

## U.S. Army Garrison Schweinfurt EFMP In-Processing Checklist

Sponsor's name & grade/rank \_\_\_\_\_

Sponsor's D.O.B. \_\_\_\_\_ Unit & M.O.S. \_\_\_\_\_

Sponsor's SSN \_\_\_\_\_ DEROS \_\_\_\_\_

Phone numbers (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Official email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Please fill out the following for all dependents, indicating if he/she is an Exceptional Family Member (EFM) in the last column (SSN only necessary for EFMs):

| NAME                        | RELATION   | DATE OF BIRTH         | SSN                | EFM (Y/N)  |
|-----------------------------|------------|-----------------------|--------------------|------------|
| <i>Example: Joe Jackson</i> | <i>Son</i> | <i>9 January 1999</i> | <i>555-55-5555</i> | <i>Yes</i> |
|                             |            |                       |                    |            |
|                             |            |                       |                    |            |
|                             |            |                       |                    |            |
|                             |            |                       |                    |            |
|                             |            |                       |                    |            |

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

- \_\_\_\_\_ Exceptional Family Member Program (EFMP) brochure
- \_\_\_\_\_ Special Needs Accommodation Process (SNAP) brochure
- \_\_\_\_\_ Educational rights/laws & responsibilities information
- \_\_\_\_\_ Individualized Education Plan (IEP) information
- \_\_\_\_\_ EFMP Respite Care brochure
- \_\_\_\_\_ Referral to other agencies (name of agency \_\_\_\_\_)
- \_\_\_\_\_ EFMP support/community interest groups listing
- \_\_\_\_\_ Advised about EFMP enrollment office at Schweinfurt Health Clinic, 354-6580 CIV 09721 96 6580
- \_\_\_\_\_ Advised about EFMP services, including advocacy, reference materials/library, PCS assistance
- \_\_\_\_\_ Contact information for School Liaison Officer (SLO) DSN 354-6090 CIV 09721 96 6090
- \_\_\_\_\_ Other (specify \_\_\_\_\_)

\_\_\_\_\_  
Sponsor/Family Member Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
EFMP Manager/Contractor Signature