Installation EFM Document Checklist

Documents Required in Submitted File:

☐ Respite Care Approval Letter *(Must be dated and signed)*

☐ Respite Care Discontinuation Letter

☐ Authorization For Transferring EFMP Respite Care Files
(Accompanies all documents transferred to Current Contractor)

☐ _____ Number of Total Approved Hours

_____

Signature Date

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
2405 GUN SHED ROAD
JOINT BASE SAN ANTONIO FORT SAM HOUSTON, TX 78234-1223

Service Member Rank and Name
Street Address
City, State, Zip Code

Dear Last Name Family,

We are pleased to inform you that your family member EFM Name will receive ## hours of Exceptional Family Member Program (EFMP) respite care each month for your EFMP enrolled dependent. Please note your EFMP respite file must be updated during your re-enrollment anniversary or at any time EFM's First Name condition changes.

We hope that this respite care will provide the temporary break and support for your family. Should you have any questions, please feel free to contact your Installation EFMP Manager, First & Last Name , at Office Number ,or via email at Email Address .

SHARON G. SWISHER
EFMP Manager
HQ Installation Management Command

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Dear Service Member Rank and Family,

This is to advise you that your Exceptional Family Member (EFM) no longer meets eligibility criteria for Respite Care services and will be removed from EFM's First Name active list of EFMP Respite Care recipients. The reason for discontinuation is Rubric did not score a level 3 or 4.

Eligibility for Respite Care is determined at the time of enrollment or re-enrollment. If you have not updated your enrollment information in E-EFMP, go to https://efmp.army.mil to update your enrollment. Your updated information will be reviewed and your installation EFMP Manager First & Last Name will provide the results of your reconsideration review.

Should you need additional services, the EFMP Family Support team is available and ready to assist. Please do not hesitate to reach out, and we would be happy to assist with your family's needs.

If you have any questions, please contact Last Name , EFM Name , and ## .

SHARON G. SWISHER
EFMP Manager
HQ Installation
Management Command

Army Community Service (ACS)
Exceptional Family Member Program (EFMP)

Authorization for Transferring EFMP Respite Care Files

PRIVACY ACT STATEMENT

AUTHORITY : 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used by EFMP personnel to transfer client records to the Government Contractor for all Families using respite care services. The transfer of files is necessary to receive continuation of respite care services.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individuals may not be able to receive EFMP respite care services.

I/We hereby authorize _____
(Name of Installation and Name of EFMP Staff member)

to release respite care files for _____, Date of Birth _____
(Name of EFM)

to the Government Contractor providing Respite Care Services.

Sponsor _____, Rank_____, Unit _____

Duty Phone_____ Spouse's Name _____

Home Phone_____ Cell Phone_____

Address_____

_____

Sponsor/Spouse Signature_____ Date:_____

ACS EFMP Staff Signature_____ Date:_____