

| | | | |
|---|----------------------|---|---------------------------------|
| EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) SCREENING QUESTIONNAIRE | | NAME OF MEDICAL TREATMENT FACILITY | |
| For use of this form, see AR 608-75; the proponent agency is OACSIM | | | |
| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | |
| AUTHORITY: | | PL 94-142 (<i>Education for all Handicapped Children Act of 1975</i>), PL 95-561 (<i>Defense Dependents' Education Act of 1978</i>); DODI 1342.12 (<i>Education of Handicapped Children in DODDS</i>), 17 December 1981; DODI 1010.13 (<i>Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States</i>), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq. | |
| PRINCIPAL PURPOSE: | | To obtain information needed to evaluate and document the special education and medical needs of family members. This will permit consideration of special education and medical needs of family members in the personnel assignment process. | |
| ROUTINE USES: | | Information will be used by personnel of the Military Departments to evaluate and document special education and medical needs of family members for consideration in personnel assignments. | |
| DISCLOSURE: | | The provision of requested information is mandatory. Failure to respond will preclude U.S. Total Personnel Command from enrolling soldiers in the EFMP. Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. Refusal to provide information may preclude successful processing of an application for family travel/command sponsorship. | |
| SERVICE MEMBER'S NAME/RANK | | SOCIAL SECURITY NUMBER | DATE (YYYYMMDD) |
| BRANCH | UNIT | DUTY PHONE | |
| PROJECTED PCS ASSIGNMENT | DSN | HOME PHONE | |
| PROJECTED PCS DATE | HOME ADDRESS | DUTY ADDRESS | |
| LIST ALL FAMILY MEMBERS | FAMILY MEMBER PREFIX | SEX | DATE OF BIRTH (YYYYMMDD) |
| | | | CHECK IF ENROLLED IN EFMP |
| | | | |
| | | | |
| | | | |
| | | | |
| PLEASE ANSWER ALL QUESTIONS - FOR FAMILY MEMBERS ONLY | | | |
| MEDICAL | | | |
| 1. Do any family members, excluding service member, have any medical records (<i>civilian or military</i>) other than the records you have provided us to screen? If yes, please list conditions/services received and address of provider. | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| FAMILY MEMBER | CONDITIONS/SERVICES | NAME/ADDRESS OF PROVIDER | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2. In the past five (5) years, have any members of your family, excluding service member, been hospitalized, excluding hospitalization for normal uncomplicated childbirth? If yes, please explain. | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| NAME | REASON | | |
| | | | |
| | | | |
| | | | |
| 3. Are any members of your family, excluding service member, currently receiving medical (<i>includes mental health</i>) or educational services from any providers other than a general practitioner or family practice physician? | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |

4. Are any family members, excluding service member, taking any prescribed medication other than birth control pills on a regular basis? YES NO

| NAME | PRESCRIBED MEDICATION |
|------|-----------------------|
| | |
| | |

5. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)

| | Problems with sight (other than corrected by glasses) | YES | NO | | Asthma, allergies or other respiratory problems | YES | NO |
|----|--|-----|----|----|---|-----|----|
| a. | Problems with hearing | | | g. | Cerebral Palsy | | |
| b. | Heart condition | | | i. | Delayed Speech | | |
| c. | Seizure disorder | | | j. | Sickle Cell Trait/Disease | | |
| d. | Loss of mobility (requiring use of a wheelchair/walker or aid in mobility) | | | k. | Cancer | | |
| e. | Diabetes | | | l. | High blood pressure | | |
| f. | | | | m. | Other, if yes, explain | | |

MENTAL HEALTH:

6. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)

| | Referral to, diagnosed by, or therapy with a Psychiatrist, Psychologist, or Social Worker in reference to a mental health problem | YES | NO | | Alcohol and drug use or abuse | YES | NO |
|----|---|-----|----|----|--|-----|----|
| a. | Depression | | | d. | Emotional problems | | |
| b. | Suicidal thoughts/ideas, gestures, attempts | | | f. | Behavioral problems/acting out behavior | | |
| c. | | | | g. | Received therapy (marital, family, individual or group counseling) | | |

7. Have any members of your family, excluding service member, been in any of the following? Inpatient Psychiatric Facility, Residential Treatment Center, Group Homes, Day Treatment Centers, Drug and Alcohol Treatment Rehabilitation Center. If Yes, please explain: YES NO

EDUCATION

8. Do any of your children now have, or have they ever had, any of the following?

| | Slow development (infants and preschoolers) | YES | NO | | Counseling services for school-related problems | YES | NO |
|----|---|-----|----|----|---|-----|----|
| a. | Learning problems (school) | | | d. | Mental retardation | | |
| b. | Special services (i.e., OT, PT, Speech, etc.) for special education | | | e. | | | |

9. Are any of your children receiving Special Education help in school (not in regular class placement and on an Individual Education Plan (IEP))? If yes, who? YES NO

According to AR 608-75, Exceptional Family Member Program, soldiers will provide accurate information as required when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.

Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll family members that meet the criteria for enrollment. (A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ).) These actions will include, at a minimum, a general officer letter of reprimand.

All the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or educational status for all members of my family, after the date indicated below, and prior to PCS move.

| | | |
|---|--|-----------------|
| PRINTED NAME OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM | SIGNATURE OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM | DATE (YYYYMMDD) |
| | | |
| PRINTED NAME OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN | SIGNATURE OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN | DATE (YYYYMMDD) |
| | | |