

Dependents PHYSICALLY HERE in Alaska

I. Register your dependents with DEERS and obtain DD Form 1172 from ID Cards Office in Bldg 3401 (Welcome Center).

Register your dependents with TRICARE:

Online: <https://milconnect.dmdc.osd.mil/milconnect/>

Or

Phone: 1-844-866-9378 TRICARE WEST REGION

Complete the following forms in this packet:

1. Contact Sheet for Dependents

2. DA Form 5888: Fill out completely. Block 8 **MUST** be signed by your UNIT S-1 or MPD (Soldier Actions) **BEFORE** submitting paperwork.

3. DA Form 7246: Medical screening questionnaire

Register your dependents with Bassett: The Patient Administration (PAD) Office is located on the first floor of Bassett Army Community Hospital; this allows them to be seen in the facility.

Each family member must have a current physical exam.

PHYSICAL EXAM REQUIREMENTS:

*Dependents 6yrs and older: physical exam needs to have been completed within the past year.

*Dependents younger than 6: the physical exam/well child visit needs to be within the past 6 months, each child must have a current immunization record.

*If your dependents do not have a **current** physical exam, they can schedule one with the Bassett Clinic by calling 907-361-4000.

*We are unable to screen your dependents
without a current physical exam*

**The physical exam appointment is with a provider and is
DIFFERENT than the EFMP Screening appointment.**

II. Once you have **completed** the steps above, please call the Bassett EFMP Office at: 361-5959/5825 to schedule an *EFMP Screening* appointment. Bring your DA 5888, DA 7246 and any additional medical documentation you may have.

Dependents NOT LOCATED IN Alaska

I. **Register your dependents with DEERS and obtain DD Form 1172 from ID Cards Office in Bldg 3401 (Welcome Center).**

Complete the following forms in this packet:

- 1. Contact Sheet for Dependents**
- 2. DA Form 5888:** Fill out completely. Block 8 **MUST** be signed by your UNIT S-1 or MPD (Soldier Actions) **BEFORE** submitting paperwork.
- 3. DA Form 7246:** Medical screening questionnaire

Each dependent must have a current physical exam.

PHYSICAL EXAM REQUIREMENTS:

*Dependents 6yrs and older: physical exam needs to have been completed within the past year.

*Dependents younger than 6: the physical exam/well child visit needs to be within the past 6 months, each child must have a current immunization record.

*Please have your dependents obtain a copy of the physical exam notes.

*We are unable to screen your dependents
without a current physical exam*

**The physical exam appointment is with a provider and is
DIFFERENT than the EFMP Screening appointment.**

II. Bring **ALL** documents to the Bassett EFMP Office **OR** send via e-mail to:
usarmy.wainwright.medcom-bsac.mbx.meddac-ak-efmp@mail.mil

NOTE:

- *Bassett EFMP Office will send your screening packet to the EFMP Office closest to your family in order to perform the Distance screening of your dependents.*
- *The EFMP Office screening your dependents has up to **10 BUSINESS DAYS** to contact your family and start the process.*
- *If your family is located within 60 miles of the Distance EFMP Screening office, they may be required to have an in person appointment - otherwise they will be contacted by phone.*

IPCOT / COT / FSTE Screenings

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2. **DA Form 5888:** Fill out completely. Block 8 **MUST** be signed by your UNIT S-1 or MPD (Soldier Actions) **BEFORE** submitting paperwork.
3. **DA Form 7246:** Medical screening questionnaire

Each family member must have a current physical.

PHYSICAL EXAM REQUIREMENTS:

*Dependents 6yrs and older: physical exam needs to have been completed within the past year.

*Dependents younger than 6: the physical exam/well child visit needs to be within the past 6 months, each child must have a current immunization record.

*Please have your dependents obtain a copy of the physical exam notes.

*We are unable to screen your dependents
without a current physical exam*

**The physical exam appointment is with a provider and is
DIFFERENT than the EFMP Screening appointment.**

II. Once you have **completed** the steps above, please call the Bassett Army Community Hospital EFMP Office at: 361-5959/5825 to schedule an *EFMP Screening* appointment. Bring your DA 5888, DA 7246 and any additional medical documentation you may have.

Contact Information for Dependents

PLEASE PRINT CLEARLY

Sponsor's Rank/Name: _____

Sponsor's DOD ID: _____

Sponsor's Email Address: _____

Sponsor's Phone Number(s): _____

Dependent(s) Name(s) and Date(s) of Birth:

Spouse Email address: _____

Dependents Phone Number(s): _____

Dependent(s) Current Address:

DOUBLE CHECK THE ABOVE INFORMATION FOR ACCURACY

FAMILY MEMBER DEPLOYMENT SCREENING SHEET

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC Section 3013.
PRINCIPAL PURPOSE: Personnel support.
ROUTINE USES: To validate family member deployment screening, and to provide gaining command with data to assist in making an assignment decision.
DISCLOSURE: The provision of requested information is mandatory. Failure to respond may preclude successful processing of an application for family member travel/command sponsorship and may lead to appropriate administrative or disciplinary action against the soldier.

PART A - SOLDIER/FAMILY MEMBER DATA

SOLDIER
completes
BLOCK
1-7 ONLY

1. NAME OF SOLDIER (<i>Last, first, MI</i>)	2. SOCIAL SECURITY NUMBER	3a. RANK	3b. MOS/BRANCH
4a. HOME ADDRESS	5a. DUTY ADDRESS		6. DATE OF EDAS CYCLE OR RFO (<i>OFF</i>) DATE
4b. HOME PHONE NO. (<i>Include Area Code</i>)	5b. DUTY PHONE NO. a. DSN b. COMMERCIAL (<i>Include area code</i>)		

7. FAMILY MEMBERS

a. NAME	b. RELATIONSHIP	c. DOB (YYYYMMDD)	d. HOME ADDRESS

8. AUTHENTICATION

UNIT S-1
completes
BLOCK
8 ONLY

a. MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY REPRESENTATIVE'S NAME	c. RANK (<i>Grade</i>)	d. SIGNATURE
b. TITLE		e. DATE (YYYYMMDD)

PART B - FAMILY MEMBER SCREENING RESULTS

EFMP
OFFICE
completes
BLOCKS
9-11
ONLY

9. NAME	EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT (<i>Check one</i>)				
	a. NOT WARRANTED	b. CONSIDERATION WARRANTED (<i>Date sent for Coding</i>)	c. SUBSTANTIAL CHANGE SINCE ENROLLMENT		
			NO	YES	DATE SENT FOR CODING
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

10. ARMY MEDICAL TREATMENT FACILITY (MTF) EFMP MEDICAL PRACTITIONER COMPLETING THIS FORM

a. PRINTED NAME OF MEDICAL PRACTITIONER	b. SIGNATURE	c. DATE (YYYYMMDD)
d. ADDRESS	e. PHONE NUMBER (<i>Include Commercial and DSN</i>)	

11. ARMY MTF EFMP PHYSICIAN'S AUTHENTICATION (*To be signed when a medical practitioner other than a physician completes this form.*)

a. TYPED OR PRINTED NAME OF PHYSICIAN	b. TITLE	c. RANK
d. SIGNATURE		e. DATE (YYYYMMDD)

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) SCREENING QUESTIONNAIRE For use of this form, see AR 608-75; the proponent agency is OACSIM	NAME OF MEDICAL TREATMENT FACILITY
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DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: PL 94-142 (*Education for all Handicapped Children Act of 1975*), PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342.12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et seq.*

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of family members. This will permit consideration of special education and medical needs of family members in the personnel assignment process.

ROUTINE USES: Information will be used by personnel of the Military Departments to evaluate and document special education and medical needs of family members for consideration in personnel assignments.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude U.S. Total Personnel Command from enrolling soldiers in the EFMP. Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. Refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

Dependent or Parent completes ALL blocks on this page

SERVICE MEMBER'S NAME/RANK	DATE (YYYYMMDD)
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BRANCH	UNIT	DUTY PHONE
PROJECTED PCS ASSIGNMENT	DSN	HOME PHONE
PROJECTED PCS DATE	HOME ADDRESS	DUTY ADDRESS

1 FORM FOR ALL FAMILY MEMBERS

LIST ALL FAMILY MEMBERS	FAMILY MEMBER PREFIX	SEX	DATE OF BIRTH (YYYYMMDD)	CHECK IF ENROLLED IN EFMP
				<input type="checkbox"/>

PLACE NAME OF FAMILY MEMBER in the block you answered YES

PLEASE ANSWER ALL QUESTIONS - FOR FAMILY MEMBERS ONLY

MEDICAL

1. Do any family members, excluding service member, have any medical records (*civilian or military*) other than the records you have provided us to screen? If yes, please list conditions/services received and address of provider. YES NO

FAMILY MEMBER	CONDITIONS/SERVICES	NAME/ADDRESS OF PROVIDER

2. In the past five (5) years, have any members of your family, excluding service member, been hospitalized, excluding hospitalization for normal uncomplicated childbirth? If yes, please explain. YES NO

NAME	REASON

3. Are any members of your family, excluding service member, currently receiving medical (*includes mental health*) or educational services from any providers other than a general practitioner or family practice physician? YES NO

Dependent or Parent completes ALL Blocks on this page 1 FORM FOR ALL FAMILY MEMBERS.

PLACE NAME OF FAMILY MEMBER(s) in the block you answered YES

Signature of parent or dependent

SIGNED BY EFMP STAFF ONLY

4. Are any family members, excluding service member, taking any prescribed medication other than birth control pills on a regular basis?		YES	NO				
NAME		PRESCRIBED MEDICATION					
5. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)							
a.	Problems with sight (other than corrected by glasses)	YES	NO	g.	Asthma, allergies or other respiratory problems	YES	NO
b.	Problems with hearing			h.	Cerebral Palsy		
c.	Heart condition			i.	Delayed Speech		
d.	Seizure disorder			j.	Sickle Cell Trait/Disease		
e.	Loss of mobility (requiring use of a wheelchair/walker or aid in mobility)			k.	Cancer		
f.	Diabetes			l.	High blood pressure		
				m.	Other, if yes, explain		
MENTAL HEALTH:							
6. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)							
a.	Referral to, diagnosed by, or therapy with a Psychiatrist, Psychologist, or Social Worker in reference to a mental health problem	YES	NO	d.	Alcohol and drug use or abuse	YES	NO
b.	Depression			e.	Emotional problems		
c.	Suicidal thoughts/ideas, gestures, attempts			f.	Behavioral problems/acting out behavior		
				g.	Received therapy (marital, family, individual or group counseling)		
7. Have any members of your family, excluding service member, been in any of the following? Inpatient Psychiatric Facility, Residential Treatment Center, Group Homes, Day Treatment Centers, Drug and Alcohol Treatment Rehabilitation Center. If Yes, please explain:						YES	NO
EDUCATION							
8. Do any of your children now have, or have they ever had, any of the following?							
a.	Slow development (infants and preschoolers)	YES	NO	d.	Counseling services for school-related problems	YES	NO
b.	Learning problems (school)			e.	Mental retardation		
c.	Special services (i.e., OT, PT, Speech, etc.) for special education						
9. Are any of your children receiving Special Education help in school (not in regular class placement and on an Individual Education Plan (IEP))? If yes, who?						YES	NO
According to AR 608-75, Exceptional Family Member Program, soldiers will provide accurate information as required when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.							
Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll family members that meet the criteria for enrollment. (A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ).) These actions will include, at a minimum, a general officer letter of reprimand.							
All the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or educational status for all members of my family, after the date indicated below, and prior to PCS move.							
PRINTED NAME OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM		SIGNATURE OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM		DATE (YYYYMMDD)			
PRINTED NAME OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN		SIGNATURE OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN		DATE (YYYYMMDD)			