



FAMILY CARE PLAN

“Peace of Mind when you need it most...”

**FAMILY CARE PLAN
Counseling Form**

I. ACKNOWLEDGMENTS

A. I, _____ was counseled on _____, 20____, regarding the contents of MCO 1740.13B, and understand the Marine Corps and Battalion policies on dependent care responsibilities. I understand and acknowledge the following:

____ 1. I must arrange for care of my dependents to remain immediately available for deployment, training, and all other military contingencies.

____ 2. Any person that I designate as the temporary caregiver of my dependent must be either a person lawfully entitled or obligated to assume custodial responsibilities (such as biological and adoptive parents and court-appointed custodians and guardians), or is a person who had the express written consent of all those persons.

____ 3. I must maintain a current Family Care Plan (FCP) and revise it when circumstances change. The FCP must be reviewed annually. I understand that FCP may be tested at the discretion of the battalion commander.

____ 4. Failure to make and maintain adequate care arrangements for my dependents, which results in non-availability for worldwide assignment or deployment, may be grounds for adverse administrative action, disciplinary action or separation.

____ 5. If arrangements for the care of my dependents are challenged or ineffective, I am not automatically excused from prescribed duties, unit deployment, or reassignment.

____ 6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my dependents unless enrolled in the Exceptional Family Member Program (EFMP), in accordance with MCO 1754.4.

____ 7. I understand that the best way to plan and care for my minor child(ren) is to obtain a court order identifying who will have custody and care of my minor child(ren) in the event I become unable to or unavailable to care for them.

____ 8. I understand that if I have an existing court order, removal of the child from the state or modification of the provisions of the order without the courts review and consent may be a violation of that court's order that could result in civil and criminal charges against me.

____ 9. I understand that a court order may be required to enroll/register my child(ren) in school in a new school district if he or she is relocated.

____ 10. I understand that my designations in the FCP or in Powers of Attorney will not be effective upon my incapacitation or death and that I need to obtain a will with a durable power of attorney to plan for the event of my incapacitation or death.

____ 11. I have been given the opportunity to consult with a legal assistance attorney regarding my legal obligations, and risk associated with my military duty, the care and maintenance of my minor child(ren) and the development of my FCP.

___ **B.** I have made and will maintain arrangements for the care of my dependents during all the following:

- | | |
|--------------------------------|-------------------------|
| 1. Duty | 7. Active Duty Training |
| 2. Exercises/field duty | 8. Unaccompanied Tours |
| 3. Permanent Change of Station | 9. Mobilization |
| 4. Alerts | 10. Deployment |
| 5. Annual Training | 11. Other Military Duty |
| 6. Temporary Duty | 12. Emergencies |

___ **C.** I have arranged for necessary travel required to transfer my dependents to my designated temporary caregivers.

___ **D.** I have attached hereto a cop of any current separation agreement and/or court order (including divorce decree) addressing dependent custody and/or support issues, for each dependent whom I am responsible.

___ **E.** I have obtained the written consent of all natural and adoptive parents and other legal custodians regarding the planned custody or guardianship arrangements of a child or dependent. (Note: that this may not be required in cases where the documents set forth in the preceding paragraph fully address deployment/custody issues. Marines and commanders should consult with legal assistance officers with any questions regarding the need for such signatures.)

___ **F.** I have attached hereto a certified copy of an executed **Special Power of Attorney**, naming my designated caregiver as my attorney-in-fact to act as my agent in matters relating to the care of my child(ren) or dependents.

___ **G.** I have attached hereto a certified copy of an executed **Certificate of Acceptance as Caregiver** from each caregiver designated in the FCP.

___ **H.** If my support payments are changing as a result of initiation of this plan, I may be required to complete a new DD Form 2558 (Authorization to Start, Stop, or Change an Allotment for Active Duty or Retired Personnel) or other proof of financial support for expenses incurred by guardian and dependents.

___ **I.** Copies of Letter(s) of Instruction (that have been forwarded to designated caregivers along with Special Power(s) of Attorney and other pertinent documents), outlining all special instructions concerning the care of my dependent(s) have also been included in my FCP.

___ **J.** I have thoroughly briefed the temporary caregivers on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, health care, entitlements, and benefits on behalf of my dependent(s). I have completed an **Authority to Assist** letter for my designated caregiver.

___ **K.** I am confident that my FCP is legally effective and workable, and to the best of my knowledge, the caregivers I have designated are both willing and able to carry out the responsibilities of caring for my dependents.

___ **L.** I acknowledge that issuance of current ID cards are required for receipt of medical/dental services, for each dependent.

___ **M.** I have made all necessary arrangements (legal, educational, health care, child care, financial, religious, special, etc.) to ensure a smooth, rapid turnover of child and dependent care responsibilities in case this FCP is executed.

Service Member Signature & Date

Witness Signature & Date

Printed Name

Printed Name

DUAL MILITARY COUPLES (Statement of Military Spouse):

I have read my spouse's plan and concur.

Military Spouse Signature & Date

Printed Name and Rank

IMPORTANT DOCUMENTS

Important documents such as titles, deeds, wills, licenses, powers of attorney, certificates, and insurance policies should be stored in a secure fireproof container. Having all your documents together in a readily accessible place can save time and anxiety. Ensure that a family member is aware of its location in the event of an emergency.

IDENTIFICATION CARDS

The service member should make sure that all eligible family members have current and serviceable (in good condition) ID cards prior to deploying. If the expiration dates are during the deployment period, renew the ID cards prior to deploying. Should a family member's ID card become lost or stolen or expire during the absence of the sponsor, it is the family member's responsibility to contact the service member. The service member will sign a completed application form for a new card (DD 1172), and forward it to the family member. Upon receipt of the application form the family member will take it to the ID Center and have a new ID card issued to them. **Note: DD 1172 is also used to enroll family members in DEERS. Be sure to maintain a copy of the completed form.**

IMPORTANT NUMBERS

Financial Fitness Program – (760) 725-6098

- Create a budget and a financial plan

Military Base Housing (government) - (760) 725-5995

Lincoln Military Housing – (760) 430-0040

- housing exemption letters for visitors

PMO – (760) 725-3888 or (760) 763-2077/2075

- Information on visitor sponsorship forms

Building 2264 – (760) 725-3209

- Requests for caregivers to utilize the commissaries

Base Legal, Building 22161 – (760) 725-6172

- Powers of attorney and wills

FAMILY CARE PLAN ASSISTANCE CHECKLIST

It is important that you have in your possession certain documents and family records should an emergency arise. Gather this information and these documents now. Make sure they are up to date and put them in a special container or a safe place so you know where they are. Use the list below to identify where the information is located in the event your family needs to retrieve it.

IMPORTANT DOCUMENT	LOCATION
Birth Certificates (All Family Members)	
Shot Records (All Family Members)	
Citizenship Papers (if applicable)	
Adoption Papers (if applicable)	
DoD ID Cards (All Family Members)	
Power of Attorney(s)	
Insurance Policies or List (all including company, policy number, and phone number)	
Will(s)	
Social Security Cards (All Family Members)	
Marriage License/Divorce Decree	
Vehicle Registration and Title (all vehicles)	
State/Federal Tax Records	
Deeds/Mortgages	
Savings Bonds/Stock/TSP/Bank Records	
Current/Past LES	

BENEFITS TO ASSIST GUARDIAN / CAREGIVER

WHO IS ELIGIBLE?

While the service member(s) are deployed, the appointed guardian/caregiver will be able to utilize military facilities on behalf of the ID card holders. These facilities are available to assist with the guardian/caregiver's responsibility of providing food, clothing, health care, legal support, and recreation.

WHERE ARE BENEFITS OBTAINED?

Entitlements and benefits may be obtained at any active Marine, Army, Navy, Air Force, or Coast Guard installation. It is recommended that you call or personally visit your military installation to ensure that you have the correct documents and know the correct procedures.

WHAT ARE SOME OF THE BENEFITS?

Among the benefits and entitlements are:

Commissary – a nonprofit supermarket offering the same products as most civilian supermarkets. The products are sold at cost, usually offering substantial savings. There is a 5% surcharge.

Military Exchange – A department store offering name brand merchandise at the lowest practical cost. Prices in the exchange may be lower than civilian stores and no sales tax is paid.

Medical Care – To receive medical benefits, the family member must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). This is accomplished when the family member is issued an ID card or they may already have been enrolled by the service member when the child was born or adopted. Medical care can be obtained at any uniformed services medical facility or throughout TRICARE. Check with your closest military medical facility to determine eligibility for benefits under TRICARE.

Dental – Emergency dental care is provided at military dental facilities on a space available basis. Routine dental care is not normally provided. Family members of Reserve Components of Marines and Sailors who have been called to active duty are not eligible for benefits under the active duty family member dental plan, as this requires the service member to serve a minimum of two continuous years.

Recreational Activities – Each military installation tailors its recreational program to suit their communities' needs. Check with the closest military installation to find out what is available. A variety of services may be available such as a library, gymnasium, craft, hobby shop, movie theatre, youth center, bowling alley, and tennis courts.

DEPLOYMENT PLANNING FOR SINGLE PARENTS

1. Childcare – plan who will care for your child well in advance of separation
2. Legal Issues – Ask your legal officer what legal documents you will need
3. Documents – Does your child have an ID card?
4. Financial – Develop a written contract with your provider
5. Homecoming – Remember that reunions can be difficult
6. Support Systems – Keep these numbers available for information and referral
7. Children Youth & Teens Program Resource and Referral (child care) – 760-725-9723
8. Marine Corps Family Team Building – 760-725-9052
9. Your Child’s School: _____
10. Discipline – recommend acceptable reward, acceptable consequences for behavior
11. Personal Routines – Make suggestions for how your provider might handle potty training, night-time routines, or meal times
12. Comfort Items – Child’s special blanket or pictures will be available to him/her
13. Birthdays – Purchase a gift to leave with the provider for the big day
14. Special activities – share several of your special holiday traditions
15. Special activity – Have your provider send a copy of your child’s report card
16. House Rules – Negotiate with your provider acceptable bedtime, TV viewing, chores, etc
17. Allowances – Arrange for spending money allowances
18. Religious Observations – What special religious holidays do you observe? Give directions to your provider for your church or synagogue
19. Maintaining Connection – Discuss ways that you can keep in touch.
20. Stress – Discuss how your child handles changes, meeting people, and frustrations
21. Questions – Give your provider suggestions for talking with your child about your absence.

FAMILY CARE PLAN
(Needs to be Repeated for each Dependent)

PRIVACY ACT STATEMENT

Authority: 44 USC § 3101; 5 USC § 301; 10 USC § 133, 5031; EO 9397; and OPNAVINST 1740.4B

Purpose: To identify and ensure that Marines and Sailors with dependents have made adequate arrangements for the care of their dependents during periods when the Marine/Sailor may be deployed, or otherwise unavailable due to military duties. The information will facilitate combat readiness and advance the interests of the Marine Corps family.

ROUTINE USES: To designate persons who will accept dependent care responsibilities and to obtain their consent to the Family Care Plan. The information may also be used to determine overseas stability, to conduct authorized investigations, and for other lawful purposes.

Disclosure is Mandatory: Disclosure of information concerning family members, their caregivers, and all persons with a legal interest in the care of military dependents, is required.

Part I: Information Regarding Dependent

1. Name: _____
2. Relationship to you: _____
3. Date of Birth (YYYYMMDD): _____
4. Current Address: _____
5. Does the dependent live with you? _____
 - a. If not, who is currently providing care for the dependent? _____
6. Name of both biological parents, if living: _____
7. List and attach any written agreements and/or court orders regarding the support, custody or care of this person. _____
8. Is the dependent currently enrolled in school? _____
 - a. School address _____
 - b. Grade _____
9. Who will act as a **temporary caregiver** for this dependent while you are away due to military duties?
 - a. Name: _____
 - b. Address: _____
 - c. Phone/email: _____

Part II: Dependent Support

1. Financial – Describe how you will provide financial support for your dependent(s) while under the care of your temporary caregiver.

- a. Amount of monthly support: \$_____
- b. How payments are to be made (allotment, personal check, automatic deduction from account, etc.)

- c. When payments will be made: _____
- d. Other comments: _____

2. Logistical – Plan for the daily living needs of your dependent(s).

- a. Address and phone number of dependent while under the care of the temporary caregiver.

- b. How will the dependent be transported to temporary caregiver? _____

- c. Will the dependent be required to change schools while under the care of the temporary caregiver? If so, provide the new school address. _____
- d. Have you determined the residency/custodial requirements for the dependent to attend this school? _____ (consult with legal assistance with any problems in this area)
- e. Does the dependent have a current military DoD ID card? _____

3. Medical – Plan for the health and dental needs of your dependent(s).

- a. Name, address, and phone number of facility where dependent(s) will obtain regular and emergency medical treatment: _____

- b. Name, address, and phone number of facility where dependent(s) will obtain regular and emergency dental treatment: _____

- c. Does temporary caregiver have access to medical records? _____
- d. Special Instructions – (allergies, current meds, Tricare notes) _____

EMERGENCY CONTACT INFORMATION FORM

Today's Date:

I give my permission allowing the Command designated appointee (i.e., Family Readiness Officer) to utilize this information should an emergency occur involving my spouse or involving me when my spouse is away. I understand the Federal government and the U.S. Marine Corps assume no responsibility in association with the information provided on this form.

Signature:

Date:

Your Name:

Primary Phone:

Street Address:

City, State, Zip Code:

CHILDREN

Name:

DOB (YYYYMMDD):

School:

Spouse Name (Rank if applicable)

Primary Phone:

Workplace:

Work Phone:

Who is authorized to pick up your children?

Name:

Primary Phone:

Address:

Do they have POA if your child needs medical treatment? YES NO

Sitter's Name

Phone:

Physician's Name

Phone:

IN CASE OF EMERGENCY INVOLVING YOUR SPOUSE

Name of friend/relative you would like with you/notified:	Primary Phone:
Name of clergyman you would like with you/notified:	Phone:
Do you want your parents notified YES NO	By Whom:
In order of preference, please list local friends you would like notified.	
Would you want these people to be notified personally? YES NO	
Name 1:	Primary Phone:
Address:	
Name 2:	Primary Phone:
Address:	
Name 3:	Primary Phone:
Address:	
In case of an emergency involving your spouse, please provide any information you think might be relevant.	
In order of preference, who should care for your children? (if name, address, and phone number were not listed earlier in this form, please include this information. Also, please indicate if these people have power of attorney for medical treatment.)	
Are these people aware you have given their names to care for your children? YES NO	
Do you have any pets that need to be cared for if something were to happen to you and/or your spouse? YES NO	Pet(s) Name:
Please indicate who you would like to care for your pet(s):	Primary Phone:
Address:	
Is the pet(s) on any medication? YES NO If yes, give details:	
Any special instructions for feeding, walking, etc.	

YOUR PARENTS OR CLOSEST RELATIVE

Name 1:	Relationship:
Address:	Home Phone:
City, State, Zip	Cell Phone:
Name 2:	Relationship:
Address:	Home Phone:
City, State, Zip	Cell Phone:

YOUR SPOUSES PARENTS OR CLOSEST RELATIVE

Name 1:	Relationship:
Address:	Home Phone:
City, State, Zip	Cell Phone:
Name 2:	Relationship:
Address:	Home Phone:
City, State, Zip	Cell Phone:

FRIEND IN AREA WHO KNOWS YOUR DAILY ROUTINE

Name:	Home Phone:
Address;	Cell Phone:
City, State, Zip:	Alternate Phone:

ADDITIONAL INFORMATION

Special needs, health problems involving you, your spouse or your children, allergies, pregnant, etc.

ADDITIONAL INFORMATION

In the space provided below, give clear directions to your house so that we can find you in case of an emergency.

Empty space for providing clear directions to your house in case of an emergency.

AUTHORITY TO ASSIST – SHORT TERM CAREGIVER AGREEMENT

I, _____ agree to assume the responsibilities as a short term (duration of 30 days or less) caregiver until either the long term caregiver or the service member can be reached and assume these responsibilities. I will provide the care for the child(ren) identified below:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

Child 6: _____

I understand that I will be solely responsible for the care and safety of these family members and do not take this responsibility lightly.

Contact Information:

Address: _____

Telephone:

Home: _____

Cell: _____

Work: _____

Caregiver Signature & Date

Notary Signature & Date

Printed Name

Printed Name

AUTHORITY TO ASSIST – LONG TERM CAREGIVER AGREEMENT

I, _____ agree to assume the responsibilities as a long term (duration of 31 days or more) caregiver until either the spouse is recovered/able to resume care or the service member can be reached and assume these responsibilities. I will provide the care for the child(ren) identified below:

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Child 5: _____

Child 6: _____

I understand that I will be solely responsible for the care and safety of these family members and do not take this responsibility lightly.

Contact Information:

Address: _____

Telephone:

Home: _____

Cell: _____

Work: _____

Caregiver Signature & Date

Notary Signature & Date

Printed Name

Printed Name