



EXCEPTIONAL FAMILY MEMBER PROGRAM

Okinawa, Japan

Family Transition Checklist

SPONSOR INFORMATION

SPONSOR NAME _____

Sponsor Rank: _____

Sponsor SS# (Last 4): _____

Phone Number: _____

Email Address: _____

CURRENT LOCATION / UNIT INFO _____

GAINING LOCATION / UNIT INFO _____

FAMILY INFORMATION

SPOUSE NAME _____

Spouse Email _____

TOTAL # OF BOYS _____

TOTAL # OF GIRLS _____

AGES OF BOYS _____

AGES OF GIRLS _____

EXCEPTIONAL FAMILY MEMBER:

MALE OR FEMALE

EFM'S AGE

1 _____

2 _____

3 _____

4 _____

RELOCATION DATES

SELECT

DAY

MONTH

YEAR

ORDERS EFFECTIVE DATE _____

ESTIMATED DATE OF TRAVEL _____

ESTIMATED DATE OF ARRIVAL _____

NEEDS ASSESSMENT - EFMP

PLEASE SELECT ONE OPTION

1. Do you have a current EFMP enrollment? _____

- 2. Are you familiar with the various programs and services of MCCA?
- 3. Are you familiar with the various programs and services of EFMP?
- 4. Would you like more information about EFMP or disability awareness?
- 5. Would you be interested in a special needs support group?
- 6. Would you be interested in EFMP recreational activities?

NEEDS ASSESSMENT - HOUSING

PLEASE SELECT ONE OPTION

- 1. Will your family be applying for on-base military housing?
- 2. Have you already applied for housing?
- 3. Does your family qualify for priority housing as endorsed by HQ EFMP?
- 4. Does your EFM require modifications to housing?
- 5. Do you have any service animals?

NEEDS ASSESSMENT - TRAVEL

PLEASE SELECT ONE OPTION

- 1. Does your family have a "Plan My Move" calendar?
- 2. Are all medication prescriptions filled with refills?
- 3. Does your EFM require a modified hotel room?
- 4. Do you require accommodations for any service animals?

NEEDS ASSESSMENT - MEDICAL

PLEASE SELECT ONE OPTION

- 1. If applicable, do you have copies of your EFM's pertinent medical records?
- 2. If applicable, do you have doctors established at your gaining facility/location?

NEEDS ASSESSMENT - SCHOOL

PLEASE SELECT ONE OPTION

- 1. If applicable, do you have current copies of your EFM's IFSP/IEP or 504?
- 2. Does the gaining school district have a copy of the current IFSP/IEP or 504?
- 3. Does the school currently provide any assistive technology for your EFM?

NEEDS ASSESSMENT - STATE SERVICES

PLEASE SELECT ONE OPTION

- 1. Does your EFM qualify for SSI (Supplemental Security Income)?
- 2. Does your EFM qualify for Medicaid?
- 3. Does your EFM qualify for Developmental Disability Services?
- 4. Does your family qualify for WIC/Food Stamps?

NEEDS ASSESSMENT - RESPITE/CHILD CARE

PLEASE SELECT ONE OPTION

- 1. Do your child(ren) need a respite care provider?
- 2. Do your child(ren) need a child care provider?
- 3. Will your child(ren) be participating in Children, Youth, & Teen Programs (CYTP)?

COMMENTS SECTION

If you answered OTHER to any questions, please describe the requirements in this sections

END OF ASSESSMENT