



U.S. Army Garrison Schweinfurt EFMP Out-Processing Checklist

Sponsor's name & grade: _____ DOB: _____

Next Duty Station: _____ Today's Date _____

Official email _____ Report Date _____

Please fill out the following for all dependents, indicating if he/she is an Exceptional Family Member (EFM) in the last columns and reason for enrollment as medical/educational or both.

NAME	RELATION	DATE OF BIRTH	EFM (Y/N)	Enrolled Med/Ed/Both
<i>Example: Joe Jackson</i>	<i>Son</i>	<i>9 January 1999</i>	<i>Yes/No</i>	

Which of the following services will you require for support from the EFMP office of your gaining command (please check one or more):

- Housing modification /Concerns
- Child and Youth Services Program
- School Liaison Services
- Support Groups Information
- EFMP Respite Care Program (Receiving # _____ hours monthly)
- Medical and/or Counseling Services
- Community Recreation
- Other: _____
- No support needed at this time

Have you given a copy of your orders to the Schweinfurt ACS EFMP Manager? (circle one) YES NO

Sponsor has been advised that he/she is responsible for keeping the medical and/or special education needs documentation current as EFM condition changes or at least every 3 years whichever comes first. A pending update may delay the assignment order process.

Sponsor/Family Member Signature

ACS Staff initial beside the information that has been provided to sponsor/family member today:

- Advised about obtaining any of the following:
 - copies of IEP/IFSP for each dependent child enrolled in school/EDIS
 - copies of Child and Youth Services (CYS) program documentation for each child
 - copies of school transcripts/records for each dependent enrolled in school
 - copies of medical records for self & dependents
 - medication/medical supplies to meet your family's needs until arrive in new community
 - EFM Rights & Responsibilities Information

EFMP Representative

