

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSIGNMENT COORDINATION SHEET

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

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army

PRINCIPAL PURPOSE: To document EFMP assignment coordination during the nominative phase of the CONUS military personnel assignment process.

ROUTINE USES: None.

DISCLOSURE: Voluntary.

1a. SPONSOR NAME				b. RANK	
2a. FAMILY MEMBER NAME	b. * DIAGNOSIS	c. * SERVICES <i>(Required)</i>	AVAILABLE YES NO		d. * EXPLANATION
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
3a. PROJECTED ASSIGNMENT LOCATION				b. * ZIP CODE	
4. INDIVIDUAL WITH WHOM COORDINATION OCCURRED					
a. NAME AND TITLE			b. PHONE NUMBER		
5a. * COMPLETING MILITARY TREATMENT FACILITY			b. COMMERCIAL PHONE NUMBER		
			c. DSN PHONE NUMBER		
			d. FAX PHONE NUMBER		
e. E-MAIL ADDRESS					
6. INDIVIDUAL COMPLETING FORM					
a. PRINTED NAME AND TITLE		b. SIGNATURE		c. DATE (YYYYMMDD)	

*** To be completed by Military Treatment Facility, Special Needs Advisor, ONLY**