EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

For use of this form, see AR 608-75; the proponent agency is ACSIM.

1. NAME OF SOLDIER	2. RANK

3. UNIT

4a. HOME ADDRESS	b. HOME PHONE NUMBER

5a. DUTY ADDRESS	b. DUTY PHONE NUMBER
	c. FAX NUMBER

d. EMAIL ADDRESS

6. Do you have a family member *(child or adult)* with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner? ☐ YES ☐ NO

7. If the answer to the above question is yes, is the family member enrolled in EFMP? ☐ YES ☐ NO

8. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.

9. The above information is true and correct to the best of my knowledge.

To submit document, save and email to:
usarmy.jblm.imcom.list.dhr-efmp-support-services@army.mil

b. DATE	*(YYYYMMDD)*

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