family readiness groups, counseling programs, and other deployment resources on the installation.

### Parenting

Military life presents some unique parenting challenges due to frequent deployments, long duty hours, moves to unfamiliar locations, and separation from extended families and friends. A parent managing his or her own special needs in addition to parenting has added stress. Child and Youth programs, **New Parent Support Programs (NPSP)**, and respite care help prevent or alleviate some of the stress associated with parenting.

### Child Care

Children and Youth programs provide affordable, high caliber child care to military children. All programs are DoD-certified and most have national accreditation. Accessing appropriate child care can greatly reduce the stress of a military spouse with special needs. Most installations offer the following child care options:

- **Child Development Centers (CDC)** provide care for children six weeks through the age of five. Each center is DoD-certified and accredited. Many CDCs offer full-time, part-time, or hourly care.
- **Family Child Care (FCC)** provides care for infants and children in a family home setting. The FCC offers more flexibility and supports smaller ratios than care within the CDC.
- **School Aged Care (SAC)** is available on installations for children in kindergarten through age twelve. Programming is also offered during summer vacations and holidays.
- **Youth Centers** offer a place to gather and socialize. While these programs vary by installation, most offer special events, sports programs, and instructional classes.

### Parenting Support

The NPSP was developed to help military families who are expecting or who have children under the age of three adapt to parenthood and thrive. All Services offer home visits for families at risk for child abuse. Additional services vary, but may include supervised playgroups, parenting classes, or the provision of parenting information. Program participants have access to trained staff that can answer parenting questions and provide referral to other appropriate resources.

### Exceptional Family Member Program Respite Care

**EFMP Respite Care** offers temporary relief to families and caregivers by giving them short-term breaks to engage in daily activities or attend medical appointments. This type of support gives the family a needed break. It also improves the family's ability to cope with daily responsibilities and decreases feelings of isolation. Your Service may have an established EFMP Respite Care program for enrolled families. Consult your supervisor for more information. See [Chapter 8](#) for information regarding TRICARE's **ECHO Respite Care** benefit.

### Installation Emergency Assistance Plan

Familiarize yourself with the installation emergency assistance plan before a disaster occurs. It may help to identify special requirements under emergency conditions, such as: will they need a generator if power is lost? Do they have an adequate supply of medication(s)?

### Military Relief Societies

**Military relief societies** are private nonprofit organizations that support each of the Services by providing emergency financial assistance. This support comes in the form of interest-free loans and grants to active and retired service members and their families. Contact your installation's relief society for information on how they can help families during crises.

Army Emergency Relief  
(AER) — [www.aerhq.org](http://www.aerhq.org)

Navy-Marine Corps  
Relief Society  
(NMCRS) — [www.nmcrs.org](http://www.nmcrs.org)

Air Force Aid Society  
(AFAS) — [www.afas.org](http://www.afas.org)

### American Red Cross

The **American Red Cross** is the nation's emergency response organization and works closely with the Services to support military families in times of need. It provides information related to available support programs, financial assistance, and emergency communication support. The American Red Cross relays urgent messages to service members stationed or deployed anywhere in the world 24/7/365.

### Summary

This chapter provided information pertinent to adult family members with special needs. It included resources on programs and services aboard the installation and in the community. [Chapter 8](#) will cover detailed information on health care benefits.



## 8 : Health Care Benefits

This chapter provides an overview of the health benefits available through the military health care system and those covered under **Medicaid** and **Medicare**.

### Assisting Families with Special Medical Needs

Military families with complex medical needs are often overwhelmed at the prospect of navigating multiple military and civilian medical systems. Awareness of available benefits and resources will make the process of seeking medical care more manageable. Forge strong working relationships with key partners within these systems and share accurate information with the family. This will improve access to services and help the family avoid unanticipated expenses.

### Organizing Medical Information

Managing medical records and appointments is an important task when a family member has complex medical needs and issues. The **Special Care Organizational Record (SCOR) for Children with Special Health Care Needs** and the **SCOR for Adults with Special Health Care Needs** are tools for caregivers that provide central repositories of information about their family member's ongoing support and health needs. The SCORs are available for download from **MilitaryHOMEFRONT**.

### TRICARE

**TRICARE** is the **Department of Defense's (DoD)** worldwide health care program. It combines the military's direct health care system of hospitals and clinics with a network of civilian health care professionals authorized by TRICARE to receive reimbursement.

TRICARE is available to active duty and retired members of the Uniformed Services and their family members. The survivors of a Uniformed Services member and certain activated members of the National Guard and Reserve are also eligible. Registration in the **Defense Enrollment Eligibility Reporting System (DEERS)** is required for participation in TRICARE. [Chapter 10, Relocation](#), has guidance on TRICARE coverage when moving.



Military families can order a hard copy of the Special Care Organizational Record (SCOR) for Children with Special Health Care Needs in binder format from **Military OneSource** by calling 1-800-342-9647. Both SCORs can also be downloaded from MilitaryHOMEFRONT at [www.militaryhomefront.dod.mil/tf/toolsforfamilies/scor](http://www.militaryhomefront.dod.mil/tf/toolsforfamilies/scor).

## Health Care Benefits

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In addition to the standard TRICARE benefits, family members with a serious illness, special needs, or a disability may have access to additional services such as the following:

- behavioral or mental health care
- clinical cancer trials
- **durable medical equipment (DME)**
- home health care
- hospice and palliative care
- skilled nursing facility care
- **Computer/electronic Accommodations Program (CAP)**
- rehabilitative services
- **Extended Care Health Option (ECHO)**
- **ECHO Home Health Care (EHHC)**
- **ECHO and EHHC Respite Care**

TRICARE will only cover medically necessary and proven services and supplies. Benefits are restricted to those drugs, devices, treatments, or procedures for which safety and efficacy have been proven to be comparable or superior to conventional therapies.

TRICARE covers most inpatient and outpatient care that is medically necessary and considered proven. However, there are some procedures that TRICARE does not cover. Families can avoid unanticipated costs by learning more about their covered services before making an appointment. The TRICARE Service Center can assist families in addressing any questions or concerns regarding covered services.

**TRICARE Service Centers (TSC)** are independently located within a MTF. If a beneficiary does not want to drive to visit a TSC, he or she should visit the TRICARE website or contractor website, or call the contractors' toll free number. The contractor's toll free number should be the first contact for beneficiaries, as they have direct access to claims information. Their **Beneficiary Counseling and Assistance Coordinator (BCAC)** and the **Debt Collection Assistance Officer (DCAO)** may be contacted if the contractor is unable to address the concern. The family has the right to appeal the denial. Instructions for appealing a denied claim can be found in the TRICARE claim denial letter. A description of the appeal process can be found in the TRICARE Handbook or on the TRICARE website under the family's respective plan.

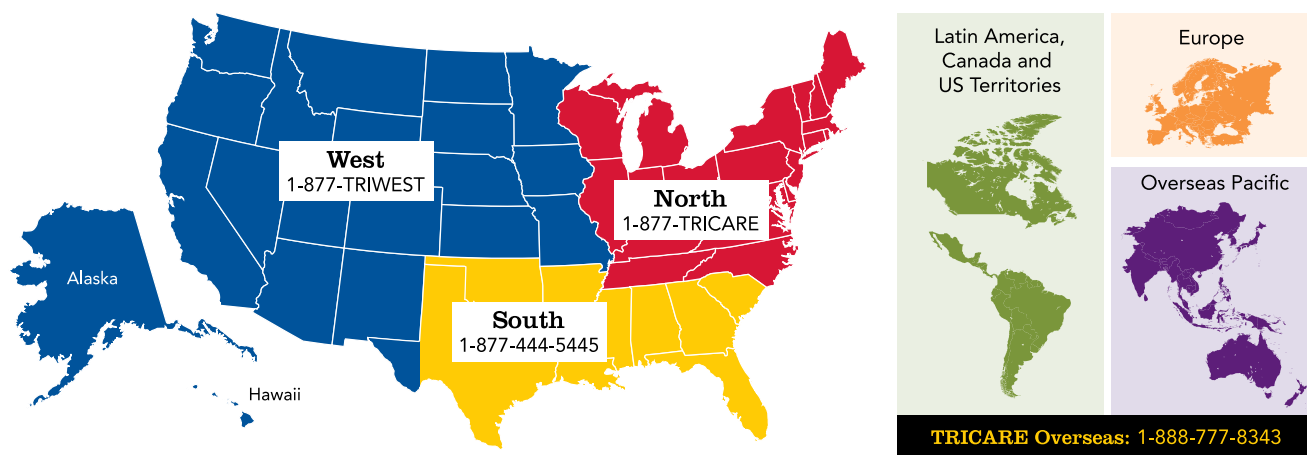
### TRICARE Programs

TRICARE is organized into four geographic health care service regions: North, South, West and Overseas. Each region is administered by a TRICARE Regional Office and offers the same choices for health care plans and coverage.

Figure 8:1 "TRICARE Regions Map" displays the areas covered under the four TRICARE regions.

### TRICARE Prime and the U.S. Family Health Plan

**TRICARE Prime** and the **U.S. Family Health Plan** is a managed health care option similar to civilian **health maintenance organization (HMO)** plans. There are no enrollment fees for active duty families. It is available in the North, South, and West Regions in Prime Service Areas to all beneficiaries. Beneficiaries entitled to Medicare based on age, but who have an active duty sponsor, remain eligible for TRICARE Prime.

**FIGURE 8:1 — TRICARE Regions Map**

Families that reside within a Prime Service Area typically use an MTF as their primary source for health care. MTFs are inpatient or outpatient facilities owned, staffed, and managed by the Uniformed Services.

Enrollees are assigned a physician who acts as the **Primary Care Manager (PCM)**. The PCM is responsible for providing routine and urgent care as well as referrals for any needed specialty care.

### TRICARE Prime Overseas and Standard Overseas

**TRICARE Prime Overseas** is available to active duty service members and their command sponsored family members living together in non-remote overseas locations. Prime Overseas enrollees are assigned a PCM who is responsible for routine care and referrals for specialists.

Families who are not command sponsored have the option of using TRICARE Overseas Program-Standard. Families covered under TRICARE Standard Overseas use host nation providers, pay them in full for care, and seek reimbursement from TRICARE later. Families using this plan must pay outpatient and inpatient cost-shares. Going overseas with a non-command sponsored special needs family member can be very expensive and is never recommended. Make sure families understand these risks if they ask about going overseas as a non-command sponsored family.

### TRICARE Prime Remote

**TRICARE Prime Remote** is available to active duty service members and their eligible family members who live and work in designated remote duty stations in the United States located fifty miles or one hour drive-time from an MTF. There are no enrollment fees. **TRICARE Prime Remote Overseas** provides similar benefits to certain families located at designated remote overseas locations.

TRICARE Prime Remote benefits are similar to TRICARE Prime except that the family typically selects a TRICARE authorized civilian provider as the PCM if a network provider is not available in the local area. In some areas, TRICARE Prime Remote's PCM availability may be limited.

### TRICARE Extra

TRICARE Extra is a preferred-provider option for those not enrolled in a TRICARE Prime option. Coverage is automatic as long as the family is registered in DEERS.

Family members using TRICARE Extra receive care from a designated network of civilian providers. Enrollment is not required and there are no claims to file; however, beneficiaries are responsible for paying a portion of the cost for services after they have met their annual deductible. TRICARE Extra is not available overseas.

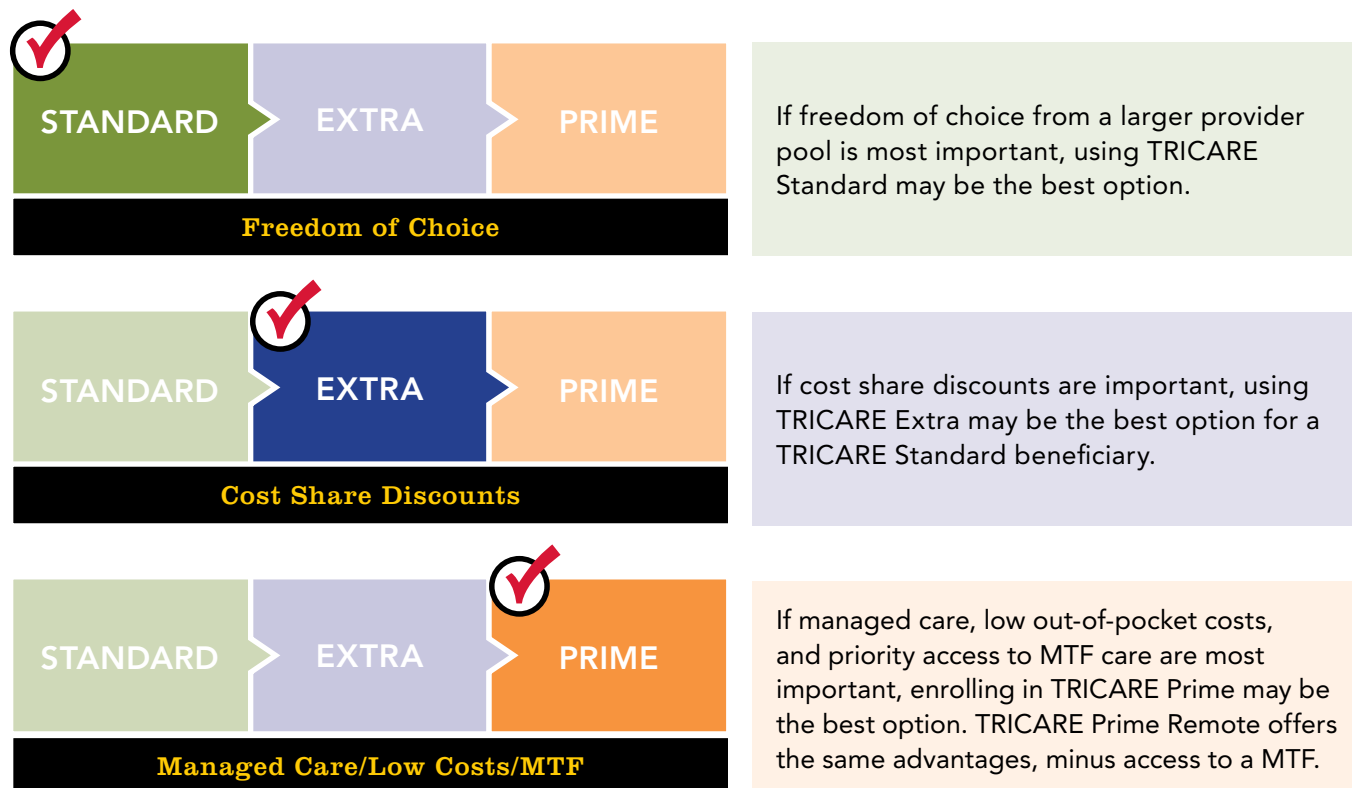
### TRICARE Standard

TRICARE Standard is a fee-for-service option. Coverage is automatic as long as the family is registered in DEERS.

Family members using TRICARE Standard may receive care from any TRICARE-authorized provider. Beneficiaries are responsible for paying a portion of the cost for services after they have met their annual deductible. Families that use non-network providers may also be required to file their own claims. TRICARE Standard allows the family to choose from a wider selection of providers and can seek specialty services without a referral, though certain services may require preauthorization. TRICARE Standard may be the only option for care in some locations.

Figure 8:2, "Choosing the Right Option," provides comparative information on TRICARE Prime, Extra, and Standard.

Figure 8:2 — Choosing the Right Option



### TRICARE for Life

**TRICARE for Life (TFL)** is TRICARE's Medicare-wraparound coverage. Beneficiaries are eligible regardless of age or place of residence. Coverage is automatic as long as the beneficiary is registered in DEERS, is entitled to Medicare Part A, and has purchased Medicare Part B. Medicare Part B is not required for active duty or active duty family members. Together, Medicare and TRICARE provide comprehensive coverage. When services are covered under both programs, beneficiaries have no out-of-pocket expenses.

### TRICARE Point-of-Service Option

The **TRICARE Point-of-Service Option** is automatic for families enrolled in TRICARE Prime and Prime Remote. This option provides the family with the ability to access TRICARE-covered services from any TRICARE-authorized provider without a referral from their PCM. Enrollees pay higher deductibles and cost shares when using this option.

### Durable Medical Equipment

DME is defined as medically necessary equipment ordered by a physician for the specific use of the beneficiary. TRICARE covers physician-prescribed DME when it is used to improve or maintain the function of a malformed, diseased, or injured body part or the overall individual's function or condition. Repair, replacement, or modification of DME is covered if necessary to accommodate the individual's condition. Coverage can include the use of a temporary replacement item while the primary item is being repaired.

TRICARE does not cover DME costs under the following situations:

- beneficiary is in a facility that ordinarily provides the DME at no additional charge as part of the services or the DME is available from an MTF
- DME has deluxe, luxury, or immaterial features which increase the cost relative to similar items without those features
- maintenance agreement or routine periodic servicing is not required by the manufacturer to be performed by an authorized technician
- item is duplicate equipment to be used solely as a back-up to currently owned or rented equipment, except when it is essential to provide a fail-safe, in-home life-support system

### Extended Care Health Option

The ECHO offers additional services and supplies not available through the basic TRICARE program to active duty family members and family members of National Guard or Reserve members activated for more than thirty days who are enrolled with EFMP. The ECHO provides the following additional assistance to qualified family members:

- medical and rehabilitative services
- training on the use of **assistive technology** devices
- special education
- transportation under certain circumstances
- assistive services, such as those from a qualified interpreter or translator

## Health Care Benefits

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- durable equipment, including adaptation and maintenance
- in-home medical services through EHC
- in-home respite care services
- case managers

The fiscal year ECHO coverage limit, excluding the EHC, is \$36,000. Cost share for ECHO are based upon the sponsor's pay grade and are not affected by the number of family members receiving services. The cost share is paid only for the months ECHO benefits are used.

### Enhanced Access to Autism Services Demonstration

Several interventions have been shown to reduce or eliminate specific behaviors and teach new skills to individuals with an **Autism Spectrum Disorder (ASD)**. **Applied Behavior Analysis (ABA)** is an educational intervention covered under the ECHO Special Education policy for Autism Spectrum Disorder. ABA is also available through the ECHO's Enhanced Access to Autism Services Demonstration, a trial project available in the U.S. through March 2012. The project provides eligible beneficiaries with greater access to ABA through an expanded network of educational intervention providers. ECHO-registered children over the age of eighteen months can participate if diagnosed with one of the following:

- Autistic Disorder
- Childhood Disintegrative Disorder
- Asperger's Disorder
- Pervasive Developmental Disorder Not Otherwise Specified

### Durable Equipment

TRICARE ECHO may cost share **durable equipment** that does not meet the criteria for durable medical equipment if it is essential to stop or reduce functional loss resulting from a qualifying condition. A physician must certify the item as medically necessary for the treatment of the ECHO beneficiary before TRICARE authorizes the item.

Examples of durable equipment include special computer peripheral devices, software that makes a computer functional to the beneficiary, or an electrical/mechanical lifting device that raises a wheelchair bound beneficiary from ground level to the first floor level of his or her residence.

Durable equipment purchase or rental is not covered in the following circumstances:

- the beneficiary is a patient in an institution or facility that ordinarily provides the same type of equipment to its patients at no additional charge in the usual course of providing services
- the item is available from a local MTF
- the item has deluxe, luxury, or nonessential features that increases the cost to the government
- the item is duplicate equipment

## ECHO Respite Care

Family members registered in ECHO are eligible to receive a maximum of sixteen hours of respite care in any calendar month the beneficiary receives any other authorized ECHO benefit other than the EHC benefit. The ECHO Respite Care benefit is available in the fifty United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, and Guam.

Respite care provides skilled and non-skilled care in the absence of the primary caregiver. The ECHO Respite Care cannot be used to cover absences of the primary caregiver due to deployment, training, employment, seeking employment, or educational pursuit.

## ECHO Home Health Care (EHC)

ECHO-registered family members may receive EHC services if they meet all of the following eligibility requirements:

- they physically reside within the fifty United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or Guam
- they cannot leave their homes without considerable and taxing effort
- they require medically necessary skilled services beyond those covered under the basic TRICARE Home Health Agency benefit and/or they require frequent interventions that are normally provided by the primary caregiver
- they are case-managed and the required home health care services are specified in a physician-certified plan of care

For the EHC benefit, the attending physician or PCM must develop a written home health care plan that reflects the scope, frequency, and duration of the medically necessary skilled services. Any changes to the plan must be documented by the provider and authorized by the TRICARE regional contractor or by the TRICARE Area Office Director, if overseas.

The EHC benefit covers the following medically necessary services:

- skilled nursing care provided by a registered nurse
- skilled nursing care provided by a licensed or vocational nurse under the direct supervision of a registered nurse
- services provided by a home health aide under the direct supervision of a registered nurse
- physical therapy, occupational therapy, and speech-language pathology services
- medical social services under the direction of a physician
- teaching and training activities
- medical supplies

## EHC Respite Care

EHC respite care allows primary caregivers the opportunity to rest or sleep. ECHO-registered family members who require more than two interventions during the eight hour period the primary caregiver would normally be sleeping may receive eight hours of respite care services, five days per calendar week.



A plan of care must be developed by the PCM, provided by an authorized and TRICARE-participating home health agency, and authorized by the regional contractor or by the TRICARE Area Office Director, if overseas.

### ***EHHC Skilled Nursing Care***

When reflected in the plan of care, **skilled nursing services** are considered reasonable and medically necessary care. These services are cost shared by the family. Skilled nursing services must be provided by a registered nurse or a licensed practical or vocational nurse under the supervision of a registered nurse and ordered or supervised by a TRICARE-authorized physician. Services that can be safely and effectively performed by a non-medical person without nurse's supervision do not qualify.

The EHHC respite care benefit and the ECHO Respite Care benefit are different and cannot be used within the same month.

### **Rehabilitation Services**

TRICARE will cover **rehabilitative therapy** to improve, restore, and maintain function, or to minimize or prevent deterioration of function. Therapy must be medically necessary and rendered by an authorized provider at a skilled level.

TRICARE covers the following therapies and services when they are part of a comprehensive rehabilitation treatment plan:

- physical therapy
- rehabilitation counseling
- mental health services
- speech pathology services
- occupational therapy

### **TRICARE Mental Health Care**

TRICARE covers **mental health care** that is medically or psychologically necessary for the treatment of a behavioral health disorder. The disorders qualifying for TRICARE mental health care benefits involve clinically significant behavioral or psychological patterns with an impaired ability to function. Beneficiaries who need counseling for behavioral or emotional difficulties that are not covered under TRICARE may be referred to Military OneSource.

### **Hospice and Palliative Care**

**Hospice care** is designed to provide comfort and support to families when a life-limiting illness no longer responds to cure-oriented treatments. This type of care emphasizes supportive services instead of treatment. TRICARE covers hospice care for terminally ill family members with a prognosis of less than six months. Services include both medical care and counseling services such as:

- physician services and skilled nursing care
- medication and treatments to relieve pain and illness-related symptoms
- physical, occupational, and speech therapy



- medical supplies and equipment
- counseling for the patient and caregivers
- home health aides and homemaker services to aid the primary caregiver
- intervals of in-patient, hospital-provided respite care
- bereavement services

Coverage for hospice care is only available in the United States and the United States Territories. TRICARE or Medicare will pay in full for all authorized services with the possible exception of co-payments for drugs and respite care. Services and care unrelated to the terminal illness are not covered. The TRICARE website provides detailed information on eligibility requirements and costs associated with hospice care.

### Medical Support Services

Collaboration and partnership with TRICARE and other health care service providers can help improve effectiveness of services when families experience complex medical issues. TRICARE Medical case managers, TRICARE Service Center staff, BCACs, and DCAOs to help families effectively navigate the TRICARE medical system.

Training on TRICARE benefits can be found at [www.tricare.mil/tricareu](http://www.tricare.mil/tricareu).

### Medical Case Managers

Family members with specialized, catastrophic, chronic, complex, high-risk, or expensive health issues may benefit from **medical case management** services. Medical case management involves a team of health care professionals who help families find solutions to complex health problems. Medical case managers plan and coordinate inpatient, post-hospital, and ambulatory care for individuals with multiple needs. They also provide information and referral regarding services available within an MTF, the TRICARE network, or other military and civilian resources. Medical case management services are recommended by the PCM and are provided through the MTF or through TRICARE.

The services provided through medical case management may include the following:

- accessing the health care a person needs, including home health or hospice services
- developing an individualized care plan
- identifying barriers to recovery and means to foster independence
- arranging team care conferences and making appointments
- arranging out-patient infusion services
- assisting with veteran's needs
- helping navigate community or other federal/state support systems
- communicating with command or other family members
- identifying resources and locating hard to find medical services
- coordinating transition to rehabilitation, skilled nursing, or other intra-hospital transfers

### TRICARE Service Centers

**TRICARE Service Centers (TSC)** are typically located within each MTF. TSC staff provides personal assistance with enrollments, access to and referrals for care, information on Point-of-Service options, claims information assistance, and continuity of care services. They also distribute educational materials on a variety of TRICARE topics.

### Beneficiary Counseling and Assistance Coordinators

Most MTFs and all TRICARE Regional Offices have BCACs on staff who serve as beneficiary advocates and TRICARE problem solvers. BCACs provide information, guidance, and assistance on benefit options, enrollment, special authorizations, claims, referrals, and appointments. They work with MTF staff, managed care support contractors, and claims processors to resolve concerns that cannot be addressed through normal channels.

### Debt Collection Assistance Officers

DCAOs hold designated positions within MTFs and all TRICARE Regional Offices that assist families when a provider has initiated debt collection for services that have not been paid for by TRICARE. DCAOs help beneficiaries understand and resolve underlying debt collection issues. To receive services from a DCAO, families must present a letter from a collection agency indicating initiation of a collection action or a credit report reflecting a negative credit status due to TRICARE payment issues.

## Medicare

Medicare is a federally-sponsored health insurance program designed to assist the elderly or disabled in securing reimbursement for some medical expenses. It reimburses doctors, hospitals, and pharmacies much like a private insurance company.

There are four parts to the Medicare program.

<b>Part A</b>	Part A covers hospitalization due to catastrophic events and may cover skilled nursing facilities, hospice, and home health care under certain conditions.
<b>Part B</b>	Part B covers outpatient care, doctor's visits, and some preventative care and medical equipment.
<b>Part C</b>	Part C, or the "Medicare Advantage Plan," includes HMOs, preferred provider organizations (PPOs), fee-for-service, and Medicare Special Needs programs approved by the Centers for Medicare and Medicaid Services, to provide Medicare Part A and B services. Some also provide Part D services.
<b>Part D</b>	Part D covers prescription drugs.

Medicare is available to individuals age sixty-five or older and people of any age with a disability, including End Stage Renal Disease, Lou Gehrig's Disease, and beneficiaries from Lincoln County, MT, who have an asbestos-related disease. Medicare automatically begins in the 25th month of receiving Social Security Disability Insurance. Medicare is also automatic for beneficiaries who elect to receive Social Security retirement pay before the age of 65. Everyone else can sign-up for Medicare at their local Social Security office. TRICARE sends a letter to beneficiaries four months before their 65th birthday to inform them of the requirement to sign-up for Medicare. The premium for Part B changes annually and is based on income. The premium payment is automatically deducted from the beneficiary's Social Security check.

Visit [www.ssa.gov](http://www.ssa.gov) under the Medicare tab for an eligibility tool and information about Medicare eligibility and enrollment.

### Medicaid

Medicaid is a federal- and state-funded medical assistance program for low income individuals. Eligibility for Medicaid is limited to individuals who fall into one of several categories or groups specified by federal statute. These groups include the elderly, the blind or disabled, pregnant women, and children. The program does not provide health care services or financial assistance; rather, it is a vendor payment program in which providers are reimbursed by the program.

It is important to ask about the information families will need to bring to the first meeting (e.g., financial statements, medical insurance, and birth certificate). Military families who are struggling with the cost of care should apply for Medicaid. Benefits may exceed those offered by TRICARE. Individual states determine their own plan, eligibility requirements, and services. Visit MilitaryHOMEFRONT's Special Needs state resource section to locate a state's Medicaid agency or contact your local Department of Social Services or Human Services agency.

### Medicaid Institution-based Long-term Care

Medicaid pays for some long-term care services at home and in the community. Eligibility and covered services vary from state to state. Most often eligibility is based on income and personal resources. Medicaid requires states to cover skilled nursing and home health services and permits states to cover intermediate care facilities for individuals with intellectual disabilities.

A skilled nursing facility has registered nurses who help provide twenty-four hour care to people who are unable to care for themselves due to physical, emotional, or mental conditions. Most nursing homes have two basic types of services: skilled medical care and custodial care.

The **Intermediate Care Facilities Benefit (ICF/MR)** funds "institutions" (four or more beds) for people with intellectual disabilities. The institutions must provide "active treatment," including ongoing evaluation, twenty-four-hour supervision, and integration of health or rehabilitative services. States are required to cover skilled nursing facilities for individuals over twenty-one years of age. It is optional for states to cover nursing facilities for individuals under twenty-one years of age.

### Medicaid Waiver Programs

Under Medicaid, the Department of Health and Human Services can waive certain federal statutory and regulatory requirements to allow states to adopt special “waiver” programs. Eligibility rules vary from state to state and waiver to waiver. States have the option of offering home and community-based services. These are known as “waiver programs.” There are three types of waivers:

- Freedom of Choice waivers
- Home and Community-Based Services waivers
- Demonstration waivers

**Home and Community-Based Services (HCBS) waivers** are the most commonly sought after waivers by military families. These waiver programs enable eligible individuals to live, work, and participate in communities of their choice, avoid institutionalization, and direct some of their services.

Although a person with a disability may be eligible, the person may not receive services immediately. The majority of states have wait lists because the demand for services exceeds state and federal funding levels.

Waiver programs typically cover a broad range of services.

<b>Personal care and assistance</b>	activities of daily living, such as bathing, toileting, maintaining continence, light housework, laundry, transportation, and money management
<b>Health-related services</b>	skilled and unskilled nursing services such as tube feeding, catheterization, and range of motion exercises
<b>Specialty services</b>	assistive technology, medical equipment and supplies, pre-vocational services, educational services, and supported employment services
<b>Adaptive services</b>	home modifications including ramps, widening doorways, retrofitting bathrooms and kitchens, and vehicle modifications such as steering and pedal adaptations
<b>Family and caregiver supports</b>	respite services, training for caregivers, and home health services
<b>Social supports</b>	support which enable the individual with a disability to take part in family and community activities
<b>Case management and service coordination</b>	access and coordination of services and supports within and across public and private agencies

## Title V of the Social Security Act

Every state and the District of Columbia have a Title V program for **Children with Special Health Care Needs (CSHCN)** that is funded, in part, through the Federal Title V Maternal and Child Health Block Grant. Funds are provided to states for the development and operation of public health care programs for certain children with special health care needs as well as to establish other programs to promote the health of low income mothers and children.

Programs for CSHCN provide access to medical services and programs for children with physical handicaps, potential handicaps, chronic illnesses, developmental disabilities, or sensory impairments.

Benefits may include the following:

- early identification of health or developmental problems
- screening and /or assessment of the child and family's concerns, priorities, and resources
- tracking or monitoring
- therapeutic interventions including family education and support and resource identification, referral, and coordination

The Title V — CSHCN is known by different names in different states, making it more difficult for military families to locate Title V offices. Programs may be referred to as "Children's Medical Services," "Children's Special Health Care Services," "Child Health Specialty Clinics," or "Division of Specialized Care for Children." In addition to different names, each state has its own financial eligibility criteria, serves different populations of children and youth with special health care needs, and provides or funds different sets of health care and related services.

## Summary

This chapter provided an overview of the health benefits available through TRICARE, Medicare, Medicaid, and Title V. [Chapter 9](#) will discuss federal and state public benefits.

Additional information on state programs and opportunities for trainings or workshops can be found at [http://mchb.hrsa.gov/training/mch\\_resources.asp](http://mchb.hrsa.gov/training/mch_resources.asp).



## 9 : Public Benefits and Financial Assistance Programs

**T**his chapter provides an overview of public benefits and financial assistance programs for individuals with disabilities.

### Assisting Families with Public Benefits

Some families you work with may qualify for **public benefits**. Develop a basic understanding of the most common public benefit programs available and identify how families can access local, state, and federal financial assistance programs. Information for government agencies providing benefits and local points of contact can be found in the appendix.

### Social Security Administration Benefits

Disability often limits an individual's ability to maintain employment. Those that can secure employment are typically paid less and work without sufficient medical benefits. The **Social Security Administration (SSA)** addresses these challenges by providing benefits to families affected by disability in the form of cash benefits called **Supplemental Security Income (SSI)** and **Social Security Disability Insurance (SSDI)**. SSI and SSDI are compared in [Figure 9:1](#).

In addition to SSI and SSDI, the SSA administers the application process for **Medicare** and **Medicaid**. Additional information on Medicare and Medicaid can be found in [Chapter 8](#).

When relocating overseas, it is critical for families to contact the Social Security Administration before they leave the United States. Otherwise, they may be required to pay back any payments they received while overseas.

### Supplemental Security Income

SSI is an income assistance program that provides a monthly cash benefit designed to supplement the income of eligible children and adults who are blind, disabled, or over the age of sixty-five. The cash benefit must be used for food, clothing, and shelter. The basic SSI amount is the same nationwide and is adjusted annually for cost of living. Families can call the SSA for information on the state supplement.

The basic federal benefit is supplemented in the District of Columbia and the following states:

- California
- Nevada
- Pennsylvania
- Hawaii
- New Jersey
- Rhode Island
- Massachusetts
- New York
- Vermont

An individual may apply for SSI through their local SSA office at any time. Waiting periods to process final disability and income eligibility determinations may vary.

### Eligibility

- Adults must have a diagnosed physical or cognitive impairment that results in the inability to do any “substantial gainful activity.”
- Children must have a physical or cognitive impairment or combination of conditions that result in “marked and severe functional limitations” of the child’s activities.
- The disability must have lasted, or be expected to last, at least twelve consecutive months or be expected to result in death.
- The person must be a United States citizen or meet certain non-citizenship requirements.
- An adult beneficiary may not be out of the country for more than thirty consecutive days.
- There are financial eligibility requirements in regards to income and resources.
- In most states, if a person is eligible for SSI, the person is also eligible for Medicaid.

There are specific rules regarding military pay when making financial eligibility decisions:

- For privatized housing and government housing, **Basic Allowance for Housing (BAH)** is treated as in-kind support and is not counted as income.
- When families reside off of the installation, BAH is counted as **unearned income** and can impact eligibility.
- **Hostile Fire/Imminent Danger Pay** is not counted as income.

### Social Security Disability Insurance

SSDI is a cash benefit program available to adults and children. It is based on the work history of the individual or the child’s parent. The amount depends upon the age of the person and the number of years the person has worked. SSDI pays only for total disability. No benefits are payable for partial disability or short-term disability. An individual may apply for SSDI at any time through their local SSA office or utilize the SSA’s online application.

### Eligibility

- SSDI is available to adults and children.
- Adults must have a diagnosed physical or cognitive impairment that results in the inability to do any “substantial gainful activity.” If the adult has an acquired disability, the medical condition or disability must have caused him or her to be unable to perform the same type of work or forced him or her to adjust to other work.
- Children must meet disability criteria before the age of twenty-two and the parent must have worked long enough to be insured under Social Security, be receiving retirement or disability benefits, or be deceased.
- The disability must have lasted, or be expected to last, at least twelve consecutive months or be expected to result in death.
- The person must be a United States citizen or meet certain non-citizenship requirements.



**Figure 9:1 — Comparing Supplemental Security Income and Social Security Disability Insurance Benefits**

	<b>Supplemental Security Income</b>	<b>Social Security Disability Insurance</b>
<b>Source of payments</b>	General tax revenues	Disability trust fund
<b>Minimum Initial Qualification Requirements</b>	<ul style="list-style-type: none"> <li>■ Must meet SSA’s disability criteria</li> <li>■ Must have limited income and resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Must meet SSA’s disability criteria</li> <li>■ Must be “insured” due to contributions made to FICA based on your own payroll earnings, or those of your spouse or your parents</li> </ul>
<b>Health Insurance Coverage Provided</b>	<ul style="list-style-type: none"> <li>■ Medicaid. A jointly funded, Federal-State health insurance program for low-income and needy individuals. It covers certain children, some or all of the aged, blind, and/or disabled in a State who are eligible to receive Federally assisted income maintenance payments.</li> <li>■ Title XIX of the Social Security Act authorizes Medicaid. The law gives the States options regarding eligibility under Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>■ Medicare. Consists of hospital insurance (Part A), supplementary medical insurance (Part B), and Medicare Advantage (Part C).</li> <li>■ Voluntary prescription drug benefits (Part D) are also included. Title XVIII of the Social Security Act authorizes Medicare.</li> </ul>
<b>How do we figure your monthly payment amount?</b>	<ul style="list-style-type: none"> <li>■ To figure your payment amount, your countable income is subtracted from the Federal Benefit Rate (FBR). That amount is added to your state supplement, if any. The income amount left after all the allowable deductions are made is “countable income.”</li> <li>■ The sections on SSI employment supports explain some of the ways that we can exclude income. The FBR is usually adjusted each year to account for cost-of-living changes.</li> </ul>	<ul style="list-style-type: none"> <li>■ Your SSDI monthly payment amount on the worker’s lifetime average earnings covered by Social Security. If you receive Workers’ Compensation payments (including Black Lung payments) and/or public disability benefits, for example, certain state and civil service disability benefits the amount may be reduced. Other income or resources do not affect the payment amount.</li> <li>■ The monthly payment amount each year to account is usually adjusted for cost-of-living changes.</li> <li>■ SSDI monthly benefits can be paid to dependents on your record, such as minor children.</li> </ul>
<b>Is a State Supplemental Payment provided?</b>	Many states pay some persons who receive SSI an additional amount called a “state supplement.” The amounts and qualifications for these state supplements vary from state to state.	There is no State Supplemental payment with the SSDI program.

### Food Assistance Programs

Some families may qualify for two public benefits related to food assistance. Keep information regarding the **Supplemental Nutrition Assistance Program (SNAP)** and the **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** available. Most grocery stores and the commissary participate in the SNAP and the WIC program. Families who are not eligible for SNAP may be eligible for the Department of Defense **Family Subsistence Supplemental Allowance (FSSA)** program.

#### Supplemental Nutrition Assistance Program

SNAP is the federally-funded state-administered cash benefit program (formally known as the Food Stamp Program). Participants are provided with an electronic benefits card at the commissary and most grocery stores to purchase food items.

##### Eligibility

- SNAP is available to individuals of any age.
- While disability is not an eligibility requirement, it does make a difference when determining countable income.
- Beneficiaries must be United States citizens or a legal alien admitted for permanent residency.
- Most able-bodied adults must meet certain work requirements.
- All household members must provide a Social Security number or apply for one.
- Certain financial requirements must be met.

An individual's disability does not impact eligibility for the Supplemental Nutrition Assistance Program, but it does make a difference when determining countable income for financial eligibility determinations.

#### The Woman, Infants and Children Program

WIC is a federally-funded grant program that provides supplemental food, health care, and nutrition education to low income pregnant, breastfeeding, and non-breastfeeding post-partum women and children up to the age of five who are at nutritional risk.

##### Eligibility

- Pregnant or post-partum women, or children through the age of five, may be eligible.
- A health professional must have determined that the individual is at nutritional risk.
- Certain financial requirements must be met.
- Individuals who participate in **Temporary Assistance of Needy Families (TANF)** or Medicaid may also qualify.
- Applicants within the **continental United States (CONUS)** must apply for benefits in the state in which they reside.
- Applicants residing **outside the continental United States (OCONUS)** can apply to the **WIC Overseas** program funded by the **Department of Defense (DoD)**.

### Family Subsistence Supplemental Allowance

FSSA is a monthly cash allowance of up to \$500 for low-income service members. FSSA raises the **Basic Allowance for Subsistence (BAS)** such that the family no longer requires or qualifies for SNAP. In some cases, families who do not qualify for SNAP may be eligible for FSSA. The need for FSSA must be certified by the command. The service member does not have to file for FSSA as a condition of SSI eligibility.

### Housing Assistance

Adult family members with special needs who do not reside with their sponsor may be eligible for housing and household assistance through several federal and/or state programs. This section focuses on three main types of housing and household assistance: **Section 8 of the Housing Act** vouchers for rent or purchase, the **Low Income Home Energy Assistance Program (LIHEAP)**, and the **Low Income Program of the Universal Service Fund-Telephone Service**.

#### Section 8 Housing — The Housing Choice Voucher Program

Section 8 of the Housing Act assists low-income and disabled individuals in securing housing using two types of portable subsidies. The first subsidy helps qualified individuals pay their rent. The rental assistance is paid directly to an individual's landlord. The second subsidy helps qualified first-time home buyers pay their mortgage. This program is optional in that local housing programs may *choose* to participate.

#### Eligibility

- Participant must be an adult.
- Certain financial requirements must be met; however, there are some Section 8 voucher set-asides for individuals with disabilities.
- Individuals with disabilities may use vouchers to pay rent to relatives. Contact your local housing authority for additional information.

There may be long wait lists for Section 8 housing. You should research the wait list status in your state before referring a family to this program.

#### Low Income Home Energy Assistance Program

LIHEAP is a federally-funded, state-administered program that assists low-income households with bill payments, energy crisis, weatherization, and energy-related home repairs.

#### Eligibility

- Eligibility and program application criteria differ from state to state.
- Some families who have at least one member who also receives assistance under any of the following federal programs may also qualify: TANF, SSI, SNAP, or certain veteran benefits.

### **Low Income Program of the Universal Service Fund — Telephone Service**

Through the **Universal Service Fund**, the Federal Communications Commission helps low-income individuals and families establish and maintain telephone service by discounting basic local service provided by local telephone companies. The programs available to support individuals with low incomes include Lifeline, Link Up, and Toll Limitation services.

These programs offer the following benefits:

- discounted basic, local, and monthly telephone service
- reduced costs for initiating residential telephone service or line extension
- the ability to restrict long distance calls or limit calling to a pre-set amount

### **Eligibility**

- Certain financial requirements must be met.
- Individuals that participate in the following public benefits may also qualify: public housing assistance, SNAP, LIHEAP, Medicaid, SSI, TANF, and/or a free school lunch program.

### **Summary**

This chapter addressed a range of public benefits. It included information on SSA benefits as well as housing and food assistance programs. [Chapter 10](#) will address issues of particular relevance to relocating families.

**T**his chapter covers the complex issues that most special needs families encounter as they relocate from one installation to another. It also includes resources and programs available to support the relocating family.

### Permanent Change of Station

The average military family completes a **permanent change of station (PCS)** move every two to three years by moving from one installation to another. Moving can involve transition from county to county, state to state, or from one country to another. It can be very challenging for families to locate and connect with services and supports in their new location.

The **Exceptional Family Member Program (EFMP)** is a mandatory enrollment program for all active duty service members with a family member with special needs. It is critical that service members enroll in the program so their family member's special needs can be appropriately considered throughout the assignment process. The assistance you offer will help them move and connect with services more smoothly.

### Exceptional Family Member Program Assignment Coordination

Operational and career development requirements are taken into consideration when coordinating assignments such that EFMP-enrollment does not negatively impact a service member's career. If the family is sent to a location where medical or other services are limited or non-existent, the individual's condition may be exacerbated and impact the entire family's quality of life. Ensuring availability of care improves the service member's ability to perform his or her duty.

Enrollment in the EFMP does not prevent deployment or overseas assignments. In the event that services are unavailable at the new duty station, service members may choose to take the assignment while the family's needs are being met elsewhere.

### Connecting to Resources

Service members with PCS orders need to be informed of the services provided by EFMP throughout the relocation process. Attend briefings, distribute information, and coordinate with the **Relocation Assistance Program (RAP)** to reach out to relocating service members.

There are several ways you can assist service members with PCS orders:

- encourage them to call your office for support
- ask where they are being reassigned before they meet with you so that you can gather and prepare relevant information and resources regarding the moving process and the new duty location
- contact the gaining installation's EFMP office and request any information or resources that will support the family

Visit **MilitaryINSTALLATIONS** at [www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil) to find contact information for the gaining installation's Exceptional Family Member Program.

## Relocation

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Be familiar with the resources available within the Family Center, on **MilitaryHOMEFRONT**, and through **Military OneSource** that you can use to support families completing a PCS move.

### **Installation Relocation Assistance Program**

Your installation RAP is the primary point of contact for all general relocation information. The program provides families with valuable moving resources for planning and making efficient and cost effective moves.

The installation RAP provides the following services:

- information on moving allowances and in/out processing requirements
- a connection to the new installation's relocation office and other important installation agencies
- access to a loan closet where families can borrow household items
- a method for being matched with a sponsor at the new duty station to assist in the transition

### **MilitaryHOMEFRONT's Special Needs/Exceptional Family Member Program Troops & Family Section**

MilitaryHOMEFRONT's special needs section provides current information on resources, services, and support. Some of the resources include information and points of contact for the following:

- Social Security benefits
- health care (e.g., **Medicare**, **Medicaid**, Medicaid Waivers, **TRICARE**, and **TRICARE Extended Care Health Option (ECHO)**)
- food assistance programs
- disability-related services and supports
- state early intervention and special education programs

### **MilitaryINSTALLATIONS**

**MilitaryINSTALLATIONS** is an online directory of programs and services available on or near military installations. It includes contact information for EFMPs worldwide, as well as maps, community points of interest, and search capabilities for information on the installation and the surrounding area. The "Get to Know the Installation" section provides information about local schools, **Department of Defense (DoD)** schools, and early intervention and special education services. Specific information about health care for families with special needs is also available.

### **Plan My Move**

**Plan My Move** is an online RAP tool available through MilitaryHOMEFRONT. Families can use the tool to create a fully customizable calendar "To Do" lists with links to installation

Take time to become familiar with the Plan My Move program available at [www.militaryhomefront.dod.mil/tf/movingandrelocation](http://www.militaryhomefront.dod.mil/tf/movingandrelocation).

information and points of contact from MilitaryINSTALLATIONS. Families can check a box on the first Plan My Move screen to indicate that they are traveling with a special needs family member. They will receive additional information regarding special needs travel, checklists, EFMP points of contact at the gaining and losing installation, adult concerns, accessible housing, cross county travel, health care, special education, and **Early Intervention Services (EIS)**.

Families wishing to schedule a consultation should call Military OneSource at 1-800-342-9647 and request an appointment with a Special Needs Specialty Consultant.

### **Military OneSource Specialty Consultations**

Sixty-minute sessions with Military OneSource Special Needs Specialty Consultants are available up to twelve times a year. The family's needs are assessed and information is provided about moving, benefits, education, finances, housing, support groups, medical resources, and more.

### **Housing**

The wait for accessible housing can be quite long; however, each Service has regulations regarding priority placement in installation housing. Before families relocate, assist them with researching the availability of housing at the gaining installation. The gaining installation EFMP office can connect the family to the housing office.

Take time to visit your installation housing office and ask for information that you can give to incoming families who require accessible housing or priority placement. If housing is not readily available on the installation, the housing office should be able to suggest options or assist in finding accessible local housing.

Finding an accessible home can be a challenge for families. When families have an infant with special needs, they may not be concerned about accessible housing; however, as the child grows and gains weight, a wheelchair or other equipment may become necessary and access around the home will become very important.

The **Uniform Federal Accessibility Standards (UFAS)** requires that at least five percent of the total (but at least one unit) of all stateside military housing constructed must be designed and built to be accessible or readily and easily modifiable to be accessible. Modification or adaptation of individual units is given a high priority when a requirement is identified. If the family is receiving Medicaid waiver services and they own their own home, they may be able to receive assistance with home modifications.

If a house needs to be modified, discuss the date of need and availability of accessible housing in advance. Families should explore floor plans to ensure sufficient space is available. For example, if a Hoyer lift is used to lift a family member into a bathtub or if the individual uses a bath chair, dimensions of the bathroom are important to ensure ease of getting into and out of the tub. Many installation housing offices and apartment complexes provide floor plans on their websites.

### Fair Housing Act

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of residences based on race, color, religion, sex, national origin, familial status, or disability. Amendments to the act include six technical requirements for all units on ground floors in buildings without elevators and all units in buildings with elevators built after March 13, 1991. The requirements are as follows:

- public and common areas must be accessible to persons with disabilities
- doors and hallways must be wide enough for wheelchairs and provide an accessible route into and through the unit
- light switches, electrical outlets, thermostats, and other environmental controls must be accessible
- bathroom walls must be reinforced to allow later installation of grab bars
- kitchens and bathrooms must be able to accommodate people in wheelchairs

Families may have basic questions about the Fair Housing Act and how it might affect their search for appropriate housing. Include this information during the family's **warm hand-off** to the installation **Legal Assistance Office**, which can provide more comprehensive information and legal advice.

### TRICARE Portability

Eligibility for TRICARE does not change when a family relocates. However, some benefits and the plan the family uses may change. **TRICARE Prime** enrollees remain enrolled at their losing location until a transfer of the enrollment has been processed. After relocating, families should update their personal information in **Defense Eligibility Enrollment Reporting System (DEERS)**. Families that have relocated outside of their TRICARE region will need to transfer enrollment to their new TRICARE Region.

Enrollment transfer can be done via the **Beneficiary Web Enrollment (BWE)** site by submitting a TRICARE Prime Enrollment and **Primary Care Manager (PCM) Change Form** to the regional contractor through the mail or by visiting a **TRICARE Service Center (TSC)** to submit the form in person. Enrollment transfer can also be done during the local in-processing at the new location. Furthermore, active duty service members and active duty family members can transfer their TRICARE Prime enrollment over the phone by calling the gaining contractor upon arrival in the new location.

Continuing enrollment in TRICARE Prime or **TRICARE Prime Remote** requires a change of PCM. The PCM change will take effect on the day the enrollment is processed by the TRICARE regional contractor. Until the change is processed, the family will need to continue health care coordination with their previous PCM to avoid additional point of service charges. The family can request a PCM change through the TRICARE regional contractor at their new location by visiting the TRICARE Beneficiary Web Enrollment site or submitting a DD Form 2876, "TRICARE Prime Enrollment Application and Primary Care Manager Change Form," to the TRICARE regional contractor or TSC.

Families enrolled in TRICARE Prime that relocate to a non-TRICARE Prime service area need to disenroll from TRICARE Prime after they arrive at their new location. Families can disenroll by updating their personal

The Beneficiary Web Enrollment website can be accessed at [www.dmdc.osd.mil/appj/bwe/indexAction.do](http://www.dmdc.osd.mil/appj/bwe/indexAction.do). TRICARE forms are available at <http://tricare.mil/mybenefit/Forms.do>.



information in DEERS, then submit a DD Form 2877, "TRICARE Prime Disenrollment Application Form," to their new TRICARE regional contractor. Once a family is disenrolled from TRICARE Prime, coverage automatically switches to **TRICARE Standard** or **TRICARE Extra**. In regards to disenrollment, active duty family members with an E-1 to E-4 sponsor can change their enrollment status an unlimited number of times per enrollment year (October 1 to September 30). However, those with an E-5 and above sponsor may change their enrollment status no more than twice in an enrollment year for any reason. Once disenrolled for the second time, the family will not be eligible to re-enroll for a 12-month period from the effective date of disenrollment. A more detailed description of each TRICARE policy can be found in [Chapter 8, Health Care Benefits](#).

## Early Intervention and Special Education Services Considerations

As a family relocates, it is important it understands that early intervention and special education services vary from location to location. Encourage parents to research available programs as soon as possible to minimize delays in service.

Help reduce the stress of this relocation by reaching out to EFMP staff at the gaining installation to learn more about EIS and special education programs at the new location. Remind families that non-DoD EIS programs and public schools may have different policies or procedures guiding the operation of their programs. Families should not expect to receive the exact same EIS and special education services at their new location as they received at their old location.

Moving with a child receiving EIS services requires some advanced planning. Before relocating, recommend the parents meet with their child's providers to review progress. At least one month prior to moving is a good time to have EIS providers review and update the child's Individualized Family Services Plan (IFSP) if needed. Ensuring that the IFSP accurately reflects the child's current level of performance and identifies any additional needs for services will help smooth the process at the new location. EIS records and pertinent medical reports should be hand-carried to the new EIS program coordinator.

At least thirty days prior to a move, parents should take the following steps to smoothly transition a child's special education services from one school to another:

- notify the school of the move and request a copy of their child's complete educational record (a sample Request for Records letter is included in the [Appendix](#))
- ensure that the copy of the educational records include the most recent IEP or Section 504 Plan
- confirm that the school has completed and included copies of all tests and assessments
- obtain copies of pertinent medical records (both civilian and military)

The Individuals with Disabilities Education Act (IDEA) requires that the new school provide comparable services to those outlined in the child's Individualized Education Program (IEP) until the school is able to conduct an evaluation to determine eligibility for services under the new state's guidelines.

To find more information or the states that have enacted the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act, visit [www.guardianship.org/UAGPPJA.htm](http://www.guardianship.org/UAGPPJA.htm).

## Relocation

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- acquire written reports from the teacher and service providers regarding progress and recommendations for continued service
- gather information regarding adaptive equipment and assistive technology with serial numbers, warranties, and manufacture information

Families should enroll their children in the new school as soon as possible. This process can be facilitated by hand-carrying their child's educational records and any pertinent paperwork to the new school. Parents may be requested to sign appropriate releases allowing the gaining school to obtain official copies of their child's records.

Encourage parents to familiarize themselves with education services at the new school that may be appropriate for their child. This information is typically available through the state's **Department of Education (DOE)** website and the school district's website.

### Guardianship and Conservatorship

Guardianship and conservatorship need to be considered when relocating out of state or **outside the continental United States (OCONUS)** as there are jurisdictional issues and conflicting laws. Many states have laws addressing the recognition and registration of foreign or out-of-state guardianships. Some state laws require guardians to notify or petition the original court before transferring to a different county, state, or country. If families relocate to a state that does not recognize out-of-state guardianships or conservatorships, they may have to restart the legal process.

The **Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA)** has been adopted by many states. In those states, the incapacitation order may be recognized if the guardian notifies the court which issued the original guardianship order and registers the original guardianship order with the local court at the new location.

### Relocating State to State

Potential changes in legal, financial, and medical entitlements need to be taken into consideration when a family relocates within the **continental United States (CONUS)**. States vary in terms of the services they provide beyond the federal government requirements. Changes in pay, such as receipt of a higher **Basic Allowance for Housing (BAH)**, may impact a family's eligibility to receive assistance such as **Supplemental Security Income (SSI)** and Medicaid. Assist families by helping them prepare for potential changes in government benefits.

### Relocating Overseas

#### Overseas Screening

All service members and their families traveling overseas at government expense must complete the **overseas screening** process. Each Service must verify the availability of medical and educational services at the overseas location. The screening process involves the Military Medical Departments and **Department of Defense Dependents Schools (DoDDS)** overseas. Screening can help prevent problems that impact readiness. These include issues that may exacerbate the family member's condition (e.g., stress or lack of medical specialty care), the service member's absence from duty, or even the early return of individuals or the whole family.

When appropriate services do not exist at the new duty station, the service member has the option to accept the assignment unaccompanied while his or her family member's needs are met elsewhere. Be aware, however, that even though the service member is on an unaccompanied assignment overseas, he or she is not exempt from deployment.

### Non-Command Sponsorship

Some families choose to move overseas without **command sponsorship**. Doing so can create significant hardships for the entire family. Since they are considered tourists, family members are subject to being sent home at their own expense and may only remain in country for a limited period of time. Other factors to be carefully considered before a family relocates overseas without command sponsorship include the availability of medical care and housing; enrollment in a DoD school; limited travel reimbursement and employment options; and **Status of Forces Agreement (SOFA)** benefits.

### Status of Forces Agreement

Your installation legal office is the best point of contact regarding SOFA benefits. The SOFA is a legal agreement between the U.S. Military and the host country that defines the legal status of U.S. personnel and property in the territory of another nation. It sets forth rights and responsibilities of both the U.S. and the host government on matters of criminal and civil jurisdiction, the wearing of uniforms, carrying arms, tax and customs relief, and entry and exit of personnel.

The SOFA applies to command sponsored family members. This may be important to special needs families if the family member's disability impacts behaviors or choices. The laws of other countries can be significantly different than those in the U.S. and may carry different consequences if broken.

### Living and Working in an Overseas Environment

Moving OCONUS creates opportunities to experience new and interesting situations, cultures, and environments. Some adaptation or adjustment to a new life abroad is natural, but the challenges may be compounded for families with special needs.

The transitional period during the move may delay access to services and supplies. Prior to the move, families should request at least a one-month supply of medication for the family member with special needs and purchase any other supplies that may be needed during the transition. After reaching the new duty station, parents should schedule an appointment with the family member's new PCM to establish continuation of care. Assist families in accessing public benefits, as eligibility can change when the individual leaves the CONUS.

The new environment may be quite different from what most families are used to in the CONUS. Local norms, laws, and customs may seem strange to those who are unprepared for such differences. For example, host countries may not have the same requirements as the CONUS for providing accommodations such as wheelchair access on and off military installations.

Families stationed outside the Continental United States can apply to the Women, Infants, and Children Overseas program funded by the Department of Defense by visiting [www.tricare.mil/mybenefit/home/overview/SpecialPrograms/WICOverseas](http://www.tricare.mil/mybenefit/home/overview/SpecialPrograms/WICOverseas).

## Relocation

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Service members and families stationed OCONUS may experience the following challenges:

- additional stress due to the unfamiliarity of the environment
- culture shock and reverse culture shock (on return to the United States)
- differences in language, customs, values, and beliefs
- longer or inconsistent adjustment periods
- intercultural communication skills

Those who successfully negotiate the move find their time OCONUS to be interesting and fruitful. Those who are not so successful often struggle throughout their overseas assignment. Left unchecked, this situation can negatively impact work performance, personal relationships, and may exacerbate medical issues. The best way to help people manage the stress of uncertainty is to provide information. Encourage individuals to become informed about opportunities in the community and to get involved in activities that will help to enhance the overseas experience.

### **Humanitarian or Compassionate Reassignments**

At some point during a tour of service, a service member may experience a severe family hardship. Emergency leave may not always be practical or long enough to address issues, but the Services have policies in place which allow military members to be temporarily re-assigned or deferred from assignment in the event of a severe family hardship. The Army refers to this as “**Compassionate Assignments**,” while the Marine Corps, Navy, and Air Force refer to it as “**Humanitarian Assignments**.” While policies vary slightly between the Services, to be granted compassionate or humanitarian re-assignment, the following conditions must generally be met:

- the problem is temporary and expected to be resolved within one year
- the problem cannot be resolved through the use of leave, correspondence, power of attorney, or the help of family members or other parties
- the problem neither existed nor was foreseen at the time of latest entry on active duty
- the problem involves the health and welfare of an immediate family member, as defined by the individual Service

These re-assignments may become necessary for service members assigned to a duty station while their families have elected to remain in one location where their needs can be met. A service member can request a compassionate or humanitarian assignment in the event of an emergency or of an unforeseen medical issue. Service members submit their request through their chain of command. Family members and other individuals cannot do this for their service member. Consult your Service regulations for more information about humanitarian or compassionate reassignments.

### **Summary**

This chapter discussed the challenges facing relocating families. It also provides information on programs and services available for you and the family before, during, and after the PCS. In the Appendix, you will find information on helpful websites, resource tables, sample forms, and an acronym list. This Guide concludes with a glossary.

# Exceptional Family Member Program Privacy Act Statement (Sample)

## 1. LEGAL AUTHORITY FOR REQUESTING INFORMATION:

**EXAMPLE:** 5 United States Code 301 authorizes the Secretary of the Navy to make regulations for the Department of the Navy. By SECNAVINST 1754.1A, superseded by SECNAVINST 1754.1B, "Department of the Navy Family Service Center Program," the Secretary established the Navy Family Service Center Program, renamed the Navy Fleet and Family Support Programs, including the procedures to be followed in the collection and release of personal information.

**2. PRINCIPAL PURPOSE FOR WHICH YOUR INFORMATION WILL BE USED:** The information you provide will help the Exceptional Family Member Program (EFMP) professional staff to evaluate your needs or the needs of your family member and coordinate appropriate services.

**3. ROUTINE USES THAT MAY BE MADE OF YOUR INFORMATION:** In addition to the principle purpose given in paragraph (2) above, your information may be used for one or more of the routine uses listed in the Federal Register notice for this system (including the blanket routine uses that are applicable to all DoD Privacy Act Systems of records). This Federal Register notice is available for you to see upon request. Routine uses include but are not limited to the following:

- disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse and neglect
- disclosure to the appropriate federal, state, or local agency charged with enforcing a law, where EFMP records indicate that a violation of law may have occurred
- disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFA)
- disclosure to the Department of Justice for litigation purposes

**4. DISCLOSURE OF YOUR INFORMATION:** In addition to using the information you give us for the principle purpose and the routine uses stated above, your information may be disclosed in certain other specific circumstances, as permitted by exceptions to the Privacy Act. These could include releases to activities seeking information that may be evaluated in regard to clearances, personnel reliability programs, law enforcement programs, life-threatening situations, substance abuse programs, and family abuse situations.

**5. DISCLOSURE IS VOLUNTARY:** You do not have to disclose any information to us; 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 manager has explained the contents of the Privacy Act Statement to me.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Release of Information Authorization Form (Sample)

Authority to request the following information is derived from 5 United States Code (USC) 301 and 10 USC 5031.

The form will be used by the officials of the Exceptional Family Member Program (EFMP) to assist applicants.

This information may be released under one or more routine uses listed in the Federal Register notice for this system, including the blanket routine uses applicable to all Privacy Act systems of records.

Completion of this form is voluntary. Failure to provide this information, however, may hinder or prevent EFMP staff from being able to assist you.

I/We hereby authorize \_\_\_\_\_

(agency or individual)

to release and request information regarding \_\_\_\_\_

(family member)

to and from \_\_\_\_\_. The purpose of releasing this

information is \_\_\_\_\_

\_\_\_\_\_.

This permission shall remain valid for one year from date of signature.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

## Exceptional Family Member Program Services Plan (SP) (Sample)

Start Date: \_\_\_\_\_

Service Member's Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Duty Station/Unit: \_\_\_\_\_

Family Member's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Others involved in the development of the SP: \_\_\_\_\_

Services the family/individual already has in place: \_\_\_\_\_

Family/Individual's Desired Goals	Steps to Achieving Goals	Relevant Points of Contacts	Achieved Services
<i>Day time supervision</i>	1. 2. 3.	<p><b>Case Notes:</b> Sam is a mild-moderately intellectually disabled adult. The family has just relocated to the area and would like to start getting Sam involved in local area events and activities to increase his socialization and physical activity and to help him get accustomed to the new area.</p> <p>Mom works as a full-time nurse; Dad is on active duty and travels a lot as a pilot. Their son has aged-out of school and is too old for installation youth programs. Until Mom gets connected with employment opportunities for Sam, she needs assistance with locating a source for day-time supervision.</p>	
<i>Employment assistance</i>			
<i>Increase community participation/socialization</i>			

Agreed-upon frequency of follow-up contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Exceptional Family Member Program Case Notes (Sample)

Family Member's Name: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Session: \_\_\_\_\_ Face to Face

\_\_\_\_\_ Phone

\_\_\_\_\_ Other: \_\_\_\_\_

Service Plan Goal: \_\_\_\_\_

Case Notes: \_\_\_\_\_

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Referrals: \_\_\_\_\_

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Status or Follow up: \_\_\_\_\_

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EFMP Professional's Signature \_\_\_\_\_



## Needs Assessment Checklist (Sample)

### Family Information

Sponsor/Email:	SSN (last four):
Spouse/Email:	Phone:
Family Member:	Age:
Family Member:	Age:
Family Member:	Age:
Total # of boys with ages:	Total # of girls with ages:

### Installation Information

Current Location:	Program Manager:
Gaining Location:	Program Manager:

### Dates

Effective Date of Orders:	Estimated Date of Travel:	Estimated Date of Arrival:
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### Needs Assessment for the Exceptional Family Member Program

	Question	Yes	No	Comments
1	Do you have a current enrollment in EFMP?			
2	Are you familiar with Family Center programs and services?			
3	Are you familiar with the various programs and services of EFMP?			
4	Would you like more information about EFMP/ disability awareness?			
5	Would you be interested in a specials needs support group?			
6	Would you be interested in EFMP recreational activities?			

### Needs Assessment for Employment

	Question	Yes	No	Comments
1	Are you interested in learning about employment opportunities on the installation?			
2	Are you interested in pursuing professional and career development?			

### Needs Assessment for Separation/Retirement

	Question	Yes	No	Comments
1	Are you within one to two years of your estimated separation or retirement?			
2	Do you need information about continuation of military or veteran's benefits?			

### Needs Assessment for Transition to Adulthood

	Question	Yes	No	Comments
1	Is your child within one to two years of turning eighteen?			
2	Do you need information regarding the continuation of military and/or federal benefits?			
3	Do you need information regarding guardianship?			
4	Do you need information regarding vocational opportunities?			

### Needs Assessment for General Family Support

	Question	Yes	No	Comments
1	Do you anticipate any major life changes over the next year that would necessitate additional services or supports (e.g., deployment, marriage, new baby)?			
2	Are you interested in learning about counseling services available to military families?			
3	Do you know about existing family readiness services?			

### Needs Assessment for Finances

	Question	Yes	No	Comments
1	Do you need immediate emergency financial assistance to meet your basic living needs?			
2	Do you need intermediate or long-term financial budgeting or planning support?			

### Needs Assessment for Housing

	Question	Yes	No	Comments
1	Will your family be applying for housing?			
2	Does your family qualify for priority housing?			
3	Does your family member require accommodations or modification for housing?			
4	Have you already applied for housing?			
5	Do you have any animals/service animals?			

### Needs Assessment for Travel

	Question	Yes	No	Comments
1	Will your family require special travel?			
2	Are all medication prescriptions filled, including refills?			
3	Will your family need a hotel room with modifications?			
4	Does your family have its "Plan My Move" calendar?			
5	Do you need accommodation for animals?			

### Needs Assessment for Medical

	Question	Yes	No	Comments
1	Do you have copies of your family member's medical records?			
2	Have you transferred your TRICARE Case Manager?			
3	Have you identified and contacted doctors at the gaining installation?			
4	Will you need doctors appointments within thirty days of your arrival?			
5	Does your family member have any pharmaceutical considerations?			

### Needs Assessment for School

	Question	Yes	No	Comments
1	Do you have current copies of your Individualized Family Services Plan (IFSP)/Individualized Education Plan (IEP) or 504?			
2	Is your family member's IFSP/IEP Notebook completed?			
3	Does the school provide any assistive technology?			
4	Does the gaining school district have the current IFSP/IEP or 504?			

### Needs Assessment for State Services

	Question	Yes	No	Comments
1	Does your family member qualify for Supplemental Security Income (SSI)?			
2	Does your family member qualify for Medicaid?			
3	Does your family member qualify for Developmental Disability Services?			
4	Does your family qualify for Women, Infants, and Children (WIC)/Supplemental Nutrition Assistance Program (SNAP)?			

### Needs Assessment for Respite/Child Care

	Question	Yes	No	Comments
1	Do you need a respite care provider?			
2	Do you need a child care provider?			
3	Will your child(ren) be participating in children and youth programs?			

## Request for Evaluation (Sample)

Date: \_\_\_\_\_

Director of Special Education/Principal

School District

School

Re: (Child's Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear \_\_\_\_\_:

I am writing to refer my child to the committee on special education. I am requesting a special education assessment in all areas of suspected disability and specifically in the following areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Some of my concerns are based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the school district agrees to evaluate my child, I understand I will be presented with a written evaluation plan within fifteen days and that the plan will identify the tests to be given, dates for the tests, the names of the persons who will administer the tests, and explanations of the tests and their purposes.

Sincerely,

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Independent Educational Evaluation (IEE) (Sample)

Date: \_\_\_\_\_

Director of Special Education/Principal

School District

School

Re: (Child's Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear \_\_\_\_\_:

I am requesting an Independent Educational Evaluation (IEE) because I believe the results of my child's school district assessments are inaccurate or incomplete. I believe the results of these assessments are flawed in their accuracy or completeness and are not sufficient to guide the Individualized Education Program (IEP) team to an appropriate identification of disability, services, or placement.

With regard to my child's current assessments, I disagree with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Records (Sample)

Date: \_\_\_\_\_

Director of Special Education/Principal

School District

School

Re: (Child's Name) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear \_\_\_\_\_:

I am developing a personal home file for my child's special education information. I am requesting a complete copy of all school records cumulative and confidential within the school district that contain my child's name, \_\_\_\_\_.

Please include copies of all evaluations and actual test scores, the Cumulative Record, Health Record, Discipline Record, Psychological Record, Confidential Record, Assessments, Individualized Educational Program, and Teacher Record.

If the school district charges a fee for this service, please alert me as soon as possible. If you have any questions about my request contact me at \_\_\_\_\_.

Sincerely,

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_



## Public Benefits Resource Table

Resource	Contact	Organization	Purpose
<b>SSI and SSDI</b>			
Your Benefits Connection	<a href="http://www.benefits.gov">www.benefits.gov</a>	Benefits.gov–Your Benefits Connection	Using a questionnaire, this site informs citizens of benefits for which they may be eligible. The site also contains information on over 1,000 benefit and assistance programs.
Local Office Locator	<a href="https://secure.ssa.gov/apps6z/fo/fo001.jsp">https://secure.ssa.gov/apps6z/fo/fo001.jsp</a>	Social Security Administration	A tool for locating Social Security offices.
2010 Poverty Guidelines	<a href="http://www.cms.gov/medicaideligibility/07_incomeandresourceguidelines.asp">www.cms.gov/medicaideligibility/07_incomeandresourceguidelines.asp</a>	United States Department of Health and Human Services-Centers for Medicare and Medicaid Services	Guidelines pertaining to Supplemental Security Income (SSI) income and resource limits, special income level, SSI break-even points, and spousal impoverishment.
Internet Appeal: How to Appeal a Decision on Your Social Security Disability Claim Online	<a href="https://secure.ssa.gov/apps6z/iappeals/ap001.jsp">https://secure.ssa.gov/apps6z/iappeals/ap001.jsp</a>	Social Security Administration	An introduction to the process for requesting a review of the Social Security Administration’s medical decision denying an application for disability benefits.
Benefits for Children with Disabilities booklet	<a href="http://www.ssa.gov/pubs/10026.html">www.ssa.gov/pubs/10026.html</a>	Social Security Administration	For parents, caregivers or representatives of children younger than age eighteen with disabilities that might make them eligible for Supplemental Security Income (SSI) payments. It is also for adults who became disabled in childhood and who might be entitled to Social Security Disability Insurance (SSDI) benefits.
The Social Security Administration’s Program Operations Manual System	<a href="https://secure.ssa.gov/apps10/poms.nsf/subchapterlist!openview&amp;restrictto=category=05008">https://secure.ssa.gov/apps10/poms.nsf/subchapterlist!openview&amp;restrictto=category=05008</a>	Social Security Administration	The policy that explains the Social Security Administration’s treatment of Uniformed Services pay and allowances.
Disability Planner: Social Security Protection if You Become Disabled	<a href="http://www.ssa.gov/dibplan/">www.ssa.gov/dibplan/</a>	Social Security Administration	An overview of the benefits available, eligibility criteria, who can receive benefits, how to apply for the benefits, and what happens when an application is approved.

Resource	Contact	Organization	Purpose
Red Book	<a href="http://www.ssa.gov/redbook/eng/main.htm">www.ssa.gov/redbook/eng/main.htm</a>	Social Security Administration	A summary guide to employment supports for individuals with disabilities under the Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs.
Understanding Supplemental Security Income (SSI)	<a href="http://www.ssa.gov/ssi/text-understanding-ssi.htm">www.ssa.gov/ssi/text-understanding-ssi.htm</a>	Social Security Administration	A comprehensive overview of Supplemental Security Income (SSI).
SSI Spotlight on Special SSI Rules for Children of Military Personnel Living Overseas, 2010 Edition	<a href="https://www.socialsecurity.gov/ssi/spotlights/spot-military-overseas.htm">https://www.socialsecurity.gov/ssi/spotlights/spot-military-overseas.htm</a>	Social Security Administration	An overview page regarding Supplemental Security Income (SSI) and how it pertains to children of military personnel living overseas.
Child Benefit Application Procedures	<a href="http://www.ssa.gov/applyfordisability/child.htm">www.ssa.gov/applyfordisability/child.htm</a>	Social Security Administration	An overview of the process for applying for Supplemental Security Income (SSI) disability benefits for children under eighteen.
Adult Disability and Work History Report	<a href="https://secure.ssa.gov/apps6z/i3369/ee001-fe.jsp">https://secure.ssa.gov/apps6z/i3369/ee001-fe.jsp</a>	Social Security Administration	Adult and medical history for adult disability benefits application.
Work Credits Deeded for Disability Benefits	<a href="http://www.ssa.gov/retire2/credits3.htm">www.ssa.gov/retire2/credits3.htm</a>	Social Security Administration	Rules and ages for work credits.
Apply Online for Disability Benefits	<a href="http://www.socialsecurity.gov/applyfordisability/index.htm">www.socialsecurity.gov/applyfordisability/index.htm</a>	Social Security Administration	Instructions and procedures for filing for Security Disability Insurance (SSDI) benefits online.
Disability Benefits Booklet	<a href="http://www.ssa.gov/pubs/10029.html">www.ssa.gov/pubs/10029.html</a>	Social Security Administration	Detailed information on applying for Security Disability Insurance (SSDI) benefits.
<b>Medicare</b>			
Medicare Eligibility Tool	<a href="http://www.medicare.gov/medicare-eligibility/home.asp?dest=nav home myenrollment#tabtop">www.medicare.gov/medicare-eligibility/home.asp?dest=nav home myenrollment#tabtop</a>	Department of Health and Human Services-Centers for Medicare and Medicaid Services	Information about Medicare eligibility and enrollment.
Medicare FAQs	<a href="http://www.medicare.gov/medicare-eligibility/home.asp?dest=nav home generalenrollment#tabtop">www.medicare.gov/medicare-eligibility/home.asp?dest=nav home generalenrollment#tabtop</a>	Department of Health and Human Services-Centers for Medicare and Medicaid Services	General Medicare information, eligibility, and enrollment.

Resource	Contact	Organization	Purpose
<b>Medicaid</b>			
Link to State Medicaid Agency Websites	<a href="http://www.nasmd.org/links/state_medicaid_links.asp">www.nasmd.org/links/state_medicaid_links.asp</a>	National Association of State Medicaid Directors	A tool providing links to state Medicaid offices.
Understanding Medicaid Home and Community Services: A Primer	<a href="http://www.aspe.hhs.gov/daltcp/reports/primer.htm">www.aspe.hhs.gov/daltcp/reports/primer.htm</a>	George Washington University's Center for Health Policy Research	A guide to the Medicaid program.
<b>Vocational Rehabilitation Services and Employment-Related Programs</b>			
State Website Locator	<a href="http://askjan.org/cgi-win/typequery.exe?902">askjan.org/cgi-win/typequery.exe?902</a>	Job Accommodation Network	A list of state vocational rehabilitation services websites.
Blending and Braiding Resources to Support the Employment of People with Disabilities	<a href="http://www.ntarcenter.org/content/webinars">www.ntarcenter.org/content/webinars</a>	National Technical Assistance and Research Center	Information on blending various support systems to support customized employment plans.
Getting the Most from the Public Vocational Rehabilitation System	<a href="http://www.communityinclusion.org/article.php?article_id=129">www.communityinclusion.org/article.php?article_id=129</a>	University of Minnesota's Institute for Community Inclusion, affiliated with the University of Massachusetts, Boston	An overview of the vocational rehabilitation system in a question and answer format.
Partners in Employment	<a href="http://www.partnersinpolycymaking.com/employment">www.partnersinpolycymaking.com/employment</a>	Partners in Policy Making, established by the Minnesota Governor's Council on Developmental Disabilities	A six-hour self-study course designed to help people with developmental disabilities find meaningful jobs and plan careers.
Workforce Investment Act	<a href="http://www.doleta.gov/usworkforce/wia/runningtext.cfm">www.doleta.gov/usworkforce/wia/runningtext.cfm</a>	Department of Labor	An overview of the Workforce Investment Act.
The Work Incentives Planning and Assistance (WIPA) Program	<a href="https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate">https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate</a>	Social Security Administration	Referrals to state Work Incentives Planning and Assistance (WIPA) sites.
Client Assistance Program	<a href="http://www.napas.org/en/component/content/article/2-paacap-network-/9-the-paa-cap-system-.html">www.napas.org/en/component/content/article/2-paacap-network-/9-the-paa-cap-system-.html</a>	National Disability Rights Network	An overview of when and why to contact a state client assistance program.
<b>Supplemental Nutrition Assistance Program</b>			
Supplemental Nutrition Assistance Program (SNAP)	<a href="http://www.fns.usda.gov/snap/Default.htm">www.fns.usda.gov/snap/Default.htm</a>	Department of Agriculture	An overview of Supplemental Nutrition Assistance Program (SNAP).
Supplemental Nutrition Assistance Program (SNAP) Office Locator	<a href="http://www.fns.usda.gov/snap/outreach/map.htm">www.fns.usda.gov/snap/outreach/map.htm</a>	Department of Agriculture	A tool for finding local Supplemental Nutrition Assistance Program (SNAP) offices.

Resource	Contact	Organization	Purpose
Family Subsistence Supplemental Allowance	<a href="https://www.dmdc.osd.mil/fssa/owa/go">https://www.dmdc.osd.mil/fssa/owa/go</a>	Office of the Secretary of Defense	Cash Allowance for low income service members, supplementing Basic Allowance for Subsistence (BAS).
<b>Women, Infants, and Children</b>			
Women, Infants, and Children (WIC)	<a href="http://www.fns.usda.gov/wic/howtoapply">www.fns.usda.gov/wic/howtoapply</a>	Department of Agriculture	An overview of how to apply for Women, Infants, and Children (WIC).
WIC Contacts	<a href="http://www.fns.usda.gov/wic/contacts/contactsmenu.htm">www.fns.usda.gov/wic/contacts/contactsmenu.htm</a>	Department of Agriculture	A listing of Women, Infants, and Children (WIC) contact information.
WIC Overseas	<a href="http://www.tricare.mil/mybenefit/home/overview/SpecialPrograms/WICOverseas">www.tricare.mil/mybenefit/home/overview/SpecialPrograms/WICOverseas</a>	Department of Defense	Information on the Department of Defense (DoD) Women, Infants, and Children (WIC) Overseas Program for eligible participants living overseas.
<b>Home Ownership</b>			
Housing Choice Voucher Program (Section 8)	<a href="http://www.affordablehousingonline.com/section8housing.asp">www.affordablehousingonline.com/section8housing.asp</a>	Affordable Housing Online	An overview of the Housing Choice Voucher program in question and answer format.
Home of Your Own Guide	<a href="http://chance.unh.edu/guide.htm">chance.unh.edu/guide.htm</a>	National Home of Your Own Alliance	An overview of home-buying issues and barriers specific to individuals with disabilities.
Funding Sources Successfully Used by States to Support Development of Integrated, Affordable, and Accessible Community Housing	<a href="http://www.hcbs.org/moreinfo.php/doc/2112">www.hcbs.org/moreinfo.php/doc/2112</a>	Home and Community Based Services Clearinghouse	Information regarding community strategies that increase the amount of integrated, affordable, and accessible housing units.
Housing and Mortgages for People with Disabilities	<a href="http://www.mortgageloan.com/disabilities/">www.mortgageloan.com/disabilities/</a>	Mortgage Loan and Directory Information, Inc.	A guide for individuals living with disabilities and their family members to facilitate the home-buying process.
Low-income Home Energy Assistance Program	<a href="http://www.acf.hhs.gov/programs/ocs/liheap/grantees/states.html">www.acf.hhs.gov/programs/ocs/liheap/grantees/states.html</a>	Department of Health and Human Services-Administration for Children and Families	A tool for locating state offices.
Low-income Telephone Service	<a href="http://www.lifelinesupport.org/li/low-income/">www.lifelinesupport.org/li/low-income/</a>	Universal Service Administration Company	An overview of discounted telephone service.

## **A–Z Index of Government and Non-Government, Agencies and Resources**

This index, provided by USA.gov, links to websites that provide useful, timely, citizen-centered government information and services and can be located at [www.usa.gov/Agencies/Federal/All\\_Agencies](http://www.usa.gov/Agencies/Federal/All_Agencies).

### **Administration on Developmental Disabilities**

The Administration on Developmental Disabilities (ADD) partners with state governments, local communities, and the private sector to assist people with developmental disabilities by helping them to reach their maximum potential through increased independence, productivity, and integration within the community. [www.acf.hhs.gov/programs/add](http://www.acf.hhs.gov/programs/add)

### **Affordable Housing Online**

Affordable Housing Online provides detailed information about subsidies available through Section 8 of the Housing Act. Low-income and disabled individuals may qualify for rent assistance and/or first time home buyer mortgage assistance. This is a federal program operated at the local level through city housing authorities. [www.affordablehousingonline.com](http://www.affordablehousingonline.com)

### **Air Force Aid Society**

The Air Force Aid Society (AFAS) is a nonprofit organization that provides emergency assistance to active duty service members and their families. Assistance is given in the form of interest-free loans and grants. The AFAS also has a Respite Care Program designed for personnel with special needs family members. [www.afas.org](http://www.afas.org)

### **American Red Cross**

The American Red Cross offers support and comfort to military members and their families by helping them stay connected during deployments and emergency situations. The American Red Cross also provides access to financial assistance, counseling, and assistance to veterans. [www.redcross.org](http://www.redcross.org)

### **Armed Services YMCA**

Armed Services YMCA (ASYMCA) supports military personnel and their families through educational, recreational, social, and religious programs and services. The ASYMCA sponsors a number of support groups, including a group for military families who have children with disabilities. [www.asymca.net](http://www.asymca.net)

### **Army Emergency Relief**

The Army Emergency Relief (AER) is a nonprofit organization that provides financial assistance to Soldiers and their families through the use of interest-free loans and grants for emergency assistance. [www.aerhq.org](http://www.aerhq.org)

### **Benefits.gov**

This is the official benefits website of the United States government which contains information on over 1,000 benefit and assistance programs. Individuals can search for benefits by state, category, or agency and can assess eligibility for specific benefits by completing a short questionnaire. [www.benefits.gov](http://www.benefits.gov)

## **CareerOneStop**

CareerOneStop shares career resources and workforce information to job seekers, students, businesses, and workforce professionals to foster talent development. CareerOneStop provides detailed information on credentialing, help with resume writing, resources for the disabled and injured, and assistance in matching military experience to civilian occupations. [www.careeronestop.org](http://www.careeronestop.org)

## **Centers for Disease Control and Prevention**

The Centers for Disease Control (CDC) and Prevention has a primary online communication channel for the CDC designed to provide users with credible, reliable information on diseases and conditions, health statistics, environmental health, healthy living and life stages, and safety. [www.cdc.gov](http://www.cdc.gov)

## **Centers for Medicare and Medicaid Services**

This federal agency administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program (SCHIP), and health insurance portability standards. [www.cms.gov](http://www.cms.gov)

## **Child and Maternal Health Bureau – Title V**

State Title V programs use block grant funding to build capacity and systems; conduct public education and outreach; train providers and support services for children with special health care needs; provide newborn screening and genetic services; work on lead poisoning and injury prevention; and promote health and safety in child care settings. [mchb.hrsa.gov/programs](http://mchb.hrsa.gov/programs)

## **Committee for Purchase for People who are Blind or Severely Disabled**

This independent federal agency administers the AbilityOne Program, which helps people who are blind or have other severe disabilities find employment. The program coordinates its activities with nonprofit organizations across the country to employ these individuals and provide goods and services to the federal government at a fair price. [www.abilityone.gov](http://www.abilityone.gov)

## **Computer/Electronics Accommodations Program**

Computer/Electronics Accommodations Program (CAP) provides face-to-face communication tools for Department of Defense (DoD) programs such as Family Centers, which serve deaf and hearing-impaired clients. [www.tricare.mil/cap](http://www.tricare.mil/cap)

## **Council of State Governments**

The Council of State Governments (CSG) leads the Interstate Compact on Educational Opportunity for Military Children in working to create uniform standards of practice regarding the transfer of records, course placement, graduation requirements, and other transition issues. [www.csg.org/programs/policyprograms/NCIC/interstatecompact\\_militarychildren\\_edop.aspx](http://www.csg.org/programs/policyprograms/NCIC/interstatecompact_militarychildren_edop.aspx)

## **Department of Defense Civilian Personnel Management System**

The Department of Defense Civilian Personnel Management System (CPMS) develops and implements innovative human resource management solutions that enable leaders, managers, and employees throughout the Department of Defense (DoD) to ensure that the DoD civilian workforce is ready and qualified. Air Force personnel can access training opportunities and personnel records via CPMS. [www.cpms.osd.mil](http://www.cpms.osd.mil)

### **Department of Defense Education Activity**

The Department of Defense Education Activity (DoDEA) plans, directs, coordinates, and manages the education programs for eligible dependents of military personnel and civilian personnel of the Department of Defense (DoD). DoDEA's website provides general information about DoDEA, curriculum standards and programs, and resources and tools for parents of children enrolled in DoDEA schools. [www.dodea.edu](http://www.dodea.edu)

### **Department of Defense Education Activity Military K–12 Partnership**

Department of Defense Education Activity (DoDEA) works collaboratively with the Department of Education and other organizations to ease the transition of military dependent students from attendance in DoDEA schools to attendance in military-connected local schools. The partnership ensures quality education, seamless transitions, and deployment support for military students. [www.militaryk12partners.dodea.edu](http://www.militaryk12partners.dodea.edu)

### **Department of Defense Voluntary Education**

The Department of Defense (DoD) Voluntary Education program offers eligible service members the opportunity to further their education through a variety of programs and services provided by the individual branches of Service. The DoD Voluntary Education site provides an overview of the program and links to the voluntary education programs for each. <http://apps.mhf.dod.mil/voled>

### **Department of Education Website**

The United States Department of Education administers some 200 programs, publishes many reports annually, and maintains thousands of web pages selected especially for parents, teachers, students, and administrators. The site provides information on financial aid, grants and contracts, policy, programs, and research and statistics. The site also supports links to state departments of education, K–12 schools, school districts, and colleges and universities, as well as other government web resources, libraries and education organizations. [www.ed.gov](http://www.ed.gov)

### **Department of Housing and Urban Development State Information**

This site provides links to the state Department of Housing and Urban Development (HUD) agencies. The HUD supports sustainable, inclusive communities and quality, affordable homes free from discrimination. <http://portal.hud.gov/portal/page/portal/HUD/states>

### **Department of Justice, Office of Civil Rights, Disability Rights Section**

The Disability Rights Section works to achieve compliance with the Americans with Disabilities Act (ADA). The Section's enforcement, certification, regulatory, coordination, and technical assistance activities, required by the ADA, combined with an innovative mediation program and a technical assistance grant program, provide a cost-effective and dynamic approach for carrying out the ADA's mandates. [www.justice.gov/crt/about/drs/](http://www.justice.gov/crt/about/drs/)

### **Department of Labor Office of Disability Employment**

The Department of Labor Office of Disability Employment (ODEP) employs a comprehensive strategy of public education, outreach, and evidence-based policy research and demonstrations to reach employers, businesses, and the disabled community concerning the most effective ways to tap the under utilized talents of workers with disabilities. [www.dol.gov/odep](http://www.dol.gov/odep)

## **Disability.gov**

This federal government website provides an interactive, community-driven information network of disability-related programs, services, laws and benefits. Through the site, Americans with disabilities, their families, Veterans, educators, employers, and many others are connected to thousands of resources from federal, state, and local government agencies; educational institutions; and non-profit organizations. New resources are added daily across ten main subject areas – benefits, civil rights, community life, education, emergency preparedness, employment, health, housing, technology, and transportation.

[www.disability.gov](http://www.disability.gov)

## **Easter Seals**

Easter Seals provides services, education, outreach, and advocacy to individuals with disabilities and special needs. Services include physical rehabilitation, child development centers, and job training programs.

[www.easterseals.com](http://www.easterseals.com)

## **Extended Care Health Option**

The Extended Care Health Option (ECHO) is a supplemental program to TRICARE that provides financial assistance to eligible active duty family members who qualify based on specific mental or physical disabilities. ECHO offers services and supplies not available through TRICARE. [www.tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO](http://www.tricare.mil/mybenefit/home/overview/SpecialPrograms/ECHO)

## **Family and Morale, Welfare and Recreation Academy**

The Family and Morale, Welfare and Recreation (FMWR) Academy is an institution of professional learning and career development led by numerous subject matter experts in various Army FMWR activities. The FMWR Academy offers nearly 100 courses online. [www.mwraonline.com](http://www.mwraonline.com)

## **Family Center on Technology and Disability**

Family Center on Technology and Disability (FCTD) offers a range of information on assistive technologies, including monthly newsletters, fact sheets, online discussions, and a database of over 3,000 disability organizations. [www.fctd.info](http://www.fctd.info)

## **Family Voices**

Family Voices is a national organization advocating for family-centered care for children and youth with special health care needs. The site provides a map that locates Family-to-Family Health Information Centers (F2F HICs). These centers advocate for improved policies, establish partnerships with professionals, and give families tools to make informed decisions. [www.familyvoices.org](http://www.familyvoices.org)

## **GPO Access**

This site contains all published versions of bills from the 103rd (1993–1994) Congress forward.

[www.gpoaccess.gov/bills](http://www.gpoaccess.gov/bills)

## **HOMEFRONTConnections**

This DoD social networking site provides a secure social networking environment for service members, their families, and the individuals who work to support them. The site allows members of the military community to interact, share experiences, post pictures, write blogs, and create discussion boards. The site also features an EFMP-specific community within HOMEFRONTConnections. <https://apps.mhf.dod.mil/homefrontconnections>



### **Job Accommodation Network**

The Job Accommodation Network (JAN) provides free, expert, and confidential guidance on workplace accommodations and disability employment issues. JAN helps people with disabilities enhance their employability and shows employers how to capitalize on the value and talent that people with disabilities add to the workplace. [www.askjan.org](http://www.askjan.org)

### **LifelineSupport.org**

This organization offers telephone assistance programs to low-income households. These programs help families to establish and maintain telephone service by discounting the service provided by local telephone companies. [www.lifelinesupport.org](http://www.lifelinesupport.org)

### **MarineNet**

MarineNet offers online courses and education to all Marines and civilians working for the Marine Corps. MarineNet includes courses that cover supervisory skill subjects, including leadership, communication, problem solving, time and stress management, and meeting management. These courses are accessible from any personal computer on Marine Corps installations or from home. [www.marinenet.usmc.mil](http://www.marinenet.usmc.mil)

### **Medicaid**

The United States Department of Health and Human Services provides a wealth of information about Medicare and Medicaid, including eligibility information, coverage details, and a description of the Children's Health Insurance Program (CHIP). Medicaid covers comprehensive residential long-term care services in skilled nursing facilities and some home and community-based services. Each state sets its own Medicaid guidelines regarding eligibility and services. [www.cms.gov/home/medicaid.asp](http://www.cms.gov/home/medicaid.asp)

### **Medicare.gov**

This is the official United States government site for Medicare. Medicare is a federally-sponsored health insurance program designed to assist individuals who are elderly or have disabilities in securing reimbursement for some of their medical expenses. Medicare.gov provides an eligibility tool, general Medicare information, specific enrollment and eligibility information, and a resource locator. [www.medicare.gov](http://www.medicare.gov)

### **MilitaryHOMEFRONT**

This is the Department of Defense (DoD) website for official Military Community and Family Policy (MC&FP) program information, policy, and guidance designed to help troops and their families, leaders, and service providers. MilitaryHOMEFRONT addresses a range of topics and includes FAQs, resources, and corresponding legislation and policy information. The Special Needs/EFMP content offers information on a number of topics, organizational tools, hundreds of general resources and state-specific resources, promotional materials, and access to *The Special Needs Parent Tool Kit* and *The Facilitator's Guide to the Special Needs Parent Tool Kit*. [www.militaryhomefront.dod.mil](http://www.militaryhomefront.dod.mil)

### **MilitaryINSTALLATIONS**

This is a searchable directory of worldwide installation and state-related military information, programs, and services. It provides easy access to articles, resource directories, maps, contact information, links to local community points of interest, and the ability to search the Internet for additional information on the installation or surrounding area. [www.militaryinstallations.dod.mil](http://www.militaryinstallations.dod.mil)

## **Military OneSource**

Military OneSource (MOS) provides quality of life resources and support to active duty, Guard, and Reserve service members and their families anywhere in the world twenty-four hours a day, seven days a week. The website provides information in multiple formats such as audios, organizers, booklets, podcasts, and DVDs on a number of different topics. MOS has a section for special needs military families with articles addressing family support, medical and education issues, and more. MOS also offers non-medical counseling, personal financial counseling, and special needs specialty consultations. [www.militaryonesource.com](http://www.militaryonesource.com)

## **Military OneSource Specialty Consultants**

Military OneSource provides a team of highly qualified Specialty Consultants which specializes in the lifestyle of military families with special needs. Families can speak with a Specialty Consultant for answers to a wide-range of questions about family support, transitioning, post-secondary education, housing, moving, and support for adults. Call Military OneSource at (800) 342-9647. Ask for an appointment with a special needs Specialty Consultant.

## **National Association of State Directors for Special Education**

The National Association of State Directors for Special Education (NASDSE) offers support to the state directors of special education through communities of practice, training on current issues, technical assistance, policy analysis, and collaborative partnerships to enhance problem-solving at the local, state, and national levels. Contact information for the state directors of special education can be found on this website. [www.nasdse.org](http://www.nasdse.org)

## **National Association of State Medicaid Directors**

National Association of State Medicaid Directors (NASMD) is a nonprofit organization of representatives of state Medicaid agencies that serves as a focal point of communication between the states and the federal government and provides an information network among the states on issues pertinent to the Medicaid program. [www.nasmd.org/links/State\\_medicaid\\_links.asp](http://www.nasmd.org/links/State_medicaid_links.asp)

## **National Disability Rights Network**

The National Disability Rights Network (NDRN) is a nonprofit membership organization for the federally-mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP) for individuals with disabilities. The NDRN promotes the enactment and enforcement of laws protecting people with disabilities by guarding against abuse, advocating for basic rights, and ensuring accountability in health care, education, employment, and within the criminal justice system. [www.napas.org](http://www.napas.org)

## **National Dissemination Center for Children with Disabilities**

The National Dissemination Center for Children with Disabilities (NICHCY) offers a wealth of information on topics such as disabilities in children and youth, programs and services for children with disabilities, and special education law. The "Families and Community" section includes descriptions of disability characteristics, overviews of relevant laws, research summaries, and additional resources. The website includes a state-specific section that provides names and contact information for state-related resources. [www.nichcy.org](http://www.nichcy.org)

## **National Early Childhood Technical Assistance Center**

The National Early Childhood Technical Assistance Center (NECTAC) serves all fifty states with an array of services and supports to improve service systems and outcomes for infants, toddlers, and preschool-aged children with special needs and their families. Information about each state's criteria for Early Intervention Services (EIS), its lead agency, and the Part C Coordinators is available through this site. [www.nectac.org](http://www.nectac.org)

### **National Military Family Association**

The National Military Family Association (NMFA) is a national organization dedicated to identifying and resolving issues of concern to military families. NMFA provides information on a range of topics, including the EFMP program, Family Centers, and Service-specific EFMP information. [www.nmfa.org](http://www.nmfa.org)

### **National Collaborative on Workforce and Disability for Youth**

The National Collaborative on Workforce and Disability for Youth (NCWD/Youth) assists state and local workforce development systems to better serve all youth, including youth with disabilities and other disconnected youth. NCWD/Youth offers a range of technical assistance services to state and local workforce investment boards, youth councils, and other workforce development system youth programs. [www.ncwd-youth.info](http://www.ncwd-youth.info)

### **Navy-Marine Corps Relief Society**

The Navy-Marine Corps Relief Society (NMCRS) is a nonprofit organization that provides financial assistance in the form of budget counseling, loans, grants, scholarships, and visiting nursing services to members of the Navy and Marine Corps and their families. [www.nmcrcs.org](http://www.nmcrcs.org)

### **Office of Special Education Programs**

The Office of Special Education Programs (OSEP) within the United States Department of Education supports a comprehensive array of programs and projects. These are authorized by the Individuals with Disabilities Education Act (IDEA) to improve results for infants, toddlers, children and youth with disabilities. The OSEP implements program improvement through research, demonstration, outreach, technology development, technical assistance, training, evaluation and service delivery. [www2.ed.gov/about/offices/list/osers/osep](http://www2.ed.gov/about/offices/list/osers/osep)

### **Operation Military Kids**

Operation Military Kids (OMK) supports children who are affected by the global war on terrorism especially during the deployment of one or both parents and is particularly focused on children of National Guard and Reserve members. The OMK services and programs include Hero Packs, Mobile Technology Labs, the Speak Out for Military Kids Project, and OMK Camps. More information on each of these services is available through the OMK website. [www.operationmilitarykids.org](http://www.operationmilitarykids.org)

### **Parent to Parent United States of America**

Parent to Parent United States of America (P2P USA) is a national nonprofit organization. Its goal is to provide emotional support and information to families who have children and youth with disabilities by establishing one-to-one matches between parents who seek support from experienced and trained support-parents. [www.p2pusa.org](http://www.p2pusa.org)

### **Plan My Move**

Plan My Move is a set of online organizational tools designed to make frequent moves easier for service members and families. Available tools include a customizable calendar, to-do lists, departure and arrival checklists, installation overviews, and installation-specific information on a number of topics such as education, child care, and employment. Plan My Move also provides specialized information for families traveling with exceptional family members such as special needs travel and arrival checklists and contact information for the EFMP. [www.planmymove.mhf.dod.mil](http://www.planmymove.mhf.dod.mil)

### **Ready.gov**

The Federal Emergency Management Agency (FEMA) website provides information and materials to assist families in preparing for emergencies or disasters. It also encourages families to keep an emergency kit, make a plan, and be informed about the different types of emergencies that can happen in their area.

[www.ready.gov](http://www.ready.gov)

### **Regulations.gov**

This is the online source for United States government regulations from nearly 300 federal agencies. The goal is to improve access to and participation in the federal regulatory process. The site also allows the user to search for a regulation such as a proposed rule, final rule, or Federal Register (FR) notice; comment on a regulation or on another comment; submit an application, petition, or adjudication document; or sign up for e-mail alerts about specific regulations. [www.regulations.gov](http://www.regulations.gov)

### **Rehabilitation Services Administration**

The Rehabilitation Services Administration (RSA) oversees grant programs that help individuals with physical or mental disabilities obtain employment and live more independently. It provides references for such supports as counseling, medical and psychological services, and job training. RSA's grant program provides funds to state vocational rehabilitation (VR) agencies to provide employment-related services for individuals with disabilities. [www.rsa.ed.gov](http://www.rsa.ed.gov)

### **Sesame Workshop**

The Sesame Workshop organizes military outreach programs that provide support and significant resources to military families with young children who are suffering the effects of a parent's deployment or injury. The initiative includes a secured site to connect family members, a prime-time PBS special with stories about service members with injuries, DVDs, posters, and other items for decorating children's rooms.

[www.sesameworkshop.org](http://www.sesameworkshop.org)

### **Shriners Hospitals for Children**

Shriners Hospitals for Children is a health care system of twenty-two hospitals dedicated to improving the lives of children by providing specialty pediatric care, innovative research, and teaching programs. Children up to age eighteen with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care and receive all services at no financial obligation to families. [www.shrinershq.org](http://www.shrinershq.org)

### **Social Security Online**

This is the official site of the United States Social Security Administration. It provides information on retirement, disability benefits, Supplemental Security Income, and Medicare. Individuals can use the site to apply for these benefits, find local Social Security offices, and read several helpful publications on a wide range of programs. [www.ssa.gov](http://www.ssa.gov)

### **Social Security Disability Insurance**

Social Security Disability Insurance (SSDI) is the income assistance program that provides a monthly cash benefit to individuals who were born with or have acquired a disability. The Social Security website provides information on how to determine eligibility, apply for the benefits, and appeal decisions about disability claims. [www.ssa.gov/pgm/links\\_disability.htm](http://www.ssa.gov/pgm/links_disability.htm)

### **Supplemental Security Income**

Supplemental Security Income (SSI) is the income assistance program that provides a monthly cash benefit designed to help the aged, the blind, and the disabled who have little or no income. The Social Security website provides an eligibility screening tool, a summary of the application process, contact information for local Social Security offices, and downloadable booklets that provide comprehensive information about SSI. [www.ssa.gov/ssi](http://www.ssa.gov/ssi)

### **Specialized Training of Military Parents**

Specialized Training of Military Parents (STOMP) is a federally-funded Parent Training and Information (PTI) Center that assists military families who have children with special education or health needs. STOMP conducts workshops and presentations at installations all over the world. They serve families by providing helpful information, connecting families to other families, offering training and support, and by assisting families and professionals with the creation of parent support groups. [www.stompproject.org](http://www.stompproject.org)

### **Technical Assistance ALLIANCE for Parent Centers**

These Technical Assistance Centers develop, assist, and coordinate the Parent Training and Information (PTI) Centers and Community Parent Resource Centers (CPRCs). These centers provide training to parents of children with disabilities and to the professionals who work with them. Through workshops, publications, and one-on-one support, the centers help parents to participate more effectively with professionals in meeting their children's educational needs. [www.taalliance.org](http://www.taalliance.org)

### **TRICARE**

TRICARE is the Department of Defense's (DoD) worldwide health care program which combines the military's direct health care system of hospitals and clinics with a network of civilian health care professionals. TRICARE's website includes information on many TRICARE plans including TRICARE Prime, TRICARE Prime Remote, TRICARE Extra, TRICARE Standard, and TRICARE For Life. In addition, the website covers topics such as TRICARE enrollment, cost share information, covered services, case management services, claim denials and the appeals process, and regional contractor information. [www.tricare.mil](http://www.tricare.mil)

### **United Service Organizations**

The United Service Organizations (USO) is a private nonprofit organization that supports service members and their families by providing morale, welfare, and recreation services. USO's services include free Internet access, libraries and reading rooms, housing assistance, family counseling, support groups, game rooms, nursery facilities, discount tickets for plays and movies, and travel assistance. To find a local USO, use the main website. [www.uso.org](http://www.uso.org)

### **United States Department of Agriculture Food and Nutrition Service**

The United States Department of Agriculture (USDA) Food and Nutrition Service funds nutrition assistance programs that provide children and low-income people with access to food, a healthful diet, and nutrition information. USDA programs include Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), formally known as the Federal Food Stamp Program. [www.fns.usda.gov](http://www.fns.usda.gov)

### **United States Department of Health and Human Services**

United States Department of Health and Human Services Administration for Children and Families provides information on numerous topics and offers several beneficial programs such as the Low Income Home Energy Assistance Program (LIHEAP) and Head Start. [www.acf.hhs.gov](http://www.acf.hhs.gov)

## Glossary of Terms

### A

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**Accessible.** Approachable, enterable, and usable by individuals with physical disabilities.

**Active listening.** Communication technique that requires the listener to focus upon the speaker.

**Adults with Special Health Care Needs.** Any family member that is eighteen years or older who has a documented medical need.

**Advance Health Care Directives.** Provides legally binding instruction regarding health care decisions should a person become unable to make the decisions themselves.

**Advisory councils.** Federal employees that function as the equivalent to state boards of education. They make recommendations to the Secretary of Defense and the various leadership levels within the Department of Defense Education Activity (DoDEA) regarding policy, programs, and practices that impact the overall educational system.

**American Red Cross.** Located in the community and on the installation. Provides information related to available support programs, financial assistance, and emergency communication support twenty-four hours a day, seven days a week, for service members stationed or deployed anywhere in the world.

**Americans with Disabilities Act (ADA).** Federal law that provides civil rights protections to individuals with disabilities similar to those provided to people on the basis of race, color, sex, national origin, age, and religion.

**Applied Behavior Analysis (ABA).** An assessment and behavioral therapy technique used to bring about changes in behavior for individuals who have been diagnosed with an Autism Spectrum disorder. ABA is currently being provided through TRICARE's Autism Services Demonstration.

**Architectural Barriers Act of 1968.** Requires that buildings and facilities designed, constructed, or altered with federal funds be accessible.

**Assistive technology.** Any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities (29 U.S.C. Sec 2202(2)).

**Autism Spectrum Disorder (ASD).** A group of disorders that includes autistic disorder Asperger syndrome and Pervasive Developmental Disorder Not Otherwise Specified.

### B

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**Basic Allowance for Housing (BAH).** Military based allowance prescribed by geographic duty location, pay grade, and dependency status. It provides uniformed Service members equitable housing compensation based on housing costs in local civilian housing markets within the United States when government quarters are not provided.

**Basic Allowance for Subsistence (BAS).** Military-based allowance intended to provide meals for the service member. Its level is linked to the USDA food cost index.

**Beneficiary Counseling and Assistance Coordinators (BCAC).** Designated positions typically found within most Military Treatment Facilities (MTF) and at all TRICARE Regional Offices. Coordinators provide information, guidance, and assistance on benefit options, enrollment, special authorizations, claims, referrals, and appointments. They work with MTF staff, managed care support contractors, and claims processors to resolve concerns and problems that cannot be addressed through normal channels.

**Benefits.gov.** Online access to government benefit and assistance programs with an eligibility questionnaire.

## C

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**Carl D. Perkins Vocational and Technical Act of 1998.** Improves the academic and occupational competence of all vocational students with an emphasis on special populations.

**Case note.** A document that tracks the flow of services provided to a family.

**Case Study Committees (CSC).** Team of Department of Defense Education Activity (DoDEA) school personnel who are credentialed in different areas of expertise such as psychology, social work, nursing, special education, and regular education who work to determine special education eligibility of a child attending a DoDEA school.

**Centers for Independent Living.** Independent living program that seeks to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and to integrate these individuals into the mainstream of American society.

**Chain of command.** A system whereby communication and authority passes down from the top through a series of executive positions or military ranks in which each is accountable to the one directly superior.

**Child Development Center (CDC).** Installation program that provides care for children from six weeks through the age of five. Each Center is Department of Defense (DoD) certified and accredited. Most CDCs offer full time, part time, or hourly care.

**Child Find.** Organized effort to identify and screen children birth–21 who might be eligible for Early Intervention Services (EIS) and special education services.

**Children with Special Health Care Needs (CSHCN).** Funding provided to states through the Child and Maternal Health Title V Block Grant for the development and operation of public health care programs for certain children with special health care needs and low income mothers and children.

**Client Assistance Program (CAP).** A program geared towards individuals with disabilities that recommends available services and benefits, advocates for individual's interests, and helps individuals identify resources, understand procedures, resolve problems, and protect personal rights in the rehabilitation process.

**Collaboration.** The process and outcome in which shared interest or conflict is addressed by multiple representatives from different programs or organizations.

**Command sponsorship.** Family travel/relocation overseas that is endorsed by the appropriate military commander. Provides for certain entitlements and travel at government expense.

**Common Access Card (CAC).** A Government issued general identification card that can be used for authorized access to Department of Defense (DoD) computers, networks, and certain DoD facilities.

**Community Work Incentive Coordinators.** Work Incentive Planning Assistance staff that assist beneficiaries with work incentives planning.



**Compassion fatigue.** The gradual lessening of sensitivity over time; can be a consequence of being a support provider or a caretaker.

**Computer/Electronics Accommodations Program (CAP).** A Department of Defense (DoD) reasonable-accommodation program serving DoD employees and wounded service members with disabilities. CAP is authorized to provide free assistive technology, devices and support services to Federal agencies that have partnership agreements with CAP.

**Conservator.** Person, corporation or state agency that protects and manages an incapacitated individual's money and property.

**CONUS.** Acronym used to describe duty stations located within the continental United States.

**Cultural competency.** The ability to work effectively with individuals from different cultural and ethnic backgrounds or in settings where several cultures coexist.

## D

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**Debt Collection Assistance Officers (DCAO).** Designated personnel within Military Treatment Facilities and all TRICARE Regional Offices that assist families with debt collection when a provider has initiated collection for services that have not been paid for by TRICARE. DCAO helps families understand and resolve the underlying debt collection issue.

**Defense Eligibility Enrollment Reporting System (DEERS).** Maintains personnel and benefits information for eligible personnel, produces DoD Identification Cards, and supports benefit delivery including medical, dental, educational, and life insurance.

**Department of Defense Dependents Schools (DoDDS).** A network of primary and secondary schools for eligible dependents of active duty service members and Department of Defense (DoD) civilians in 12 foreign countries. DoDDS is operated by the Department of Defense Education Activity, (DoDEA).

**Department of Defense Education Activity (DoDEA).** The umbrella agency which operates Department of Defense Dependent Schools (DoDDS) and Department of Defense Domestic Dependent Elementary and Secondary Schools (DDESS).

**Department of Education (DOE).** Promotes student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access through policy and funding.

**Department of Finance and Accounting Service (DFAS).** Pays all Department of Defense (DoD) military and civilian personnel, retirees and annuitants. Makes dependency determinations for service members in the Army, Navy, and Air Force.

**Deployment.** The temporary relocation of military personnel and material to desired operational areas.

**Disability Program Navigators.** One-Stop Career Center staff that assist individuals with special needs in accessing employment opportunities and benefits.

**Department of Defense (DoD) Identification Card.** The Department of Defense issues eligible dependents and other eligible individuals a distinct identification card (ID) authorizing them to receive Uniformed Services benefits and privileges.

**Domestic Dependent Elementary and Secondary Schools (DDESS).** Department of Defense schools located in Alabama, Georgia, Kentucky, New York, North Carolina, South Carolina, Virginia, Guam, and Puerto Rico.

**Dual relationships.** A relationship between a provider and a client where there is a significant personal or working relationship.

**Durable equipment.** Equipment that does not meet the criteria for durable medical equipment but is essential to stop or reduce functional loss resulting from a qualifying condition. A physician must certify the item as medically necessary for the treatment of the beneficiary before TRICARE's Extended Care Health Option(ECHO) will authorize the item.

**Durable medical equipment (DME).** Medically necessary equipment and care ordered by a physician for the specific use of the beneficiary that can withstand repeated use. DME is available through the TRICARE basic program.

## E

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**Early Intervention Services (EIS).** Provides services to eligible infants and toddlers under age 3 who meet the definitions of developmental delay or are exposed to the conditions that are likely to result in developmental delay.

**Education Center.** Installation program that provides information and assistance to service members and their families regarding voluntary education programs, financial aid, and scholarships.

**Educational and Developmental Intervention Service (EDIS).** Responsible for providing Early Intervention Services (EIS) to eligible infants and toddlers with disabilities with the United States and overseas in areas served by Department of Defense Education Activity schools. Also responsible for providing related services at overseas locations.

**Employment Assistance Program.** Installation program designed to offer military family members assistance in reaching their employment and career goals by providing tools to help address the unique challenges that accompany life in the military community.

**Enhanced Access to Autism Services Demonstration.** Available to TRICARE Extended Care Health Option (ECHO) beneficiaries in the United States through March 2012. It provides eligible beneficiaries with greater access to Applied Behavioral Analysis (ABA), through an expanded network of educational intervention providers.

**Estate planning.** Strategy used to direct property to the proper beneficiaries, diminish tax liability and other costs, and to arrange for property management or disposition in the event of physical disability, mental disability, or death.

**Exceptional Family Member Program (EFMP).** A Department of Defense (DoD) community support program for military families with special needs. The EFMP includes both assignment coordination and family support services. Family support includes working with other military and civilian agencies to coordinate community support, housing, educational, medical, and personnel services worldwide.

**Exceptional Family Member Program (EFMP) Respite Care.** Temporary relief to families and caregivers by giving them short-term breaks to engage in daily activities or attend medical appointments. Respite care is a service offered by EFMP to eligible families.

**Extended Care Health Option (ECHO).** Additional services and supplies not available through the basic TRICARE program to active duty family members and family members of National Guard or Reserve members activated for more than 30 days. ECHO is not available to dependents of military retirees.

**Extended Care Health Option (ECHO) Home Health Care.** Provides ECHO registered families with various services, including skilled nursing care; a home health aide; physical and occupational therapies; speech-language pathology services; medical social services; teaching and training activities; and medical supplies.

**Extended Care Health Option (ECHO) Respite Care.** Available to ECHO registered family members when they are receiving another ECHO benefit. Provides a maximum of sixteen hours of skilled and non-skilled care in the absence of the primary caregiver.

**Extended Home Health Care (EHC) respite care.** Provided to ECHO registered families for the purpose of allowing up to five days of care per calendar week to give the primary caregiver the opportunity to rest or sleep.

## F

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**Facilitator’s Guide to the Department of Defense (DoD) Special Needs Parent Tool Kit.**

A provider resource for teaching parents self-advocacy skills. Available through MilitaryHOMEFRONT.

**Family Advocacy Program (FAP).** Installation program that investigates and makes determinations regarding suspected cases of child and family abuse. Provides a wide range of services including prevention, early identification and intervention, support for victims, and treatment for abusers.

**Family Care Plan.** Command-directed document that outlines legal, medical, logistical, educational, monetary, and religious care for family members in the absence of the service member.

**Family Child Care (FCC).** Installation program that provides flexible child care for infants and children in a family home. Providers and their family members must complete successful background checks and providers must complete required Department of Defense (DoD) provider on-going training.

**Family member.** An individual whose relationship to the sponsor (service member) entitles him or her to military benefits and privileges.

**Family Readiness Officers (FRO).** Point of contact at the unit level that assists families in meeting the challenges of separation and deployment.

**Family readiness system.** Formal support system that assists families in developing the tools to effectively plan, prepare for, and manage the military lifestyle so that they may be prepared in the absence of their service member.

**Family Subsistence Supplemental Allowance (FSSA).** Department of Defense (DoD) monthly cash allowance of up to \$500 for low-income service members. FSSA raises the Basic Allowance for Subsistence (BAS) such that the family no longer requires or qualifies for food assistance.

**Family support function.** Delivery of information and referral and non-clinical case management services for families.

## G

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**Guardian ad litem.** Typically a lawyer who independently investigates the facts and circumstances surrounding a case and advocates in the legal process for the best interest of the individual.

**Guardian.** Court-appointed person who has been awarded decision-making authority for all aspects of an incapacitated individual’s life.

## H

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**Home and Community-Based Services (HCBS) waivers.** Medicaid waiver programs enabling eligible individuals to live, work, and participate in communities of their choice, avoid institutionalization. HCBS waivers allow individuals to direct some of their own services. Waivers also provide for personal care and assistance, health-related services, specialty services and adaptive services, family and social supports case management and service coordination.

**HOMEFRONTConnections.** A Department of Defense (DoD) secure internet-based site where members of the military community can meet and interact online to share experiences, post pictures and videos, write blogs, and create discussion boards.

**Hospice care.** Supportive care designed to provide comfort and support to families when a life-limiting illness no longer responds to cure-oriented treatments. TRICARE covers hospice care for terminally ill family members with a prognosis of less than six months.

**Hostile Fire/Imminent Danger Pay.** Special military pay that is not included when determining eligibility for Supplemental Security Income (SSI).

**Humanitarian or Compassionate Assignments.** Process that allows military members to be temporarily re-assigned or deferred from assignment in a situation of severe family hardship.

## I

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**Independent Educational Evaluation (IEE).** An evaluation conducted by a qualified examiner who is not employed by the public agency responsible for the education of the child in question.

**Individualized Education Program (IEP).** A written statement for a child with a disability that is developed, reviewed, and revised in accordance with the Individuals with Disabilities Education Act.

**Individualized Family Service Plan (IFSP).** A written document for an infant or toddler, age birth through 2 years, with a disability and the family of such infant or toddler that is developed, reviewed, and revised according to the Individuals with Disabilities Education Act.

**Individuals with Disabilities Education Act (IDEA).** Governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

**Intermediate Care Facilities (ICF/MR) Benefit.** A benefit provided by Medicaid to fund institutional placement and treatment for people with developmental disabilities.

## L

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**Legal Assistance Office.** Provides legal advice and assistance to military personnel and their families.

**Letter of intent.** Allows family members to provide written instruction to the person caring for and making decisions for the individual with special needs.

**Living Will.** Set of written instructions explaining a person's wishes regarding end-of-life decisions in the event that the person becomes terminally ill and is unable to communicate with his or her doctor.

**Low Income Home Energy Assistance Program (LIHEAP).** State-administered, federally funded program that helps low-income households through bill payment assistance, energy crisis assistance, and/or assistance with weatherization and energy-related home repairs.

## M

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**Medicaid.** Federal and state medical assistance program for low income individuals who fall into one of several categories or groups specified by federal statute. Providers are reimbursed by the program.

**Medical case management.** Helps families to find solutions to complex health problems by planning and coordinating inpatient, post-hospital, and ambulatory care for individuals with multiple needs. They also provide information and referral regarding services available within a Military Treatment Facility (MTF), the TRICARE network or other military and civilian resources.

**Medicare.** A federally-sponsored health insurance program designed to assist the elderly or disabled in securing reimbursement for some medical expenses. The program reimburses doctors, hospitals, and pharmacies much like a private insurance company.

**Mental health care.** Medically or psychologically necessary treatment of a behavioral health disorder that involves clinically significant behavioral or psychological patterns with an impaired ability to function appropriately.

**Military Aid Societies.** Typically located on the installation. Private, nonprofit organizations that provide emergency financial assistance in the form of interest-free loans and grants to active and retired service members and their families.

**Military Community and Family Policy (MC&FP).** The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (MC&FP) is directly responsible for programs and policies that establish and support community quality of life programs on military installations for service members and their families worldwide, including the Exceptional Family Member Program (EFMP).

**Military OneSource.** A Department of Defense (DoD)-sponsored program that provides information, resources and personalized support to help military service members and their families balance work and family life. Support is available twenty-four hours a day, seven days a week via phone, email or online and is provided by specialized consultants and state-licensed mental health professionals.

**Military OneSource Specialty Consultant.** Military OneSource provider who assesses family needs and can answer questions on a variety of topics including moving, benefits, education, finances, housing, support groups, and medical resources.

**Military OneSource Spouse Education and Career Consultants.** Military OneSource provider who can assist with applications or answer career and educational questions.

**Military rank.** A system signifying seniority and command within military organizations.

**Military Spouse Career Advancement Account (MyCAA).** Program that offers financial assistance for education or training for certain military spouses seeking an Associate's Degree, license, or credential necessary for a portable career.

**Military Treatment Facility (MTF).** A military hospital or outpatient clinic where licensed health practitioners provide diagnostic, medical, and surgical services to eligible personnel.

**MilitaryHOMEFRONT.** The Department of Defense website for official Military Community and Family Policy (MC&FP) program information, policy, and guidance designed to help troops and their families, leaders, and service providers.

**MilitaryINSTALLATIONS.** An online directory of programs and services available on or near military installations. Includes contact information for Exceptional Family Member Program (EFMP) locations worldwide, maps, community points of interest, and search capabilities for information on the installation and the surrounding area.

**Mission.** The goal of the Service or installation that describes their purpose, provides a sense of direction, and guides decision making.

**Morale, Welfare, and Recreation (MWR).** Installation program that offers a variety of social and recreational opportunities.

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## N

**National Defense Authorization Act (NDAA).** Law that authorizes appropriations for the military activities of the Department of Defense and prescribes military personnel strengths for the fiscal year.

**New Parent Support Program (NPSP).** Installation program that helps military families adapt to parenthood when expecting or when parenting children under the age of three. Offers home visits to families at high risk for child abuse. Additional services may include supervised playgroups, parenting information, classes and more.

**Non-Clinical Case management.** The provision of information and referral to families and individuals that assist them in making informed decisions and navigating resources to improve their quality of life such as medical, educational, social, community, legal, and financial services. This does not involve coordination and follow-up of medical treatments.

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## O

**OCONUS.** Acronym for Outside the Continental United States.

**Office of Community Support for Military Families with Special Needs (OSN).** Department of Defense office that develops policies to enhance existing support services and provides oversight of Service activities that support military families with special needs.

**One-Stop Career Centers.** Vocational Rehabilitation program that provides intensive employment services such as job training, education, and other services.

**Overlapping relationships.** A relationship between a provider and a client when there is contact but no significant secondary relationships.

**Overseas screening.** Process of verifying the availability of medical and educational services prior to relocation to an overseas duty location. The screening process involves the Military Medical Departments and Department of Defense Dependents Schools overseas.

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## P

**Parent Teacher Association (PTA) and Parent Teacher Organization (PTO).** An organized group of parents, teachers and staff whose goal is to support their schools, encourage parent involvement, support teachers, raise funds, and organize family events.

**Parent Training and Information (PTI).** United States Department of Education funded state and community-based centers offering information and assistance regarding special education rights, advocacy, and dispute resolution.

**Permanent Change of Station (PCS).** The relocation of the service member from one duty station to another.

**Personal Financial Management Program (PFMP).** Installation program that provides financial education and assistance to service members and their families regarding their finances.

**Personnel function.** Exceptional Family Member Program (EFMP) function that enrolls service members with special needs family members in the program to verify the special medical or educational needs are appropriately considered during the assignment coordination process.

**Plan My Move.** An automated relocation assistance system housed within MilitaryHOMEFRONT. Provides families with special needs individuals additional information regarding special needs travel, checklists, EFMP point of contacts, disabled adult concerns, handicapped accessible housing, cross country travel, health care, special education, and Early Intervention Services.

**Plan to Achieve Self-Support (PASS).** Social Security Administration (SSA) program designed to help individuals with disabilities accrue savings or property while still qualifying for SSA benefits as they return to work and set and achieve specific work goals.

**Power of Attorney for Health Care.** Legal document wherein a person with capacity names another individual to make health care decisions on his or her behalf, should he or she become incapacitated.

**Primary Care Manager (PCM).** TRICARE provider responsible for providing routine care and referrals for any needed specialty care.

**Professional boundaries.** The limits that allow for safe and appropriate interactions between providers and the families they support.

**Program for Infants and Toddlers with Disabilities.** Federal grant program that assists states in operating a comprehensive, statewide program for children with disabilities from birth to age three and their families.

**Public Benefits.** State and Federal programming that provides benefits and funding or other assistance for necessities of life.

## Q

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**Quality assurance (QA) plan.** Provides systemic monitoring and objective evaluation regarding the access to and appropriateness of care and services. Provides measurable outcomes that demonstrate all program standards and family needs are being met.

**Quality of life.** Encompasses the entire package of compensation, benefits, and working and living environments for service members.

**Quality of life reviews.** Generate recommendations for improvements and evaluate progress towards meeting previously identified program goals.

## R

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**Rehabilitative therapy.** Physical therapy, rehabilitation counseling, mental health services, speech pathology services, or occupational therapy provided to improve, restore, and maintain function or to minimize or prevent deterioration of function.

**Relocation Assistance Program (RAP).** Installation program that provides valuable moving resources to enable an efficient and cost-effective move.

**Resilience.** The ability to withstand, overcome, and adapt in positive ways to an immediate crisis or an ongoing challenge.

**Respite Care.** Short term care for individuals with disabilities for the purpose of providing temporary relief to caregivers. Respite care services are provided through the Exceptional Family Member Program (EFMP).

**Reunion.** The return of military personnel from deployment to their family.

## S

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**School Aged Care (SAC).** Installation program that provides care for children in kindergarten through age twelve. SAC is offered during summers and holidays.

**School Liaison (SL).** Installation program that brings together local school personnel and military commanders to support military school-aged children on educational issues.

**Section 504 of the Rehabilitation Act of 1973.** Prohibits public and private programs and activities that receive federal funding, including the DoD, from discriminating on the basis of disability.

**Section 8 of the Housing Act.** Assists low-income and disabled individuals in securing housing by providing rental assistance to be paid directly to an individual's landlord or helps qualified first-time home buyers pay their mortgage.

**Self-advocacy.** Learning how to gather information, make decisions, and find appropriate support.

**Self-disclosure.** The intentional or unintentional sharing of personal information.

**Services Plan (SP).** An individualized plan written in collaboration with the family or the family member with special needs that documents the current situation and steps to achieve the desired outcome.

**Skilled nursing services.** Medically necessary services provided by a registered nurse or a licensed practical or vocational nurse under the supervision of a registered nurse and ordered or supervised by a TRICARE-authorized physician.

**Social Security Administration (SSA).** Provides benefits to individuals affected by disability or retirement and the surviving spouses of those individuals. Eligible beneficiaries are paid in the form of cash benefits called Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).

**Social Security Disability Insurance (SSDI).** Social Security Administration (SSA) cash benefit program available to adults and children. It is based on the work history of the individual or the child's parent and is dependent upon the age of the person and the number of years the person has worked. SSDI pays only for total disability.



**Special Care Organizational Record (SCOR) for Children with Special Health Care Needs.** A Department of Defense (DoD) tool intended to help the family gather and maintain information regarding their special needs family member. Available through MilitaryHOMEFRONT and Military OneSource.

**Special education.** Specially designed instruction provided at no cost to the parent to meet the unique educational needs of a child with a disability ages three to twenty-one.

**Special Needs Parent Tool Kit.** A guide that offers information and tools to military families with special needs to help them understand what is available to them and how to access services and resources. Available through MilitaryHOMEFRONT and Military OneSource.

**Special Needs Trusts.** Discretionary trusts created for people with disabilities which allow for receipt of inheritance funds while allowing the disabled individual continued access to public benefits.

**Standard Operating Procedures (SOP).** Clearly written set of instructions detailing methods and procedures for carrying out a routine or recurring task.

**Status of Forces Agreements (SOFA).** A legal agreement between the United States Military and the host country that defines the legal status of United States personnel and property in the territory of another nation.

**Supplemental Nutrition Assistance Program (SNAP).** Federally-funded, state-administered cash benefit program formally known as the Food Stamp Program.

**Supplemental Security Income (SSI).** Social Security Administration income-assistance program that provides a monthly cash benefit designed to supplement the income of eligible children, adults who are blind, disabled, or over the age of sixty-five. The cash benefit must be used for food, clothing, and shelter.

**Survivor Benefit Plan (SBP).** Annuity payments made to surviving spouses and/or children of deceased retired service members. Enrollment in the SBP is optional and takes place at retirement. Monthly premiums are deducted from the service member's retirement pay.

## T

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**Temporary Assistance of Needy Families (TANF).** State program that assists needy families so that children can be cared for in their own homes; promotes job preparation and encourages the formation and maintenance of two-parent families.

**The Privacy Act of 1974.** Safeguards individuals against the invasion of personal privacy and allows individuals access to relevant government records.

**Ticket to Work.** Social Security Administration program that provides disabled beneficiaries with tickets that they may use to obtain employment, vocational rehabilitation services, or other support from public and private agencies and employers.

**TRICARE.** Department of Defense's (DoD) worldwide health care program that combines the military's direct health care system of hospitals and clinics with a network of civilian health care professionals authorized to receive reimbursement.

**TRICARE Extra.** TRICARE's preferred-provider option. Coverage is automatic as long as the family is registered in Defense Eligibility Enrollment Reporting System (DEERS). Family members using TRICARE Extra receive care from a designated network of civilian providers.

**TRICARE Beneficiary Web Enrollment.** The Beneficiary Web Enrollment Web site allows beneficiaries to update personal information in the Defense Enrollment Eligibility Reporting System (DEERS), manage their TRICARE Prime or TRICARE Prime Remote enrollments online, or add/update information regarding other health insurance.

**TRICARE for Life (TFL).** TRICARE's Medicare-wraparound coverage. Coverage is automatic as long as the family is registered in Defense Eligibility Enrollment Reporting System (DEERS) and is entitled to Medicare Part A and has purchased Medicare Part B.

**TRICARE Point-of-Service Option.** Automatic for families enrolled in TRICARE Prime and Prime Remote. Provides the family with the ability to access emergency TRICARE-covered services from any TRICARE-authorized provider without a referral from their Primary Care Manager (PCM).

**TRICARE Prime.** Managed health care option similar to civilian health maintenance organization (HMO) plans. Enrollment is required. It is available in the North, South, and West Regions in Prime Service Areas to all beneficiaries who are not entitled to Medicare due to age (65).

**TRICARE Prime Overseas.** TRICARE's managed health care option available to enrolled active duty service members and their command sponsored family members living together in non-remote overseas locations.

**TRICARE Prime Remote.** Available to active duty service members and their eligible and enrolled family members who live and work in designated remote duty stations in the United States, typically 50 miles or one hour away from a military treatment facility.

**TRICARE Prime Remote Overseas.** TRICARE Prime Remote Overseas is available in designated remote overseas locations for active duty service members and their families. TRICARE has partnered with International SOS to identify the best local providers and facilities and develop a network of licensed, qualified physicians in remote overseas areas. Enrollment and command sponsorship is required to participate.

**TRICARE Service Centers (TSC).** Typically located within each Military Treatment Facility (MTF). TSC staff provides personal assistance with enrollments, access and referrals for care, information on Point-of-Service options, claims assistance and continuity of care services.

**TRICARE Standard.** TRICARE's fee-for-service option. Coverage is automatic as long as the family is registered in Defense Eligibility Enrollment Reporting System (DEERS). Family members utilizing TRICARE Standard receive care from any TRICARE-authorized provider.

## U

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**Unearned income.** Income earned from sources other than employment.

**Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act (UAGPPJA).** Agreement between states to recognize out-of-state incapacitation orders if the guardian notifies the court which issued the original guardianship order and registers the original guardianship order with the local court at the new location.

**Uniform Federal Accessibility Standards (UFAS).** Design standards under the Architectural Barriers Act of 1968. Requires that at least five percent of the total or at least one unit of all housing constructed must be designed and built to be accessible or readily and easily modifiable to be accessible.

**Universal Service Fund.** Federal Communications Commission (FCC) program to help low-income individuals and families establish and maintain telephone service by discounting basic local service provided by local telephone companies. The programs available to support individuals with low incomes include Lifeline, Link Up, and Toll Limitation services.

**U.S. Family Health Plan.** A TRICARE health plan option offered in six service areas across the U.S. by a group of nonprofit health care providers. Beneficiaries receive all the benefits offered by the Department of Defense's TRICARE Prime program, plus additional advantages and features at no extra cost.

## V

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**Vocational Rehabilitation (VR).** Assists individuals with disabilities in securing and keeping employment. Includes state assistive technology centers, centers for independent living, a protection and advocacy program, and initiatives for supported competitive employment.

**Volunteer Income Tax Assistance (VITA).** Community based program that offers free tax return preparation to individuals with low to moderate income and those with disabilities.

## W

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**Will.** Tool used in estate planning that gives an individual the ability to legally declare an executor to manage and distribute their estate to designated beneficiaries. It also provides intent for the care for any minor children by nominating a legal guardian.

**Women, Infants and Children Program (WIC).** Federally funded grant program that provides supplemental food, health care, and nutrition education to low income pregnant, breastfeeding, and non-breastfeeding post-partum women and children up to the age of five who are at nutritional risk.

**Women, Infants and Children Program Overseas.** DoD program that provides Women, Infants, and Children (WIC) benefits to eligible participants living overseas.

**Work Incentives Planning and Assistance (WIPA).** Program offered to all Social Security Administration beneficiaries with disabilities. Provides benefit planning and assistive services to individuals with disabilities, to include those who are transitioning from school to work.





