

Personal Affairs

Army National Guard Exceptional Family Member Program

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By Order of the Secretary of the Army:

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History. New publication.

Summary. This regulation provides policies and procedures necessary for implementing, managing and monitoring a successful Army National Guard Exceptional Family Member Program (EFMP). The Headquarters Department of the Army Regulation 608-75 outlines policies and procedures for the EFMP. It implements DODD 1342.17, DODI 1315.19 and DODI 1342.12.

Applicability. This regulation applies to Army National Guard (ARNG) personnel. It does not apply to the Army Reserve or the Active Army. Nothing in this regulation shall be construed to vary or modify standards, requirements, or benchmarks set forth by the Department of the Army pursuant to authority provided for in law that properly apply to Title 10 and Title 32 ARNG Personnel. Where appropriate, standards, requirements, and benchmarks set forth in relevant Army Regulations and guidance shall be referenced and shall govern all discrete functional areas of the ARNG Exceptional Family Member Program.

Army management control process. This regulation is not subject to the requirements of Army Regulation (AR) 11-2 (Managers Internal Control Program). It does not contain internal control provisions.

Proponent and exception authority. The proponent of the regulation is the Service Member and Family Readiness (J1-R-FR). The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. Supplementation of this regulation is prohibited without prior approval from the Chief of Staff, Army National Guard, ATTN: J1-R-FR, 111 South George Mason Drive, Arlington, Virginia 22204.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publication and Blank Forms) directly to J1-R-FR, 111 South George Mason Drive, Arlington, Virginia 22204.

Distribution: A

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Chapter 1

Introduction

1-1. Purpose

The purpose of this regulation is to provide comprehensive guidance to the Army National Guard (ARNG) on the Exceptional Family Member Program (EFMP) policies, procedures, programs and activities used to implement the Exceptional Family Member Program (EFMP).

1-2. References

Related publications are listed in Appendix A.

1-3. Responsibilities

Responsibilities are listed in Chapter 3 of this regulation.

1-4. Explanation of Abbreviations and Terms

- a.* Abbreviations and special terms used in this regulation are explained in the glossary.
- b.* The use of the term “State” in this regulation refers to the 54 States, to include the U.S. Virgin Islands, Guam, Puerto Rico and the District of Columbia

1-5. Statutory and Department of Defense Requirements

- a.* Section 4151 et seq., Title 42, United States Code (42 USC 4151 et seq.) requires certain federally owned, leased, or funded buildings and facilities to be accessible to persons with physical disabilities.
- b.* 29 USC 794 prohibits discrimination based on disability in programs and activities receiving Federal financial assistance.
- c.* 20 USC 1400 et seq. requires free appropriate public education for all children with disabilities, to include special education and certain related services.
- d.* 20 USC 921 et seq. requires Department of Defense Dependent Schools (DODDS) to provide programs designed to meet the special needs of students with disabilities in locations outside the United States.
- e.* The DODD 1020.1 prohibits discrimination based on disability in programs and activities receiving Federal financial assistance disbursed by the DOD in programs and activities conducted by the DOD.
- f.* The DODD 1342.17 establishes policies, assigns responsibilities, and prescribes procedures on Family policy for DOD personnel (military personnel in an Active, National Guard, Reserve, or retired status and civilian personnel) and their Families.
- g.* The DODI 1342.12 implements policy, assigns responsibilities, and prescribes procedures for provision of early intervention services (EIS) to infants and toddlers with disabilities and their Families, and special education and related services to children with disabilities entitled to receive special services from DOD; monitors DOD programs providing EIS, special education, and related services; and establishes a DOD advisory panel on early intervention, special education, and related services and a DOD coordinating committee on early intervention, special education, and related services.
- h.* The DODI 1315.19 provides guidance, assigns responsibilities, and prescribes procedures for authorizing Family travel at Government expense for active duty Service Members for an overseas assignment who have Family members that meet the DOD criteria for identifying Family members with special needs, and for processing civilian employees for an overseas assignment who have Family members with special needs.
- i.* 10 USC 2164 requires DOD Domestic Dependent Elementary and Secondary Schools (DDESS) to provide programs designed to meet the special needs of students with disabilities in specific locations in the United States and certain territories, commonwealths, and possessions of the United States.

1-6. Exceptional Family Member Program Objectives

- a.* To provide certain reimbursable and non-reimbursable medically related services to children with disabilities per DODI 1342.12 with the same level of priority as medical care to the Active Duty Soldiers.
- b.* To ensure the medical and educational needs of ARNG eligible Family members are assessed during the continental United States (CONUS) and outside the continental United States (OCONUS) assignment process.
- c.* To consider the medical needs and special education needs of the EFM during CONUS and OCONUS assignment process. OCONUS assignment process excludes Alaska and Hawaii.
- d.* To assign Soldiers to an area where the EFM’s medical and special education needs can be accommodated, provided there is a valid personnel requirement for the Soldier’s grade and specialty.

e. To provide a mechanism for DA civilians to inform—

- (1) The DODDS of the arrival of dependent children with special education and medically related service needs.
- (2) The gaining medical activity of the arrival of Family members with medical needs.

f. To ensure all eligible Family members receive community support service information.

g. To ensure facility and program accessibility to individuals with disabilities.

h. To provide Early Intervention Services (EIS) to eligible infants and toddlers and their Families per 32 CFR Part 80 and DODI 1342.12.

1-7 Sanctions

a. Soldiers will provide accurate information as required by this regulation when requested to do so by authorized 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.

b. Commanders will take appropriate action against Soldiers who knowingly provide false information, or who knowingly fail or refuse to initially enroll in EFMP, and who knowingly and willfully disregard the 3 year anniversary to update review of the EFM condition. (A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ, Art. 107); knowing that failure or refusal to enroll in the EFMP or willfully disregarding the mandatory update review of the EFM condition may constitute a dereliction of duty in violation of UCMJ, Art. 92.) These actions will include, at a minimum, a general officer letter of reprimand. However, a letter of reprimand must be based on evidence that the Soldier willfully refused enrollment, knowingly provided false information either regarding special education or medical services or both, or disregarded the requirement to periodically update the condition of the Family member (at least every 3 years).

1-8 Prohibitions against Discrimination

a. No qualified person with a disability will be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination under the EFMP, in any program or activity that receives or benefits from Federal financial assistance disbursed by HQDA (see AR 600–7).

b. Each EFMP component will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified person. An exception is if the garrison commander demonstrates to the Assistant Secretary of the Army (Manpower and Reserve Affairs) or designee that the accommodation would impose an undue hardship on the operation of the program. Reasonable accommodation includes the following:

- (1) Making facilities readily available, usable, and accessible to persons with disabilities.
- (2) Acquisition or modifying equipment or devices, such as telecommunication devices for the deaf or other electronic devices for impaired sensory, manual, or speaking skills.
- (3) Providing readers or sign-language interpreters.
- (4) Disseminating information on how persons with disabilities can access services.

1-9 Management of Personally Identifiable Information (PII)

a. Army administrators and other users of PII observe the provisions and guidelines prescribed in AR 25-22, Information Management: The Army Privacy Program.

b. Privacy Act. Personally Identifiable Information (PII) used during the EFMP enrollment process is subject to the U.S.C. 552a, as amended, the Privacy Act of 1974. DOD 5400.11-R, "Department of Defense Privacy Program" and AR 340–21, "The Army Privacy Program". Personally Identifiable Information may be used only by authorized persons to conduct official business.

c. *Health Insurance and Portability Accountability Act (HIPAA).* Protected Health Information is subject to Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 and the Final Privacy Rule and Final Security Rule codified in 45 C.F.R. § 160 and 164, DoD 6025.18-R, "DoD Health Information Privacy Regulation" and DoD 8580.02-R, "DoD Health Information Security Regulation."

d. Information collected during the EFMP enrollment process may only be used and/or disclosed in strict conformance with these authorities. The US Army Medical Command is required to, and will apply, appropriate sanctions against individuals who fail to comply with its privacy policies and procedures.

Chapter 2 Eligibility and Enrollment

2-1. Eligibility

ARNG Soldiers serving under authority of Title 10 and Title 32 U.S. codes and Active Duty Operational Support (ADOS) orders over 30 consecutive days with family members whose needs meet the eligibility criteria for special educational and/or medical services, as specified in DoD Instruction 1315.19, must be enrolled in the EFMP.

2-2. Enrollment

a. Enrollment in the EFMP is ongoing, unless the medical and/or special educational needs warrant a case closure, disenrollment per EFMP physician or the Soldier is separated from the ARNG program under authority of Title 10 and Title 32 U.S. codes and ADOS orders over 30 consecutive days.

b. Completion of DD Form 2792 (Exceptional Family Member Medical Summary) will constitute enrollment in the EFMP for Tri-Service Medical Care (TRICARE) Extended Care Health Option (ECHO) enrollment purposes.

2-3. Expanded Enrollment

ARNG not serving under authority of Title 10 and Title 32 U.S. codes and Active Duty Operational Support (ADOS) orders over 30 consecutive day's status may voluntarily enroll in the Army EFMP before entering an eligible active duty status. This allows the Soldier to gain access to the EFMP immediately upon entering a status of eligibility to receive EFMP services (for example, community support services such as EFM information, referral, and placement; advocacy; family-find activities; and respite care). The Soldier's eligible Family members must meet the special needs medical eligibility criteria in Appendix B, when the Soldier is in an eligible duty status.

Chapter 3 Responsibilities

3-1. The Adjutants General (TAG)

The Adjutant General (TAG) of each State and territory is the ultimate authority for the development and implementation of the ARNG Exceptional Family Member Program. The TAG's duties include the following:

- a.* Ensure development and implementation of a comprehensive EFMP for eligible ARNG Soldiers.
- b.* Ensure that all organizational elements effectively implement, support and maintain EFMP requirements.
- c.* Ensure that all Soldiers have received necessary instruction on EFMP eligibility and the enrollment process in order to obtain EFMP services.
- d.* Ensure that all unit leaders at all levels screen eligible ARNG Soldiers upon entry into a qualifying Title 10 and Title 32 U.S. codes and Active Duty Operational Support (ADOS) orders over 30 consecutive days to determine EFMP eligibility.
- e.* Ensure eligible ARNG Soldiers are screened: Prior to entering an eligible status; prior to PCS, annually and/or update EFMP information every 3 years or as needed.

3-2. State Surgeon's Office

- a.* Ensure procedures are implemented for Family member travel screening.
- b.* Ensure Soldiers are screened to determine EFMP enrollment during Periodic Health Assessment and Soldier Readiness Process.
- c.* Refer eligible Soldiers to Family Assistance Centers (FAC) to receive education and community resource information.
- d.* Deliver screening data to ARNG EFMP Coordinator.

3-3. State Active Guard Reserve (AGR) Manager

- a.* The AGR Manager is the designated State area command point of contact for considering medical needs of Family members in the Title 32 assignment process.
- b.* AGR managers will consider the documented special education and medical needs of Family members in the assignment of Soldiers.
- c.* When possible, AGR managers will assign Soldiers to an area where the special needs of their EFMs can be accommodated. Assignments will depend on the existence of valid personnel requirements for the Soldier's grade, military occupational specialty code or specialty skill identifier, and eligibility for tour.

3-4. State Family Program Directors

- a. Ensure guidance is provided on DOD, Army and ARNG policy issuances regarding family member travel requirements and the EFMP process.
- b. Establish a network of EFMP referral resources at the local State and county levels.
- c. Inform Soldiers and Families about the availability of community support services, educational resources, military and civilian communities.

3-5. Chief Surgeon's Office

Ensure procedures are implemented to refer Soldiers to the EFMP upon identification of diagnosis of a medical and/or educational condition which warrants enrollment in the EFMP.

3-6. Human Capital Management (HCM)

- a. *Personnel Record Review.*
 - (1) Refer Soldiers with an identified EFM to the ARNG EFMP Coordinator for consultation, education and referral coordination as needed using form DA 7415.
 - (2) Remind Soldiers of their responsibility to update enrollment as EFM conditions change or every three years, whichever comes first.
- b. *Assignment Management.*
 - (1) Notify the ARNG EFMP coordinator of all Soldiers enrolled in the EFMP who are being considered for assignment.
 - (2) Ensure assignments to overseas areas (includes Commonwealth of Puerto Rico and Guam) are made to pinpoint locations, when EIS or special education may be required through coordination with DODDS.
 - (3) Consider, when possible, alternate assignments for Soldiers pending assignment to a location where care for the EFM is not available.
 - (4) If no suitable overseas location can be found and there is no adverse impact on the military mission or on the active duty Soldier's career, remove the Soldier who has a Family member with special education needs from overseas orders.
 - (5) Ensure all Soldiers complete DA Form 5888 (Family Member Travel Screening) and provide gaining command with data to assist making an assignment decision.
 - (6) Ensure appropriate EFMP designation has been annotated in the personnel file.
 - (7) Soldiers who enroll in the EFMP after receipt of OCONUS assignment instructions need to be aware the enrollment may not affect the assignment. If general medical care is not available, the Soldier may be required to serve an "all others" tour.
 - (8) Requests for deletion, deferment, or compassionate reassignment must be processed under AR 614-100 or AR 614-200. Participation in the EFMP is not the basis for deletion, deferment, or compassionate reassignment.
 - (9) Requests for a second PCS within the same fiscal year will continue to be processed under AR 614-100 or AR 614-200 on a case-by-case basis.
 - (10) Collaborate with Human Resource Command during the assignment process as needed. See appendix F for contact information.

3-7. Army National Guard Soldiers

ARNG Soldiers with Family Members who meet the eligibility criteria for the Exceptional Family Member Program will enroll in the EFMP.

- a. *Title 10 AGR Soldiers*
 - (1) Notify HCM during in-processing, annual record review and reassignment process of EFMP enrollment or initiate enrollment into the EFMP using DA Form 7415 (EFMP Query Sheet); DA Form 7415 will be submitted to the ARNG EFMP Coordinator to the ARNG EFMP Program Coordinator's Office mailbox, at ng.ncr.ngb-arng.mbx.arng-efmp@mail.mil.
 - (2) Update the status of family member(s) with special needs when conditions occur, change, or no longer exist.
 - (3) Keep medical and/or special education needs documentation current as EFM condition changes or every 3 years, whichever comes first.
 - (4) Consult with ARNG EFMP Coordinator as needed.
 - (5) Attend levy briefing, which discusses EFMP screening procedures for a particular installation. See DODI 1315.19 and AR 608-75.

(6) Soldier and Family member's will report to and follow guidance provided by the nearest MTF in an effort to complete DD Form 2792 (Family Member Medical Summary). Completion of DD Form 2792 will constitute enrollment in EFMP for TRICARE ECHO enrollment purposes.

(7) DD Form 2792-1 (Exceptional Family Member Special Education/Early Intervention Summary) should be completed by school personnel or physician (or a medical practitioner under the supervision of a physician) and the child's parents when school is not in session.

(8) For family travel or command sponsorship screening, the Soldiers will need to complete DA Form 5888, Family Member Deployment Screening Sheet to verify family members' DEERS eligibility and medical status for travel clearance. DA Form 7413 is completed to initiate the assignment coordination.

(9) Ensure appropriate EFMP designation has been annotated in personnel file.

b. Title 32 AGR Soldiers

(1) Notify State AGR Managers of EFMP enrollment during in-processing, assignment and reassignment process.

(2) Inform designated personnel or readiness NCO of EFMP enrollment status during annual personnel record review.

(3) Update the status of family member(s) with special needs when conditions occur, change, or no longer exist.

(4) Keep medical and/or special education needs documentation current as EFM condition changes or every 3 years, whichever comes first.

(5) Attend levy briefing, which discusses EFMP screening procedures for a particular installation. See DODI 1315.19 and AR 608-75.

(6) Contact the nearest MTF EFMP Coordinator office prior to screening for consultation and scheduling.

(7) Soldier and Family members will report to and follow guidance provided by the nearest MTF in an effort to complete DD Form 2792 (Family Member Medical Summary). Completion of DD Form 2792 will constitute enrollment in EFMP for TRICARE ECHO enrollment purposes.

(8) DD Form 2792-1 (Exceptional Family Member Special Education/Early Intervention Summary) should be completed by school personnel or physician (or a medical practitioner under the supervision of a physician) and the child's parents when school is not in session.

(9) For family travel or command sponsorship screening, the Soldiers will need to complete DA Form 5888, Family Member Deployment Screening Sheet to verify family members' DEERS eligibility and medical status for travel clearance. DA Form 7413 is completed to initiate the assignment coordination.

(10) Ensure appropriate EFMP designation has been annotated in personnel file.

3-8. ARNG EFMP Coordinator, Service Member and Family Readiness Division

The ARNG EFMP Coordinator is responsible for establishing, implementing, and maintaining EFMP in coordination with HQDA and installation EFMP components for eligible ARNG sponsors of family members who have physical, developmental, emotional, or intellectual impairments/disabilities. Responsibilities include:

a. Establish, implement and maintain an EFMP.

b. Provide consultation and education to ARNG command, personnel, Soldiers and Families.

c. Verify EFMP eligibility with the MTF and appropriate medical special needs advisors.

d. Coordinate with State Family Program Directors to promote and develop State program activity.

e. Coordinate referral activity with respective ARNG personnel.

f. Advise Soldiers to update their EFMP enrollment status when conditions occur, change, or no longer exist.

g. Case manage EFMP activities during the lifecycle of enrollment.

h. Notify HCM of eligible ARNG Soldiers enrolled in EFMP during the assignments process.

i. Advise Soldier/Family members to complete medical appointments prior to requesting Family member screening.

j. Advise Soldiers to coordinate with the EFMP Coordinator at the nearest MTF or the ARNG EFMP Coordinator at the National Guard Bureau for enrollment procedures.

k. Provide Soldier with procedural references for the EFMP nominative inquiry process.

l. Collaborate with Human Resource Command during the assignments process as needed. See appendix for contact information.

m. Complete DA Form 7413 (Exceptional Family Member Program Assignment Coordination Sheet) to document EFMP coordination during the nominative phase of the CONUS and/or OCONUS military personnel assignment process; consult with ARNG EFMP Coordinator to conduct nominative inquiry to determine availability of specialty services and assignment coordination.

Chapter 4

Command Sponsorship and Family Travel Request

a. Family members must be medically screened when accompanying Soldiers to an OCONUS area for which command sponsorship/Family member travel is authorized.

b. Gaining command must approve Family travel before names are included on orders.

c. HCM will not request Command sponsorship/Family member travel to the Soldier's OCONUS duty station until the DA Form 5888 has been completed for all Family members and attached to the Soldier's DA Form 4187 (Personnel Action), DA Form 4787 (Reassignment Processing), DA Form 5121 (Overseas Tour Election Statement) or appropriate major command form. Instructions for completing DA Form 5888 are in Appendix B.

Chapter 5

Army Respite Program

Army offers respite care to Reserve Component Active Duty Soldiers with exceptional family members to provide short-term rest periods of relief to the primary caregivers. EFMP enrollment is a prerequisite to access respite care services. As defined by AR 608-75, eligibility for EFMP respite care is based on eligible criteria, active duty status and subject to available funding maintained by the local installation, Army Community Service EFMP.

Appendix A References

Section I Required Publications

AR 55-46

Travel and Transportation, Travel Overseas, 14 June 2017

AR 340-21

The Army Privacy Program August 5, 2014

AR 600-7

Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army, August 7, 1987

AR 600-8-101

Personnel Readiness Processing

AR 608-1

Army Community Service, December 21, 2010

AR 608-75

Exceptional Family Member Program (EFMP), 27 January 2017 (Expedite Revision, 27 February 2017)

AR 614-100

Officer Assignment Policies, Details, and Transfers

AR 614-200

Enlisted Assignments and Utilization Management

CNGBM 1800.02

Family Readiness Services

DOD Directive 1010.13

Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Department Schools outside the United States, February 02, 1990

DOD Directive 1020.1

Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense, November 21, 2003

DOD Instruction 1315.18

“Procedures for Military Personnel Assignments”, January 12, 2005

DOD Instruction 1315.19

Authorizing Special Needs Family Members Travel Overseas at Government Expense, February 16, 2011

DOD Directive 1342.17

“Family Policy”, certified current as of Nov. 21, 2003.

DOD Instruction 1342.22

Military Family Readiness, 03 July 2012

DOD Manual 1342.12

“Implementation of Early Intervention and Special Education Services to Eligible DoD Dependents,” June 17, 2015

MILPER Message Number 13-235

Stabilization of Soldier and Military Families with Special Needs, Issued 22 Aug 2013.

National Defense Authorization Act (NDAA 2010)

NGR 601-1

Army National Guard Strength Maintenance Program

**Section II
Prescribed Forms**

**Section III
Adopted Forms**

Except where otherwise indicated below, the following forms are available as follows: DA forms are available on the APD Web site at <https://www.apd.army.mil>; DD Forms are available at <https://www.esd.whs.mil/Directives/forms/>.

DA Form 2028

Recommend Changes to Publications and Blank Forms

DA Form 5121

Overseas Tour Election Statement

DA Form 5187

Application for Respite Caregivers.

DA Form 5188

Medical Report on Applicant for Certification to Provide Care for Children or Adults with Disabilities.

DA Form 5189

Application for Respite Care for Children and Adults with Disabilities.

DA Form 5888

Family Member Deployment Screening Sheet.

DA Form 5888-1

Screening of Family Members in Remote OCONUS Areas.

DA Form 7246

Exceptional Family Member Program (EFMP) Screening Questionnaire.

DA Form 7413

Exceptional Family Member Program (EFMP) Assignment Coordination Sheet.

DA Form 7415

Exceptional Family Member Program (EFMP) Querying Sheet.

DA Form 7625-1

Army Child and Youth Services Health Screening Tool

DA Form 7625-2

Army Child and Youth Services Program Placement Checklist

DD Form 2792

Exceptional Family Member Medical Summary

DD Form 2792-1

Exceptional Family Member Special Education/Early Intervention Summary

Appendix B

Instructions for Completing DA Form 5888

B-1. Part A

The MPD or PSB representative will enter and authenticate Soldier and/or Family member data in consultation with the Soldier. Family members will not be screened unless Part A has been completed and authenticated by the MPD or PSB representative.

B-2. Part B

a. Part B will only be completed by an Army MTF EFMP practitioner. When the EFMP medical practitioner is other than a physician, it will be authenticated by the Army MTF EFMP physician.

b. The Soldier or spouse will contact the nearest Army MTF EFMP case coordinator prior to screening regardless of whether it is being conducted at that MTF, another DOD MTF, or by a civilian physician. The contact with the Army MTF EFMP case coordinator does not need to be in person if that MTF is not within 60 miles driving distance. The screening requirements appear below.

(1) If the nearest Army MTF is within 60 miles or 1 hour driving distance (at 55 miles per hour), the EFMP case coordinator will make an appointment for the Soldier's Family member at that facility.

(a) The physician or medical practitioner under the supervision of a physician will in the presence of the Soldier and/or spouse screen the military MTF and civilian medical records of all Family members in addition to ensuring that all Family members 72 months of age and under are seen for a physical examination and developmental screening.

(b) Developmental screening will include, at a minimum, use of the Preschool Developmental Questionnaire (PDQ). If the child does not pass the PDQ, the full Denver Developmental Screening Test will be administered.

(c) Physical examination and/or developmental screening may be waived by a physician or a medical practitioner under the supervision of a physician when there is sufficient recent justification of normal physical examination and developmental screen. The physician or medical practitioner under the supervision of a physician will so annotate the SF 600.

(d) A physical examination will be required for Family members over 72 months of age in the absence of sufficient medical data on which to base a decision about enrollment.

(e) If no medical or developmental problems have been identified, the physician or medical practitioner under the supervision of a physician will check enrollment not warranted in block 9a of DA Form 5888.

(f) If a Family member requires further evaluation for possible enrollment, the physician or medical practitioner under the supervision of a physician will complete DD Form 2792. When the Family member is a school-age child, personnel at the child's school will complete the DD Form 2792-1. During summer months when school personnel are not available, the DD Form 2792-1 will be completed by a physician or a medical practitioner under the supervision of a physician and the child's parents. If the child has an IEP, a copy will be attached to the DD Form 2792-1. Upon completion of the DD Form 2792 and DD Form 2792-1 (if needed), the physician or medical practitioner under the supervision of a physician will check either enrollment not warranted or consideration for enrollment warranted on DA Form 5888.

(g) If a Family member is already enrolled in EFMP at the time of screening, the physician or medical practitioner under the supervision of a physician will indicate whether there has been a substantial change in severity of condition and related medical needs since enrollment. If there has been a substantial change, a new DD Form 2792 and DD Form 2792-1 (if needed) will be completed. A new DD Form 2792-1 will also be completed if the Exceptional Family Member Special Education/Early Intervention Summary is older than 1 year at the time of screening. The date the DD Form 2792 and DD Form 2792-1 is sent for coding will be noted in block 9c of DA Form 5888.

(h) The Army MTF EFMP physician will ensure that DA Form 5888 is properly signed and copies of DD Form 2792 and DD Form 2792-1 (if needed) are attached to the DA Form 5888 when enrollment is warranted or there has been a substantial change since enrollment.

(2) If there is no Army MTF within 60 miles or 1 hour driving distance, but there is another DOD MTF within that radius, the nearest Army MTF EFMP case coordinator will provide forms and guidance to the Family member as if they are using a physician in the civilian community. The Soldier or spouse will make arrangements to complete deployment screening at the DOD MTF and return all appropriate documentation to the Army MTF EFMP case coordinator.

(3) If there is neither an Army MTF nor another DOD MTF located within 60 miles or 1 hour driving distance, screening may be performed by the Family member's physician in the civilian community using procedures in paragraph (2) above.

(4) The Family will not be reimbursed for traveling within 60 miles to an Army or DOD MTF. Payment for screening performed by a physician in the civilian community will be arranged by the nearest Army EFMP case coordinator.

Appendix C

Criteria for Identifying a Family Member with Special Needs

C-1. Special Medical Needs

Family members of active duty Soldiers and civilian employees appointed to an overseas position who meets one or more of the following criteria will be identified as a Family member with special medical needs.

a. Potentially life-threatening conditions and/or chronic medical/physical conditions (such as high-risk newborns, patients with a diagnosis of cancer within the last 5 years, sickle cell disease, insulin-dependent diabetes) requiring follow-up support more than once a year or specialty care.

b. Current and chronic (duration of 6 months or longer) mental health condition (such as bipolar, conduct, major affective, or thought and/or personality disorders), inpatient or intensive outpatient mental health service within the last 5 years; intensive (greater than one visit monthly for more than 6 months) mental health services required at the present time. This includes medical care from any provider, including a primary health care provider.

c. A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring wheezing which meets one of the following criteria:

- (1) Scheduled use of inhaled and anti-inflammatory agents and/or bronchodilators.
- (2) History of emergency room use or clinic visits for acute asthma exacerbations within the last year.
- (3) History of one or more hospitalizations for asthma within the past 5 years.
- (4) History of intensive care admissions for asthma within the past 5 years.

d. A diagnosis of attention deficit disorder and/or attention deficit hyperactivity disorder that meets one of the following criteria:

- (1) A co-morbid psychological diagnosis.
- (2) Requires multiple medications, psycho-pharmaceuticals (other than stimulants) or does not respond to normal doses of medication.
- (3) Requires management and treatment by mental health provider (for example, psychiatrist, psychologist, and/or social worker).
- (4) Requires specialty consultant, other than a Family practice physician or general medical officer, more than twice a year on a chronic basis.
- (5) Requires modification of the educational curriculum or the use of behavioral management staff.

e. Requires adaptive equipment (such as apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, home ventilator, and so forth).

f. Requires assistive technology devices (such as communication devices) or services.

g. Requires environmental and/or architectural considerations (such as limited number of steps, wheelchair accessibility and/or housing modifications, and air conditioning).

C-2. Special educational needs

Family members of active duty Soldiers and civilian employees appointed to an overseas position will be identified as a Family member with special educational needs and eligible for EIS or special education or if they meet one of the following criteria:

- a.* Has or requires an IFSP.
- b.* Has or requires an IEP.

Appendix D Exceptional Family Member Program Identification List

Common Diagnoses for Enrollment

- a. ADD/ADHD (only for patients who take more than one medication, take more than usual therapeutic medication dosages, have a coexisting mental health condition, require counseling by a mental health provider, or require medication management by a psychiatrist.
- b. Allergies (only if patient requires allergy shots or follow up with allergist more than once a year)
- c. Asthma/RAD (if scheduled inhaled anti-inflammatory agents or bronchodilators are required, patient has required an emergency room visit for acute flare within the past 12 months, or has been hospitalized for asthma within 5 years of diagnosis.
- d. Autism/Pervasive Developmental Disorders (all require medical enrollment; may also require educational enrollment)
- e. Autoimmune/Neuromuscular Disorders (such as Muscular Dystrophy, Lupus, Multiple Sclerosis, Rheumatoid Arthritis)
- f. Cancer (unless patient has completed treatments, is in remission > 5 years, and is requiring no further follow-up)
- g. Cervical Dysplasia/Abnormal Pap smear (if patient requires pap smears 2x/year or greater or if requires colposcopy)
- h. Cerebral Palsy or Loss of Mobility (requiring use of wheelchair, walker, or other aide; requiring PT or OT)
- i. Cleft Lip/Palate (unless full repair is completed and patient is no longer receiving any services or follow-up)
- j. Developmental Delay (including those receiving early intervention services, speech therapy, PT, or OT)
- k. Diabetes (all Insulin Dependent DM; any Non-Insulin Dependent DM requiring frequent or specialist follow-up.)
- l. Requirement for Equipment or Internal Medical Devices (e.g., g-tube, oxygen, pacemaker, v-p shunt, tracheostomy, wheelchair, hearing aide, insulin pump. Need brand and model number for hearing aids, pacemakers, and insulin pumps)
- m. Genetic Disorders/Congenital Anomalies (e.g., Cystic Fibrosis, Trisomy 21, Hydrocephalus, Spina bifida)
- n. Hearing Impairments/Deafness (requiring hearing aids or special services.)
- o. Heart Conditions (congenital and acquired heart disease requiring frequent follow up or cardiology consultation more than yearly)
- p. Inflammatory Bowel Disease (Crohn's, Ulcerative Colitis)
- q. Immunodeficiency (primary or secondary, including HIV/AIDS)
- r. Mental Health Conditions (Anxiety Disorder, Bipolar Disorder, Depression, Eating Disorder, Obsessive Compulsive Disorder, PTSD, Schizophrenia, etc. (All with chronic conditions of greater than 6 months duration must be enrolled if treated with medication or counseling within the last 5 years).
- s. Premature or High Risk Infants (requiring pediatrician or higher level care more than once a year)
- t. Seizure Disorders/Epilepsy
- u. Sickle Cell Disease/Bleeding disorders (such as Hemophilia, or requiring frequent or hematology f/u)
- v. Substance Abuse (Drug/Alcohol)
- w. Thyroid Problems (Graves or requiring frequent or endocrinology follow up.)
- x. Vision Problems/Blindness (sight not corrected with glasses or any conditions requiring ophthalmology more than annually)
- y. Children receiving Special Education/Early Intervention services required per IFSP or IEP). Form DD 2792-1 must be completed by school/early intervention personnel
- z. Any other medical, psychological or educational condition should be considered if specialist follow-up is required more than once a year. These include but are not limited to: Internal Medicine, Pediatrics, Allergy/Immunology, Neurosurgery, Audiology, Obstetrics/Gynecology, Cardiology, Oncology, Dermatology, Ophthalmology, Developmental Pediatrics, Orthopedic Surgery, Endocrinology, Otolaryngology (ENT), Gastroenterology, Psychology, Hematology, Psychiatry, Infectious Disease, Pulmonology, Rheumatology, Neonatology, Surgery, Nephrology, Urology, and Neurology

Appendix E Medical Points of Contact

E-1. Medical point of contact for Europe

The following is the medical point of contact for Europe:

Commander
Europe Regional Medical Command ATTN: MCEU-EFMP/EDIS
CMR 442
APO, AE 09042
DSN: 371-3377
Commercial: 011-49-6221-17-3377
Fax DSN: 371-3376
Fax Commercial: 011-49-6221-17-3376

E-2. Medical point of contact for the Pacific

The following is the medical point of contact for the Pacific:

Commander
Pacific Regional Medical Command
Tripler Army Medical Center, ATTN: MCHK-PEF
1 Jarrett White Road
Tripler Army Medical Center, HI 96859-5000 DSN: 315-433-4441
Commercial: 808-433-4441
Fax DSN: 315-433-4316
Fax Commercial: 808-433-4316

E-3. Medical point of contact for Mexico and Central and South America

The following is the medical point of contact for Central and South America:

Commander
Southern Regional Medical Command Brooke Army Medical Center
ATTN: MCHE-DPE-EFMP
Fort Sam Houston, TX 78234-6200 DSN: 429-2577/2711
Commercial: 210-916-2577/2711 Fax DSN: 429-1254
Fax Commercial: 210-916-1254

E-4. Medical point of contact for Canada

The following is the medical point of contact for Canada:

Commander
Northern Regional Medical Command
Walter Reed Army Medical Center, ATTN: MCHL-KEX 6900 Georgia Avenue, Building 41, Room 008
Washington, DC 20307-5001
DSN: 662-4185
Commercial: 202-782-4184
Fax DSN: 662-5387
Fax Commercial: 202-782-5387

Appendix F

Regional Family Travel Request Locations

Point of Contacts

Fort Wainwright, Alaska

Room 123, Bldg. 3401
Fort Wainwright, Alaska 99703
COMM: 907-353-2112
EMAIL: usarmy.wainwright.imcom.mbx.mpd-family-travel@mail.mil

Fort Richardson, Alaska

Joint Base Elmendorf-Richardson, AK 99505
COMM: 907-384-1037
DSN: 317- 384-1037

Europe, Poland, Kenya

IMCOM-E GSE Family Travel
COMM: +49 (0) 611143-544-1520
DSN: 314-544-1520
EMAIL: Usarmy.rheinland-pfalz.id-europe.mbx.family-travel@mail.mil

Hawaii, Tripler Army Medical Center

Human Resource Division |
COMM: 808-433-9168
EMAIL: usarmy.tripler.medcom-tamc.list.pe-efmp@mail.mil

Pacific Regional Medical Command's Army

Exceptional Family Member Program, Hawaii
COMM: 808-433-4441
EMAIL: usarmy.tripler.medcom-tamc.mbx.pd_efmp@mail.mil

Hawaii, Fort Shafter, Schofield Brks, Wheeler Aaf Australia

Schofield Barracks, HI 96857
COMM: 808-655-1804/4633
EMAIL:
usarmy.schofield.imcom-pacific.mbx.family-travel-section@mail.mil
usarmy.schofield.id-pacific.mbx.family-travel-section@mail.mil

Torii Station Japan

Military Personnel Division
USAG-O, Torii Station, Okinawa, Japan
DSN: 315-644-4145/4293
EMAIL: usarmy.torii.usarpac.mbx.okinawa-army-family-travel@mail.mil

Mainland Japan (ZAMA)

EMAIL: usarmy.zama.imcom-pacific.mbx.usagj-mpd-family-travel-c@mail.mil

Korea

Military Personnel Division
DSN: 723-2781
EMAIL: USARMY.HUMPHREYS.8-ARMY.LIST.CSP-KOREA@MAIL.MIL

Puerto Rico

82 Miles Loop Road
USAG FT BUCHANAN PR 00934-4216
COM: 787 707-3256
DSN: 787-740-5810/3256

South & Central America
ARSOUTH, G1
4130 Stanley Rd. Suite 605
Fort Sam Houston, TX 78234
COMM: 210-295-6440

Canada
571-231-5882
RHC-A (FT BELVOIR)

Latin America
201-916-2577
RHC-C (FT SAM HOUSTON)
(LATIN/CENTRAL/SOUTH)

HRC
Human Resource Command
Ft Knox, KY 40122
COMM: 502-613-5861/5128 (DSN 983)
DSN: 983-613-5861/5128
EMAIL:
usarmy.knox.hrc.mbx.epmd-efmp-poc@mail.mil
usarmy.knox.hrc.mbx.epmd-family-travel@mail.mil
usarmy.knox.hrc.mbx.epmd-med-coord-team@mail.mil

Glossary

Section I Abbreviations

ACS

Army Community Service

ADOS

Active Duty Operational Support

AGR

Active Guard Reserve

AMEDD

Army Medical Department

ARNG

Army National Guard

CNGB

Chief, National Guard Bureau

CONUS

Continental United States

CYSS

Child, Youth, and School Services

DA

Department of the Army

DDESS

Domestic Dependent Elementary and Secondary Schools

DIA

Defense Intelligence Agency

DOD

Department of Defense

DODDS

Department of Defense Dependents Schools

ECHO

Extended Care Health Option

EFM

Exceptional Family Member

EFMP

Exceptional Family Member Program

EIS

Early Intervention Services

FMWRC

Family and Morale, Welfare, and Recreation Command

FOIA

Freedom of Information Act

HQDA

Headquarters, Department of the Army

HCM

U.S. Army National Guard Human Capital Management

MEDCOM

U.S. Army Medical Command

MTF

Medical treatment facility

NGB

National Guard Bureau

OCONUS

Outside the continental United States

PA

Privacy Act of 1974

PCS

Permanent Change of Station

PDQ

Preschool Developmental Questionnaire

RMC

Regional Medical Command

SOP

Standing Operating Procedure

TRICARE

Tri-Service Medical Care

USC

United States Code

Section II**Terms****Assistive technology device**

Any item, piece of equipment, or product system, including, but not limited to, an apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, or a home ventilator, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.

Assistive technology service

Any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

Case Study Committee (CSC)

A CSC is the school level team composed of, among others, principal, educators, parents, and medically related service providers who do the following: a. Oversee screening and referral of children who may require special education. b. Over-see the multidisciplinary evaluation of such children. c. Determine the eligibility of the student for special education and related services. d. Formulate an individualized education curriculum reflected in an IEP. e. Monitor the development, review, and revision of the IEPs.

Concurrent travel

The overseas commander approves concurrent travel when family members can be accommodated within 60 days after the sponsor's arrival in the overseas command. Upon approval, Family member's names will be annotated within the PCS orders, and they will travel the same time as the Soldier.

Deferred travel

Deferred travel is normally approved when the Family members can be accommodated within 61-140 days after the sponsor's arrival overseas command. Upon approval, Family members will receive their own set of orders from the gaining command authorizing movement of the Family and HHG. Family will not travel at the same time as the Soldier, but will follow up to 61 days after the Soldier.

Development delay

The term is described as follows: a. A significant discrepancy in the actual functioning of an infant, toddler, or child, birth through age 5, when compared with the functioning of a nondisabled infant, toddler, or child of the same chronological age in any of the following areas: physical, cognitive, communication, social or emotional, and adaptive development as measured using standardized evaluation instruments and confirmed by clinical observation and judgment, and b. High probability for developmental delay. An infant or toddler, birth through age 2, with a diagnosed physical or mental condition, such as chromosomal disorders or genetic syndromes, that places the infant or toddler at substantial risk of evidencing a developmental delay without the benefit of EIS.

Early identification

The implementation of a formal plan for identifying a disability as early as possible in a child's life.

Early Intervention Services (EIS)

Services provided pursuant to the "Individuals with Disabilities Education Act," as amended, by the military medical departments to infants and toddlers (birth through 2 years of age) who are experiencing developmental delays or who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Extended Care Health Option (ECHO)

Provides supplemental services to active duty family members with qualifying mental or physical disabilities. ECHO offers integrated services and supplies beyond those offered by your TRICARE program option (such as TRICARE Prime and TRICARE Select).

Educational and developmental intervention services

Programs operated by the military medical departments to provide EIS and related services.

Eligible active duty status

The term applies to any non-AGR ARNG and USAR Soldiers ordered to active duty for more than 30 consecutive days.

Evaluations

Medical, psychological, and educational assessments required to define a medical or educational condition suspected after a screening procedure.

Exceptional Family Member

A Family member with any physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, or counseling.

Family member (same as dependent)

An individual whose relationship to the sponsor leads to entitlement to benefits and privileges. Family member travel refers exclusively to permanent change of station actions.

Family training, counseling, and home visits

Services provided by social workers, psychologists, and other qualified personnel to assist the Family of an infant or toddler eligible for EIS. Those services assist a Family in understanding the special needs of the child and enhancing the child's development.

Family-find

The ongoing process used by the Army to seek and identify Families who have Family members who may require specialized medical care, therapy, developmental services, or special education. Family-find activities include the dissemination of information to the public, the identification and screening of Family members, and the use of referral procedures.

Family travel

The gaining command is the sole authority for approval and disapproval of any request for family travel.

Garrison commander

The term refers to the commander of the organization, activity, or military community who has overall command responsibility for EFMP where the Soldier or employee is assigned.

General medical care

Care associated with the prevention, evaluation, and treatment of medical illnesses and disabilities (other than those of an educational nature) and not a medically related service under DODI 1342.12. Under section 1076, Title 10, United States Code, general medical care is provided to Family members on a space-available basis.

Health services

Services necessary to enable an infant or toddler to benefit from the other EIS being received. a. The term includes the following: (1) Services such as clean intermittent catheterization, tracheotomy care, tube feeding, changing of dressings or colostomy collection bags, and other health services. (2) Consultation by physicians with other service providers about the special toddlers with disabilities that will need to be addressed in the course of providing other EIS. b. The term does not include the following: (1) Services that are surgical or solely medical. (2) Devices necessary to control or treat a medical condition. (3) Medical or health services routinely recommended for all infants or toddlers.

Individualized Education Program (IEP)

A written document defining specially designed instruction for a student with a disability, ages 3 through 21 years. The IEP is further described in, and prepared under DODI 1342.12 and Chapter 33 of Title 20, United States Code.

Individualized Family Service Plan (IFSP)

A written document for an infant or toddler (birth through 2 years of age) with a disability and the Family of such infant or toddler that is further described in, and prepared under DODI 1342.12 and Chapter 33 of Title 20, United States Code.

Infants and toddlers with disabilities

Children, ages birth through 2, who need EIS because they are experiencing a developmental delay or have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Initial Military Training (IMT)

Initial military training includes basic combat training, advanced individual training, one station unit training, and basic officer leader's courses.

Installation

The organization, activity, or military community that has overall command responsibility for EFMP where the Soldier or employee is assigned.

Levy Brief

Meeting that provides guidance and useful information to Soldiers who have been reassigned; aid in the transition process from one installation to another.

Medical center

Facility designated by The Surgeon General responsible for completing the EFMP summary.

Medical services

Those evaluative, diagnostic, therapeutic, and supervisory services provided by a licensed and/or credentialed physician to assist CSCs and to implement IEPs. Medical services include diagnostic, evaluation, and medical supervision of related services that, by statute, regulation, or professional tradition are the responsibility of a licensed and credentialed physician.

Medically related services

Related services assigned to the military medical departments overseas.

Nominative Inquiry

Assessment to determine access of medical/educational resources during the early stages of the assignment/reassignment process.

Overseas

Other definitions notwithstanding, for purposes of authorizing Family member travel at Government expense when the Family member has special needs, overseas is any area outside the United States. The term "United States," when used in a geographical sense, means the several States, the District of Columbia, the Commonwealth of Puerto Rico, and the possessions of the United States (excluding the Trust Territory of the Pacific Islands and Midway Islands). See Subsection 932 (3) and (4), Title 20, United States Code.

Pinpoint location

A specific geographic location recommended for an active duty Soldier's assignment because it has the following: a valid requirement for the active duty Soldier's grade and military occupational specialty and availability of medical and educational staff necessary to provide EIS and special education to the active duty Soldier's child with special educational needs.

Related Services

Transportation and such developmental, corrective, and other supportive services as required to assist a child, ages 3 to 21, with a disability to benefit from special education under the child's IEP. This includes speech-language pathology and audiology, psychological services, physical and occupational therapy, recreation including therapeutic recreation, early identification and assessment of disabilities in children, counseling services including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluative purposes. It also includes school health services, social work services in schools, and parent counseling and training. The sources for those services are school, community, and medical treatment facilities.

Related services assigned to the military medical departments overseas

Services provided by Educational and Developmental Intervention Services to DODDS students, under the development or implementation of an IEP, necessary for the student to benefit from special education. These services may include medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy.

Remote OCONUS area

Geographical locations outside the catchment area of OCONUS MTFs.

Respite care

A program providing a temporary rest period for Family members responsible for regular care of persons with disabilities. Care may be provided either in the respite care user's home or a caregiver's home.

Responsible military department

The military department responsible for providing EIS or related services in the geographic areas assigned under DODI 1342.12.

Space available

Pupil accommodations that may be made available in DODDS if the Director, DODDS, or designee, determines that a school operated by DODDS had adequate staff and other resources to permit the enrollment of non-space required students.

Space required

Pupil accommodations that must be provided by DODDS.

Special education

Specialized instruction and related services for which a child, aged 3 through 21 years, becomes entitled when a case study committee determines a child's educational performance is adversely affected by one or more disabling conditions as defined in DODI 1342.12.

Special educational needs

The needs of a Family member who meets DOD criteria for identifying a Family member with special needs defined in appendix B.

Special instruction

The term includes the following: a. the design of learning environments and activities to promote acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction. b. Curriculum planning, including the planned interaction of personnel, materials, time, and space that leads to achieving the outcomes in an IEP or IFSP. c. Providing Families with information, skills, and support to enhance skill development. d. Working with a child to enhance development and cognitive processes.

Special medical needs

The needs of a Family member who meets DOD criteria for identifying a Family member with special needs defined in DODI 1315.19.

Sponsor

A person who is a member of the Armed Forces serving on active duty or civilian employee of the DOD, and a citizen or national of the United States, and who is authorized to transport dependents to or from an overseas area at Government expense and is provided an allowance for living quarters in that area.

Tri-Service Medical Care (TRICARE)

TRICARE is the DOD's worldwide health care program for active duty and retired uniformed Servicemembers and their Families. TRICARE consists of TRICARE Prime, a managed care option; TRICARE Extra, a preferred provider option; and TRICARE Standard, a fee-for-service option. TRICARE for Life is also available for Medicare-eligible beneficiaries age 65 and over.

Section III**Special Abbreviations and Terms**

This section contains no entries.