



U.S. ARMY®



Fort Wainwright Levy Brief

Exceptional Family Member Program (EFMP) Brief



Fort Wainwright LEVY Brief

Exceptional Family Member (EFMP) Program Manager

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Fort Wainwright LEVY Brief

Exceptional Family Members Program (EFMP)

1. If you receive orders for an OCONUS assignment (Alaska, Hawaii, Korea, Japan, etc.) and are taking Family members then an EFMP Screening is REQUIRED.
2. All Soldiers who are PCSing must complete the DA FORM 7415 (regardless if they are enrolled in the EFMP program).
3. It is very important that you hand-carry all shot records, copies of the IEP, a summary of educational activities/performances for the current or past school year and any medical documentation. Do not pack them in your household goods.
4. Think about any medications that will be needed during your trip and be sure to have enough on hand to last until you reach your destination.





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All Soldiers complete this side

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

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

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.

PRINCIPAL PURPOSE: To identify soldiers that have family members for enrollment in the EFMP.

ROUTINE USES: To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

DISCLOSURE: Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

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.

a. SIGNATURE OF SOLDIER b. DATE SIGNED (YYYYMMDD)

DA FORM 7415, JUN 2009

PREVIOUS EDITIONS ARE OBSOLETE

APD PE v1.00ES

*All Soldiers who are PCSing must complete the DA FORM 7415 (regardless if they are enrolled in the EFMP program)

Soldiers enrolled in EFMP complete this side

Accreditation Standard 71000.5 Levy Support Services Assessment

DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON FORT WAINWRIGHT
1060 GAFFNEY ROAD #6000
FORT WAINWRIGHT, ALASKA 99703-6000



The ACS EFMP realizes the importance of a coordinated location change and requests your permission to send the information regarding the Exceptional Family Member (EFM) to the gaining installation. Your signature below authorizes the information regarding your EFM(s) to be forwarded to the gaining installation and certifies that you received a copy of the EMFP PCS Checklist.

Sponsor's Name: Rank: Sponsor's DOB:

Email: Contact #

Secondary or Spouse Email: Contact #

Gaining Installation: Report Date:

Accompanied Tour : Y / N If No, what installation will they be closest to?

My Family will **need support with** the following services (please check all that apply):

☐ Housing ☐ Child care ☐ School Liaison ☐ Support Groups

☐ Legal Assistance ☐ Community Recreation ☐ EFMP Systems Navigator

☐ Medical and/or Counseling Services ☐ EFMP Respite Care ☐ No support needs voiced at this time

☐ Other:

| EFM Name | DOB | Reason For Enrollment |
|--------------|-------------|-----------------------|
| Sample, EFMP | 01 Jan 2001 | Asthma and ADD |
| | | |
| | | |
| | | |
| | | |

AUTHORITY: 5 USC Section 301, Department Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation 608-1 Army Community Service Center

PRINCIPAL PURPOSE: To provide appropriate background information for coordinated location change for Soldiers enrolled in the Exceptional Family Member Program.

ROUTINE USES: For Official Use Only "FOUO", information utilized for PCS moves.

DISCLOSURE: Voluntary. However, failure to provide the requested information may impede Army Community Service personnel from being able to assist individuals effectively.

EFMP PCS Check List Reminder

- ✓ Don't forget to HAND CARRY copies of medical records and enrollment forms.
- ✓ Don't forget to HAND CARRY copies of Child and Youth Services (CYSS) enrollment documentation.
- ✓ Don't forget to HAND CARRY copies of all current year school records (IEP/504) also include a photo of the current school text books.
- ✓ Don't forget to coordinate with your PCM to order and HAND CARRY extra medications for the duration of your travels.
- ✓ Don't forget to update your EFMP Enrollment with your PCM prior to PCSing.

Signature of Sponsor: Date:



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Hours and Contact Information

Location: Building 3414 Rhineland Ave

Hours of Operation: Mon-Fri 0800 – 1600

EFMP Program Manager: Corinne Harang

Duty Phone: 907-353-4335 / E-Mail: Corinne.S.Harang.civ@mail.mil





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QUESTION

EFMP Program Manager
Building 3414
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