

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) FAMILY NEEDS ASSESSMENT**

(Completed by EFMP Family Support Staff to identify the needs of families. Only collect information that the family is willing and comfortable to share. It is possible that not all information requested on the form is available.)

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**PLEASE DO NOT RETURN THE FORM TO THE ABOVE ORGANIZATION.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 36 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 20 U.S.C. 927, Allotment Formula; and DoDI 1315.19, The Exceptional Family Member Program (EFMP).

**PURPOSE(S):** The EFMP Family Needs Assessment assists EFMP Family Support Staff in identifying the needs of families and providing information and referral services. The Family Services Plan Addendum facilitates non-clinical case management by tracking steps to address identified needs of families. The Inter-Service Transfer Summary (ISTS) Addendum facilitates the transfer of case notes between sister-Service Family Support Offices.

**ROUTINE USE(S):** The routine uses are listed in the applicable system of records notices: M0-1754-6, Exceptional Family Member Program Records, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570631/m01754-6/>; A0600-8-104 AHRC, Army Personnel System (APS), <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/>; F036 AFPC Z, Air Force Family Integrated Results and Statistical Tracking (AFFIRST), <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569813/f036-afpc-z/>; N01754-4, Navy Family Accountability and Assessment System (NFASS), <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570335/n01754-4/>.

**DISCLOSURE:** Voluntary; however, failure to provide information may impact your ability to utilize certain program opportunities.

**STAFF INFORMATION****1. CURRENT INSTALLATION FAMILY SUPPORT STAFF**

a. NAME (Last, First)

b. PHONE NUMBER

c. EMAIL

d. BRANCH (Select one)

a. AIR FORCE

b. ARMY

c. MARINE CORPS

d. NAVY

**SPONSOR DEMOGRAPHIC INFORMATION****2. SPONSOR**

a. NAME (Last, First, Middle Initial)

b. PHONE NUMBER

c. ALTERNATE PHONE

d. EMAIL

e. RANK/GRADE

f. BRANCH (Select one)

a. AIR FORCE

b. ARMY

c. MARINE CORPS

d. NAVY

g. STATUS (Select one)

a. ACTIVE REGULAR

b. ACTIVE GUARD

c. ACTIVE RESERVE

d. INACTIVE

h. DUAL MILITARY?

Yes

No

i. MAILING ADDRESS (Street, City, State, Zip Code)

j. CURRENT INSTALLATION

k. PREVIOUS INSTALLATION

**3. SPOUSE**

a. NAME (Last, First, Middle Initial)

b. PHONE NUMBER

c. ALTERNATE PHONE

d. EMAIL

e. RANK/GRADE

f. BRANCH (Select one)

a. AIR FORCE

b. ARMY

c. MARINE CORPS

d. NAVY

g. STATUS (Select one)

a. ACTIVE REGULAR

b. ACTIVE GUARD

c. ACTIVE RESERVE

d. INACTIVE

**4. EFMP STATUS**

a. Is the family enrolled in the EFMP?

Yes

b. ENROLLED SINCE (YYYYMM)

No

(If family is not currently enrolled in EFMP, provide program information.)

**5. CASE NUMBER (If applicable)****6. PERMANENT CHANGE OF STATION (PCS) or TRANSITION OUT OF SERVICE STATUS**

a. Expected in the next six months?

Yes

No

b. If yes, which one?

PCS

Transition Out

c. EXPECTED DATE (YYYYMMDD)

d. PROSPECTIVE INSTALLATION

**7. FAMILY MEMBER(S) IN HOUSEHOLD**

a. Name of ALL Family Members (Last Name, First Name)

b. Special Needs

c. Relationship to Sponsor

d. Gender

e. Date of Birth (YYYYMMDD)

(1)

(2)

(3)

(4)

**FAMILY NEEDS ASSESSMENT**

This assessment guides discussions regarding the needs of families and assists staff in providing appropriate services.

**8. REASON FOR VISIT**

What is the reason for your visit today? (E.g. PCS transfer; new EFMP case; housing concerns; educational concerns, life events, such as: birth, death, separation.)

**9. ACTIONS AND OUTCOMES**

a. What actions have you taken and/or service have you received to address your concerns?  
This may include informal resources, such as family relationships or support systems, which have helped.

b. What were the outcomes of the actions in BLOCK 9a?

**OTHER****10. QUESTIONS OR CONCERNS**

Do you have any other questions or concerns?

**11. NEXT STEPS DISCUSSED WITH FAMILY** (Check all that apply)

- a. Information and Referral Only     
  c. Develop Services Plan     
  e. No Services Plan Needed  
 b. Provide EFMP Enrollment Information     
  d. Declined Services Plan     
  f. Follow up with family     
 Date (YYYYMMDD) \_\_\_\_\_

**12. ADDITIONAL NOTES** (Explain selections)**13. FAMILY SUPPORT STAFF MEMBER**

a. SIGNATURE

b. DATE COMPLETED (YYYYMMDD)

**ADDENDUM 1 - FAMILY SERVICES PLAN**

This plan provides a way forward for addressing the identified needs of families and documents progress toward goals.

**14. GOALS**

a. Family Goals

b. Steps to Achieve Goals

c. Points of Contact

d. Achieved Services

**15. AGREED UPON FREQUENCY OF FOLLOW-UP CONTACT**

**16. FAMILY SUPPORT STAFF MEMBER**

a. SIGNATURE

b. DATE COMPLETED (YYYYMMDD)

**ADDENDUM 2 - INTER-SERVICES TRANSFER SUMMARY**

Prior to a family transferring to a sister-Service installation, Family Support Staff at the losing installation will offer to complete this Addendum with the family to initiate a warm hand-off to the gaining installation.

**17. CURRENT FAMILY SUPPORT**

List the support currently used by the family.

**18. PENDING ACTION ITEMS**

Describe processes that have not been completed for the family's transfer. This may include paperwork that has been submitted, but not yet processed for community supports or needs that will require immediate attention upon arrival at a new location.

**19. ADDITIONAL NOTES**

Describe additional needs or outstanding notes pertaining to the family.

**20. LOSING INSTALLATION FAMILY SUPPORT STAFF MEMBER****a. SIGNATURE****b. DATE COMPLETED (YYYYMMDD)****21. GAINING INSTALLATION FAMILY SUPPORT STAFF MEMBER ACKNOWLEDGEMENT****a. NAME** (*Last, First*)**b. SIGNATURE****c. DATE COMPLETED (YYYYMMDD)**