

**Contact Information for Family Members Requesting
Assistance with the EFMP Screening Process for Command Sponsorship from
CONUS/OCONUS**

This form should be turned in to ACS EFMP or your local Health Clinic EFMP Case Coordinator with an **authenticated** DA 5888 for coordination of EFMP Screening when requesting Command Sponsorship.

PLEASE PRINT CLEARLY

Sponsor's name: _____

Sponsor's email address: _____

Sponsor's SS#: _____ - _____ - _____

Sponsor's phone number(s): _____

Family member name(s) and Dates of Birth: _____

Family Member's Email address: _____

Phone number(s) where your family can be contacted immediately: _____

Family Member's Fax number: _____

Family Member's Home address: _____

DOUBLE CHECK THE ABOVE INFORMATION FOR ACCURACY.

Questions?

**EFMP Manager
Army Community Service
Ledward Barracks, Bldg 242
354-6933 09721 96 6933
FAX 354-6852 / 09721 96 6852**