

Command Sponsorship (CS)

This action is processed in LEGACY until further notice

This checklist is for Soldiers who are currently assigned to Italy and need to request command sponsorship due to a recently acquired dependent for the following categories: marriage, birth of a child, secondary dependents or dependents stateside who were never command sponsored. See local S1 for Command Sponsorship document samples.

All Soldiers must initiate EFMP screening through the E-EFMP portal.

Soldiers must follow these simple steps:

STEP 1: Create a profile in the E-EFMP portal <https://efmp.army.mil/> and enter newly acquired dependents info seeking to be Command Sponsored.

STEP 2: Select the local CONUS Medical Treatment Facility (MTF) where dependents are located. Dependents must contact the local MTF for an EFMP Screening appointment.

STEP 3: After family members are screened, Soldiers must check the completion of the DA Form 5888 on the E-EFMP portal daily. The DA Form 5888 is considered complete if block 9a or 9b are completed by the MTF and block 10 is signed by the EFMP medical practitioner. block 11 should be blank. The completed DA Form 5888 must be downloaded or printed.

STEP 4: Soldiers must compile all required documents for Command Sponsorship and submit the packet to their respective S1 for review and submission.

STEP 5: S1 will review the CS packet and merge all the documents into *ONE PDF* file, and email it to the MPD group box for further processing at: usarmy.usag-italy.id-europe.list.mpd@army.mil

Required Documents:

- ☐ DA 4187 (Signed by Soldier and CO CDR)
- ☐ Soldier Declaration Memo (Sex Offender Memo)
- ☐ DA Form 5888
 - o Initiate screening: <https://efmp.army.mil/>
 - o Send email appointment and paperwork request to: usarmy.usag-italy.medcom-rhc-e.list.vzhc-efmp@health.mil
- ☐ DD 93 (must list dependents and current physical address)
- ☐ Marriage Certificate, if requesting for a spouse
- ☐ Birth Certificate (For children only)
- ☐ PCS Orders & amendments
- ☐ Soldier Talent Profile (STP) (dated within 30 days)
- ☐ Other documents, if applicable:
 - o Court ordered custody document for children/step-children
 - o Final Adoption Decree
 - o Ward of the Court Verification Letter or court order
 - o DFAS Dependency Approval Memo

Newborn Children Only:

For children born in Italy to a Command Sponsored spouse or have other command sponsored dependents, only provide the following documents:

- ☐ DD93 – Newborn child must be listed
- ☐ Birth Certificate or CRBA
- ☐ PCS Orders
- ☐ Command Sponsorship memo for the spouse, if applicable
- ☐ STP

Single Soldiers & Dual Military:

For dual military couples, only one sponsor can apply for CS. If applying for initial command sponsorship (have no other command sponsored dependents), please provide the following documents

- ☐ DA 4187 (Signed by Soldier and CO CDR)
- ☐ DD1172-2 for Dual Military (DEERS enrollment must be under the sponsoring parent, receiving 50% or more in benefits)
- ☐ DD93 – Newborn child must be listed
- ☐ Birth Certificate or CRBA
- ☐ PCS Orders
- ☐ STP

Dual military couples must have 12 months remaining on their OCONUS assignment after the birth of the child.

Additional Notes:

- Soldier must serve a 36-month tour.
- Soldier must have 12 months remaining in Italy from the date dependents arrive to Italy.
- Soldiers CANNOT be on assignment to PCS.

Note: All foreign documents must be translated to English.

Deferred Family Travel (DFT)

Incoming Soldiers with an approved CS with delayed dependents arrival must request DFT for the family members to travel. PCS orders must indicate “Deferred Travel”. If PCS orders indicate “concurrent” travel, but dependents didn’t arrive with the sponsor due to passport or Visa delays, Soldier must request Deferred Travel at the losing MPD.

Required Documents:

- ☐ Same as Command Sponsorship checklist minus the Soldier Declaration Memo (Sex Offender Memo) and DA 5888.
- ☐ Housing Contract or memo, if applicable

IMPORTANT INFORMATION:

*Family members must obtain a No-Fee passport and Visa **PRIOR** to arriving to Italy.* Family members reporting to Italy without a Missione Visa and No-Fee passport will have to travel back to the previous duty station at **PERSONAL EXPENSE** to reenter Italy with the required immigration documents. Missione Visa applications cannot be initiated in Italy. The Italian Soggiorno cannot be obtained without a Missione Visa and no fee passport. Non-U.S. dependents may apply for a Missione Visa on the passport of their country of origin. European Union dependents are exempted from applying for a Missione Visa. For more info visit your local passport office at the nearest installation. Once the Deferred Travel is approved and orders are published, dependents have up to 60 days to travel. SATO will use the travel orders to book and process flight. Do not book tickets with PCS orders. If dependents fly to Italy prior to the travel authorization approval, Soldiers may not be reimbursed.



PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended
PRINCIPAL PURPOSE: To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.
ROUTINE USES: The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.
DISCLOSURE: Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) COMMANDER XXXXXXXX APO AE 09630	2. TO (Include ZIP Code) MPD UNIT 31401, BOX 41 APO AE 09630	3. FROM (Include ZIP Code) COMMANDER XXXXXXXX APO AE 09630
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) DOE, JOHN A.	5. GRADE OR RANK/PMOS/AOC 1LT/42A	6. SOCIAL SECURITY NUMBER
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from _____ to _____
effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) COMMAND SPONSORSHIP
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
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SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. Service member requests command sponsorship for family members
2. The following is provided:
a. DEROS: b. BASD: c. ETS: d. First Term Soldier: Yes/No e. Prior Service: Yes/No If yes, reentry date/ city/ state:
f. First Tour in Europe: g. Request Shipment of POV: h. Request Shipment of HHG:
i. Marital Status: j. Date of Marriage k. Spouse Pregnant:
1. Dependent's current address:
m. County:
n. Spouse Phone Number:
o. Spouse E-Mail:
p. Location of HHG:
3. Spouse/ Dependants' Name/ Relationship/ DOB
4. Enclosed: ERB/ORB, Birth Certificates, Orders to Italy, Updated DD 93, Marriage Certificate

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -
☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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15. NAME OF INDIVIDUAL	16. SSN	
ADDENDUM - RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		
AUTHORITY	a. TO	b. FROM
c. ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL		
d. NAME (<i>Last, First, Middle</i>)	e. RANK	f. DATE (YYYYMMDD)
g. TITLE/POSITION	h. SIGNATURE	
i. COMMENTS		



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON VICENZA
UNIT XXXXX BOX XX
APO AE 09630

EAGA-HRSD

1 January 2024

MEMORANDUM FOR USAG-Italy, MPD Team, APO AE 09630

SUBJECT: Family Declaration

1. In accordance with Army Regulation 614-30 Para 3-5a(5), I make the following declaration:

The Family member(s) for whom I am requesting command sponsorship does not have any qualifying convictions for offenses listed under 42 USC 16911, or Army Regulation 27-10. I understand that if I am granted command sponsorship and my Family member(s) is convicted of a qualifying offense at anytime during the overseas tour, the command sponsorship will be revoked. Furthermore, I understand that the identified Family member(s) will be processed for early return from the overseas location.

2. The point of contact for this action is the undersigned at DSN **646-****** or joe.snuffly.mil@army.mil.

JOSEPH SNUFFY
SPC, USA