



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
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OPNAVINST 1754.2D
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OPNAV INSTRUCTION 1754.2D

From: Chief of Naval Operations

Subj: EXCEPTIONAL FAMILY MEMBER PROGRAM

Ref: (a) DoD Instruction 1342.12 of 11 Apr 2005
(b) DoD Instruction 1315.19 of 20 Dec 2005
(c) SECNAVINST 1754.5B
(d) BUMEDINST 1300.2A
(e) MILPERSMAN
(f) Uniform Code of Military Justice
(g) SECNAVINST 5211.5E

Encl: (1) Definitions
(2) EFMP Enrollment Procedures and Process
(3) Central Screening Committees and EFMP Managers
(4) Sample EFMP Enrollment Letter
(5) Sample EFMP Disenrollment Letter

1. Purpose. To implement the provisions of references (a) through (g), issue revised policies, prescribe procedures, and assign responsibilities for identification, enrollment, and administrative support of the Navy Exceptional Family Member Program (EFMP).

2. Cancellation. OPNAVINST 1754.2C.

3. Background. The Department of the Navy (DON) EFMP was established in September 1987. Reference (a) requires coordination of early intervention, special education, and related services for children with disabilities who are attending, or eligible to attend, Department of Defense Dependent Schools (DoDDS). In September 1988, the DON EFMP evolved to include the identification and enrollment of all family members with special needs at overseas and Continental United States (CONUS) locations. Per reference (b), it is DON policy to ensure Navy families with exceptional family members (EFMs) are assigned only to areas where their EFMs medical and educational needs can be met. References (c), (d), and (e), article 1300-700, provide guidance on implementing references

(a) and (b). Failure to enroll family members with special needs may result in arrival at overseas or remote duty assignments with requirements beyond the capability of local medical, educational, or community resources. This may result in unnecessary family hardship and personnel practices such as the early reassignment of the Service member due to inadequate educational/medical support.

4. Policy

a. Goal. The primary goal of the EFMP is to ensure Service members are assigned only to those geographic areas where the medical (physical, mental, or emotional) or educational needs of their EFMs can be met. Special emphasis should be placed on the member's obligation to maintain worldwide assignability and to meet the needs of the Navy, which may require Service members to serve on unaccompanied tours.

b. Enrollment. Enrollment in the EFMP is mandatory for all family members identified with medical (physical, mental, or emotional) or special educational requirements of a chronic nature (6 months or longer). Enrollment helps ensure that the availability of required medical, mental health, and educational services is considered during the Service member's assignment process. Only a family member enrolled in Defense Enrollment Eligibility Reporting System (DEERS) residing with or in the custody of the Service member will be enrolled in the EFMP. EFM sponsor enrollment/non-enrollment is recommended by the Bureau of Medicine and Surgery (BUMED), Central Screening Committees (CSCs), as defined in enclosure (1), and approved by Navy Personnel Command (NAVPERSCOM), Distribution Management and Procedures Branch (PERS-451). Once a qualifying condition is documented, the Service member submits the application forms and substantiating documentation as outlined in enclosure (2).

(1) Service members who fail to enroll, refuse to provide the required information, or who knowingly provide false information, may be subject to disciplinary action for offenses under reference (f), article 92 or 107.

(2) Service members may be restricted to unaccompanied tours and family members may be denied command sponsorship for refusal to enroll and or provide required information.

c. Assignments. Officer and enlisted detailers will work with enrolled Service members to develop a career path that permits normal sea/shore rotation. Maximum consideration will be given to co-locating Service members and their families consistent with the availability of required services.

(1) Enrolled Service members electing to serve on an accompanied tour overseas will be assigned only to areas where the required services for the EFM are available. All orders will be coordinated through NAVPERSCOM (PERS-451) prior to release.

(2) Whenever possible, enrolled Service members should be assigned within DON's geographic areas of responsibility for the provision of early intervention services (EIS) and related services for those family members who have a medical (physical, mental, or emotional) or education condition.

(a) DON geographic areas of responsibility are Italy (Naples, Gaeta, and Sigonella), Spain, Portugal (except the Azores), mainland Japan and Okinawa, Guam, Bahrain, Caribbean region (including Cuba), Greenland, Diego Garcia, Australia, New Zealand, western Pacific, and embassies in these locations.

(b) Navy family members with developmental or special education requirements will not be sent to another Military Service's geographical area of responsibility without coordination and approval from that Service.

(3) Command-sponsored travel of family members to an overseas location may be denied when the gaining military treatment facility (MTF) determines that required medical services are not available.

(4) Enrolled Service members must remain worldwide assignable and deployable.

(a) Enrolled Service members may be required to serve unaccompanied tours as necessary to fulfill sea/shore obligations of rank/rating and or the needs of the Navy, provided those assignments are approved at NAVPERSCOM, Career Management Department (PERS-4) flag level.

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(b) Enrolled Service members may elect to serve on unaccompanied tours in which case the transferring commanding officer (CO) must review the decision with the sponsor to ensure that the separation will not create an undue hardship on the family and result in an early return of the Service member.

(5) Requests for early return of sponsors and their families will be initiated if medical or educational needs exceed the capability available at the overseas/isolated duty assignment. Determination of care will be made by the transferring MTF, and early return requests will be coordinated with the parent command per reference (e), article 1300-306. Family member(s) will be enrolled in EFMP immediately upon identification of a special need.

5. Responsibilities

a. Office of the Chief of Naval Operations (OPNAV), Personal Readiness and Community Support Branch (N135) shall:

(1) Establish program policy and oversight for implementation of comprehensive and coordinated medical, educational, and community support to military families with special needs;

(2) Chair a Navy EFMP working group with representatives from BUMED, Office of Deputy Chief, Medical Operations (M3/5); NAVPERSCOM (PERS-4); Commander, Navy Installations Command (CNIC), Fleet and Family Readiness (N9); and Department of Defense Education Activity (DoDEA) to periodically examine policies and procedures of the EFMP;

(3) Monitor and evaluate program effectiveness and compliance with DON policy through periodic assessments; and

(4) Develop and conduct EFMP training and information campaigns for command personnel at all levels (e.g., COs, executive officers, command master chiefs (CMDChs), MTF, and Fleet and Family Support Centers (FFSCs) staff).

b. Chief, BUMED shall:

(1) Develop policy for healthcare providers and patient administrators to identify and enroll eligible Service and family members in EFMP;

(2) Require Commanders of Naval Medical Center, Portsmouth and San Diego; and U.S. Naval Hospital Yokosuka to maintain CSCs composed of multi-disciplinary specialists;

(3) Navy medicine regional commands will provide program oversight and ensure the following:

(a) Provide training to health care providers on EFMP identification and enrollment;

(b) Assist in the identification and evaluation of EFMs; and

(c) Review EFMP enrollment forms; validate appropriate enrollment; and provide medical recommendations to NAVPERSCOM, EFMP Enrollment Manager (PERS-451). A list of EFMP managers for each military component is provided in enclosure (3).

(4) Develop and implement quality assurance procedures for the operation of the CSCs;

(5) Coordinate with OPNAV (N135), as required, to assist with monitoring the execution of EFMP enrollment procedures; and

(6) Ensure commanders of MTFs assign responsibility for EFMP identification and enrollment to an MTF department or division who will ensure:

(a) An EFMP coordinator is designated in writing to oversee EFMP enrollment; assist current and prospective EFMs; and provide training and marketing for the EFMP. Whenever possible, the coordinator should be in the position for 2 or more years.

(b) MTF staff identifies and assists with the enrollment of family members with special needs in the EFMP while providing health care and through the suitability screening process.

(c) EFMP coordinator maintains, tracks, and follows up on the enrollment process and provides EFMP enrollment letters to Service members. Sample EFMP enrollment letter is provided in enclosure (4).

(d) Service members update their EFMP enrollment status.

(e) MTF providers and EFMP coordinators understand their roles and responsibilities in the EFMP enrollment process and are knowledgeable of this instruction in its entirety. Enclosure (2) contains detailed guidelines, procedures, and responsibility for EFMP identification and enrollment.

(f) NAVPERSCOM EFMP Web page www.npc.navy.mil/CommandSupport/ExceptionalFamilyMember/ contains current EFMP coordinators' names, commercial/defense switched network (DSN) telephone and telefax numbers, and e-mail addresses. Forward updates and corrections to OPNAV (N135) for inclusion in the directory.

(g) EFMP coordinators in CONUS liaison with overseas, and remote duty, MTF EFMP and suitability screening coordinators, educational and developmental intervention services (EDIS) points of contact (POCs), and the regional DoDEA special education coordinators, to ensure services are available overseas.

(h) Standard operating procedures are developed and implemented to address local requirements for EFMP enrollment.

(i) EFMP is monitored for effectiveness to ensure proper execution by MTF staff.

(j) Refer enrollees to the FFSC EFMP POC for community resources and referrals.

c. CNIC (N9) shall:

(1) Incorporate EFMP policy references, program description, and other information, provided by OPNAV (N135), into relevant, centrally-developed education and training materials; and

(2) Through CNIC (N9) regional directors, identify FFSC EFMP POCs who shall:

(a) Maintain liaison with local MTF EFMP coordinators to assist with facilitating the enrollment process;

(b) Refer Service members and family members to MTF EFMP coordinators to complete EFMP enrollment processing;

(c) Provide information and referrals, and general program information, to commands, Service members, and family members;

(d) Make available a list of any national, state, or local community resources to assist EFMs;

(e) Incorporate EFMP information in appropriate FFSC education and awareness campaigns; and

(f) Provide a Service member to serve on the Navy EFMP working group as outlined in paragraph 5a(2) above.

d. NAVPERSCOM (PERS-451) will administer the program and shall:

(1) Manage the assignments of enrolled Service members;

(2) Establish and maintain a database of all enrolled sponsors having EFMs;

(3) Coordinate with OPNAV (N135), and BUMED (M3/5) as required, to implement EFMP policy;

(4) Confirm the availability of medical, dental, mental health, early intervention, or special education services at projected duty stations; and

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(5) Prescribe procedures for enrollment, updating, and disenrollment of EFM family members who no longer require specialized medical or educational services.

e. Installation commanders shall:

(1) Establish an EFMP coordination committee that includes, but is not limited to, representatives from MTF EFMPs and EDIS, FFSC, school liaison officers, local school system, ombudsman, TRICARE, housing, suitability screening, and child and youth program to facilitate coordination and integration of medical, educational, and community support services to military families with special needs;

(2) Ensure command support personnel, such as chaplains, child and youth program coordinators, FFSC staff, and ombudsmen are aware of EFMP goals, eligibility requirements, and provide accurate counseling and dissemination of program guidance to eligible applicants. Command support personnel shall provide resource information to the MTF EFM coordinator; and

(3) Conduct an annual command survey to identify family members who should be enrolled in EFMP.

(4) Navy Reserve Activity commanders shall ensure the widest dissemination of EFMP to Selective Reserve (SELRES) personnel and shall assign an EFMP coordinator.

f. Unit COs shall:

(1) Ensure an effective EFMP is established and maintained, consistent with the requirements of this instruction;

(2) Disseminate the requirement for mandatory enrollment of EFMs. Suggested methods include the plan of the week and or general military training sessions;

(3) Ensure privacy is maintained on EFM's medical or special educational information per reference (g);

(4) Provide the MTF EFMP coordinator with an official letter requesting disenrollment if the status of the EFM changes through divorce, death, or no longer residing with the Service member due to court-ordered change in custody;

(5) Appoint an EFMP command POC that supports the CMDCM/command senior enlisted advisor (SEA) or command career counselor (CCC) who will:

(a) Maintain liaison with the local MTF EFMP coordinator to assist with facilitating the enrollment process;

(b) Refer potential enrollees to the MTF EFMP coordinator for enrollment processing;

(c) Refer enrollees to the FFSC EFMP POC for community resources and referrals;

(d) Conduct EFMP training within the command indoctrination program;

(e) Provide general program information to Service members and their families; and

(f) Ensure Service members update their EFMP enrollment status; and

(6) Review enlisted data verification reports and officer distribution control reports to identify EFMP enrolled sponsors.

g. Organizations, listed in paragraph 5(a) through 5(f), must provide appropriate resources, staffing, and funding as required.

h. Service members shall:

(1) Ensure enrollment into the EFMP by completing all required enrollment forms and submitting completed forms to the MTF for review by the CSC;

(2) Ensure MTF EFMP coordinator has current medical information for inclusion in the EFMs health record(s),

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regardless of whether obtained from military/civilian healthcare providers, medical facilities, hospitals, or early intervention/educational personnel; and

(3) Ensure a renewed or updated enrollment for EFMP is submitted when a family member's condition changes or upon completion of diagnostic evaluations. The enrollment should be updated every 3 years, 12 months prior to negotiating orders, or a permanent change of station. For conditions that might warrant temporary categorization in EFMP (as determined by the CSC), updated enrollments will be submitted to NAVPERSCOM (PERS-451) by the EFMP coordinator via the CSC, usually at 6 months to 1 year from date of temporary categorization.

(4) SELRES personnel shall identify themselves as being entitled to and or enrolled in EFMP at the time of mobilization notification.

6. Procedures. Enrollment procedures governing the EFMP are delineated in enclosure (2).

7. Records Management. Records created by this instruction, regardless of media, will be managed per Secretary of the Navy Manual (SECNAV) (M-)5210.1 of November 2007.

8. Forms and Reports

a. DD 2792 (Oct 2006) Exceptional Family Member Medical Summary and DD 2792-1 (Oct 2006) Exceptional Family Member Special Education/Early Intervention Summary are available at <http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm>

b. Reporting requirements contained in this instruction are exempt from reports control per SECNAV M-5214.1 of December 2005.



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DEFINITIONS

1. Central Screening Committee (CSC). A committee, established by BUMED, consisting of healthcare providers that review all completed EFM applications and make recommendation for enrollment and assignment of an EFMP category to NAVPERSCOM (PERS-451).
2. Early Intervention Services (EIS). Services designed to meet the developmental needs of an infant or toddler with a disability (birth through 2 years, inclusive), and their families, in one or more of the following areas of development: physical; cognitive; communication; social or emotional; and adaptive. EIS includes, but is not limited to, family training, counseling, home visits, special instruction, speech pathology and audiology, occupational therapy, physical therapy, psychology, service coordination, medical services for diagnostic or evaluation purposes, early identification, screening and assessment, ophthalmology, and social work. Also included are assistive technology devices and services, health services necessary to enable the infant or toddler to benefit from the above EIS, and transportation and related costs necessary to enable an infant or toddler and the family to receive EIS. EIS are provided as specified in an individualized family service plan (IFSP).
3. Exceptional Family Member (EFM). An authorized, DEERS-eligible family member (spouse, child, stepchild, adopted child, or dependent parent) residing with or in the custody of the Service member, who possesses a physical, emotional, developmental, or educational disability, or condition requiring special medical, mental health, or educational services.
4. EFMP Command Point of Contact. A designated individual at each command who has general knowledge of the EFMP and can assist the member in obtaining further assistance (usually the CMDCM, SEA, or CCC).
5. Geographic Area. A specific geographic location chosen for a sponsor's assignment where the required medical and educational staff for the sponsor's EFM is available.

6. Geographic Areas of Responsibility. The areas of responsibility assigned by Department of Defense to the military medical department overseas for the provision of early intervention and related services in support of DoDDS special education programs.

7. Homestead Assignment. A detailing policy that permits a Service member, whose family member is identified by the CSC as severely disabled, with an opportunity to remain in a particular geographic location. Homestead sites will be selected based on their ability to provide requisite services and appropriate sea/shore rotation. Homestead sites include Norfolk, VA; Mayport/Jacksonville, FL; San Diego, CA; Bangor/Bremerton/Puget Sound/Seattle, WA; and the Washington DC Capitol beltway area. Gulfport, MS, and Port Hueneme, CA, are included for Seabees and full time support personnel.

8. Individualized Education Program (IEP). Written plan for a preschool or school-age child with a disability (ages 3 through 21 years, inclusive), which outlines the special education programs and related services (including those of a medical nature) that are required to meet the unique needs of a special education student.

9. Individualized Family Service Plan (IFSP). Written plan for an infant or toddler (birth through 2 years, inclusive) with a disability, and the family of such an infant or toddler, that is based on a multidisciplinary assessment of the unique needs of the child and the concerns and priorities of the family. The IFSP identifies the early intervention and other services appropriate to meet such needs, concerns, and priorities.

10. Major Medical Area. Any area served by medical departments of the Armed Services or civilian medical facilities which have physicians capable of treating/monitoring family members who have impairments or chronic/severe medical conditions.

11. MTF EFMP Coordinator. A designated individual at an MTF who provides information, assistance, and forms to MTF staff, local commands, sponsors, and other family members with regard to enrollment procedures, program benefits, and available local services and facilities.

12. Related Services. Assigned to the military medical departments overseas. Allied healthcare services provided in support of the special education needs of preschool or school-age children, to include evaluation services required to determine a student's eligibility for special education and, if eligible, the direct or indirect services designed to help the student benefit from their special education program.
13. Remote/Isolated Duty Assignment. Designated locations within the United States and overseas that do not have timely access to health care services. Timely access is defined as a 2-hour drive under most conditions to access specialty care.
14. Suitability Screening. Suitability screening, per reference (d), is the process of identifying a Service or family member with a special need that requires special health care or education services at an overseas, remote duty, or operational assignment. Suitability screening is the systematic use of a series of interview questions, review of medical and educational records, and or direct examination.
15. Severely Disabled. A family member who has an impairment or medical condition that is expected to exist over a long time and requires medical specialists; frequent hospitalization; or intensive nursing care, pharmacy or laboratory support; or, who requires frequent healthcare services not available at most naval branch medical clinics. Some examples of these conditions include multiple disabilities, seriously emotionally disturbed, severe birth defects, and conditions requiring placement in residential care facilities.
16. Special Education. Instruction and related services for which a preschool or school-age student (age 3 to 21, inclusive) is entitled under statute when a school determines a child's educational performance is adversely affected by one or more disabling conditions. The instruction and related services are defined in an IEP.
17. Unaccompanied Tour. The authorized tour length at a specific overseas duty station for Service members who are not accompanied by command-sponsored dependents. A tour at a location with only an unaccompanied tour authorized is considered to be a dependent-restricted tour.

EFMP ENROLLMENT PROCEDURES AND PROCESS

1. General. This enclosure outlines procedures for the identification and enrollment of family members into the EFMP.

a. EFMP enrollment is mandatory due to:

(1) Identification during routine healthcare by an MTF or TRICARE provider;

(2) Self-identification of a qualifying condition by a Service or family member; and

(3) Identification of a qualifying condition during suitability screening. (Note: Do not stop the suitability screening process for EFMP enrollment. Suitability screening continues separately from EFMP enrollment.)

b. Information regarding the EFMP is available online at www.npc.navy.mil/commandsupport/exceptionalfamilymember.

c. Navy MTFs will assist other uniformed Services (Air Force, Army, Marine Corps, or Coast Guard) with completing the EFMP enrollment forms for family members belonging to these Services and forward the forms to the appropriate EFMP manager listed in enclosure (3).

d. Family members enrolled in DEERS, and who reside with the sponsor, qualify for EMFP enrollment. If the perspective EFM does not reside with the sponsor, this must be justified on the DD 2792 Exceptional Family Member Medical Summary (i.e., cases where the sponsor is serving on unaccompanied tour).

2. Criteria for EFMP Enrollment. Per reference (b), although not all inclusive, family members who meet one or more of the following medical or educational criteria are to be enrolled in the EFMP:

a. Potentially life-threatening conditions and or chronic medical or physical conditions (e.g., autism spectrum disorders, high risk newborns, a diagnosis of cancer, sickle cell disease, insulin dependent diabetes);

b. Current and chronic (duration of 6 months or longer) mental health condition (e.g., bi-polar, conduct, major affective, or thought/personality disorders); inpatient or intensive outpatient mental health service within the last 5 years; or 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 healthcare provider;

c. A diagnosis of asthma or other respiratory-related diagnosis with chronic, recurring wheezing;

d. A diagnosis of attention deficit disorder or attention deficit hyperactivity disorder;

e. Requires adaptive equipment (e.g., apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, or home ventilator);

f. Requires assistive technology devices (e.g., communication devices) or services;

g. Requires environmental or architectural considerations (e.g., limited numbers of steps, wheelchair accessibility, housing modifications, or air conditioning);

h. Special educational needs;

(1) An infant or toddler with a developmental disability, or potential disability (birth through 2 years, inclusive), who has or requires an IFSP specifying EIS;

(2) A preschool or school-age child with an educational disability (ages 3 through 21 years, inclusive), who has or requires an IEP specifying special education services; or

i. A family member of any age with a temporary condition requiring specialized care expected to last more than 6 months but less than 1 year.

3. Medical Procedures for EFMP Enrollment. The MTF EFMP coordinator will:

a. Assist the unit MTF CO's with the identification and enrollment of eligible family and Service members;

b. Provide EFMP enrollment information to Service and family members, installation commands and activities, and MTF personnel;

c. Provide EFMP training to MTF personnel and all area commands;

d. Coordinate, at overseas MTFs, with the DoDDS and the local EDIS program;

e. For each family member, identified with a medical or special education requirement, provide the Service member a DD 2792 and DD 2792-1 Exceptional Family Member Special Education/Early Intervention Summary (if applicable);

f. For the DD 2792:

(1) Ensure the Service member reads the Privacy Act statement (PAS) and completes the demographics section (page 2). Ensure all information is accurate and complete.

(2) Ensure the MTF primary care provider completes the Medical Summary (pages 3 through 5) and, when appropriate, addendum 1 (Asthma/Reactive Airway Disease Summary) or addendum 2 (Mental Health Summary) (pages 6 to 7) of DD 2792.

(3) In the case of an adult EFM, ensure the adult reads the PAS and Authorization for Disclosure of Medical Information sections (page 1) and provide a signature and date on the bottom of the page authorizing release of their medical information. A separate form is completed for each individual enrolled.

g. For DD 2792-1 (for EFMs of school age 3 through 21):

(1) Ensure the Service member reads the PAS and completes the demographics section (page 2). Ensure all information is accurate and complete.

(2) If enrolling a school-aged child with medical needs only, a school official or early intervention provider must endorse the DD 2792-1 (page 3), documenting that there are no special educational requirements.

(3) If homeschooling a school-aged child with medical needs, a national/state governing source having approval for the homeschooling must endorse the DD 2792-1 (page 3).

(4) For infants and toddlers receiving EIS:

(a) Ensure the child's local early intervention program completes DD 2792-1 (page 3) and provides a copy of the current IFSP;

(b) Attach the IFSP to the completed DD 2792-1;

(c) The Service member's or spouse's signature on DD 2792-1 (item 1, page 3) authorizes the release of early intervention information;

(d) A completed DD 2792 must also be submitted as part of the enrollment package;

(5) For preschool or school-age family members receiving special education and related services:

(a) Ensure the student's school completes DD 2792-1 (page 3) and provides a copy of the current IEP;

(b) Attach the IEP to the completed DD 2792-1;

(c) The sponsor's, spouse's, or student's (who have reached the age of majority) signature on DD 2792-1 (item 1, page 3) authorizes the release of educational information; and

(d) A completed DD 2792 must also be submitted as part of the enrollment package.

h. Review enrollment forms to ensure they are complete and contain the required signatures and attachments;

i. Coordinate enrollment with the suitability screening coordinator when a family member is in receipt of orders for any overseas or remote duty assignment;

j. Retain a file copy of the completed DD 2792/2792-1 and supplemental documentation. The retention period is 2 years after completion of enrollment, after which the record is destroyed;

k. Forward the original enrollment forms, and attachments, to the appropriate CSC listed in enclosure (3);

l. Follow the initial enrollment procedure to update an EFMP enrollment. Navy requires Service members to update enrollment every 3 years. Service members are also required to update enrollment whenever a change in special needs occurs; and

m. The completed DD 2792 and DD 2792-1 contain sensitive personal, medical, dental, and educational information to be used only for EFMP enrollment. Do not provide these forms (or information on these forms) to any person or entity other than "need-to-know" personnel associated with the EFMP. Educational (early intervention, special education, and related services) information may be shared with EDIS, DoDEA, or local educational agencies for the purpose of making placement determinations.

4. Procedures and Responsibilities for EFMP Disenrollment.
Family members are disenrolled from the EFMP when:

a. An EFM no longer requires ongoing healthcare, specialty services, early intervention, or special education. The Service member will provide necessary medical or educational forms and or documentation to the EFMP coordinator, who forwards the forms to the CSC for disposition; or

b. An EFM is no longer a Service member's dependent. A change in status may result from divorce, child custody arrangements, marriage, death, etc. The Service member will forward an official letter to the local MTF EFMP or NAVPERSCOM (PERS-451), documenting the purpose for disenrollment. A sample letter is provided in enclosure (5).

5. CSC Procedures and Responsibilities. The regional CSC will:
- a. Review the enrollment (or update) package;
 - b. Contact the EFMP coordinator or Service member to obtain or clarify information;
 - c. Concur or non-concur with enrollment;
 - d. Make assignment recommendations based on the severity of the condition and medical, dental, or educational requirements. EFMP assignment recommendations are used by NAVPERSCOM (PERS-451) to:
 - (1) Confirm the availability of medical, dental, mental health, early intervention, or special education services at overseas locations or remote duty locations;
 - (2) Ensure the availability of medical, dental, mental health, or special educational services at remote CONUS locations;
 - (3) Identify members requiring assignment to CONUS duty stations adjacent to major medical facilities; and
 - (4) Identify those sponsors eligible for homesteading.
 - e. Forward the enrollment forms to NAVPERSCOM (PERS-451). The respective address is contained in enclosure (3). The Navy EFMP Enrollment Manager will review the recommendation, assign a final category code, and maintain the information in an EFMP database for use in determining future assignment locations where the special needs of the EFM can be met.

EFMP ENROLLMENT PROCESS

Special needs are:

- Identified during routine healthcare (MTF or TRICARE health provider)
- Self-identified (Service or family member)
- Identified during suitability screening (suitability screening coordinator)

Special needs include any special medical, dental, mental health, developmental or educational requirement, wheelchair accessibility, adaptive equipment or assistive technology devices and services. Enrollment criteria is contained in references (b) and (d).

Step 1: Refer the Service and family member to the MTF EFMP coordinator who assists with completing DD 2792 or DD 2792-1.

For infants and toddlers, birth to age 3, who are receiving or eligible to receive EIS, ensure DD 2792-1 is completed by the local early intervention agency. DD 2792 is also completed to ensure there are no underlying medical conditions. Attach a copy of the IFSP to the enrollment forms before forwarding to the appropriate CSC.

For preschool and school age children, ages 3 through 21, who are receiving or eligible to receive special education services, ensure DD 2792-1 is completed by the local school activity. DD 2792 is also completed to ensure there are no underlying medical conditions. Attach a copy of the IEP to the enrollment forms before forwarding to the appropriate CSC.

Step 2: The MTF EFMP coordinator forwards completed enrollment forms to the appropriate regional CSC, which includes Naval Medical Center Portsmouth and San Diego, and U.S. Naval Hospital Yokosuka.

Step 3: The CSC reviews the enrollment forms, recommends a category code, and forwards the forms to NAVPERSCOM, Distribution Management Division (PERS-45), Navy EFMP in Millington, TN or to Headquarters (HQ) U.S. Marine Corps EFMP in Quantico, VA.

There are six Navy EFMP enrollment categories. These categories are used for NAVPERSCOM internal assignment coordination purposes only:

- **Category I** - For monitoring purposes only.
- **Category II** - Pinpoint to specific geographic locations.
- **Category III** - No overseas assignments.
- **Category IV** - Major medical areas in CONUS.
- **Category V** - Homestead location.
- **Category VI** - Temporary enrollment - update required in 6 to 12 months.

Step 4: NAVPERSCOM (PERS-45) confirms the category code and enters the enrollment data into an EFMP database.

Personnel assignment managers (detailers) use the EFMP enrollment data to pinpoint assignments to locations with appropriate resources that can address the special needs.

CENTRAL SCREENING COMMITTEES

EFMP enrollment forms should be forwarded to the CSC within the region of the Navy Service member's command. The CSC reviews the information, recommends a category code, and forwards the form(s) to the appropriate Navy EFMP Enrollment Manager where the final code is assigned.

For commands located in the United States, east of the Mississippi River, and outside Continental United States (OCONUS) areas of Africa, Europe, the Caribbean, Middle East, and South America.	Naval Medical Center (Code 0465C) EFMP Central Screening Committee Building 3 620 John Paul Jones Circle Portsmouth, VA 23708-2197 Telephone: (757) 953-5900/DSN 377 Fax: (757) 953-7134/DSN 377
For commands located in the United States, west of the Mississippi River, and OCONUS areas of Alaska and West Pacific.	Naval Medical Center (Code CGH) EFMP Central Screening Committee Suite 100 34520 Bob Wilson Drive San Diego, CA 92134-5000 Telephone: (619) 532-6910/DSN 522 Fax: (619) 532-6908/DSN 522
For commands located in overseas countries to include the South Pacific, Japan, and Hawaii.	U.S. Naval Medical Center Yokosuka EFMP Central Screening Committee PSC 475, Box 1, Code 3 FPO AP 96350-1600 Telephone: 011-81-46-816-4979 5794 DSN: 315-243-5794 Fax: 011-81-416-7287 DSN: 315-243-7287

EFMP MANAGERS

Each military component has established its own program to address special needs identification, enrollment, and assignment management. (For Navy, Air Force, Army, and Coast Guard Service members and family members, return completed EFMP summary form(s) to the Service member or forward to the address below).

Navy EFMP Manager	Navy Personnel Command (PERS-451) 5720 Integrity Drive Millington, TN 38055-6620 Phone: (901) 874-4390/DSN 882 Toll-Free: 1-866-827-5672 Fax: (901) 874-2629/DSN 882
Marine Corps EFMP Manager	HQ, U.S. Marine Corps (MRZ-2) Quantico, VA 22134 Phone: (703) 784-9654/0298/DSN 278 Toll-Free: 1-866-464-6110
Air Force Special Needs Program Manager	Office of the Surgeon General (AFMOA/SGHW) 485 Quentin Roosevelt, Suit #2 San Antonio, TX 78226 Phone: (210) 395-9137/DSN 696
Army EFMP Manager	HQ, U.S. Army Medical Command (MCHO-CL-H) 2050 Worth Road, Suite 10 San Antonio, TX 78234-6000 Phone: (210) 221-8466/DSN 471 Fax: (210) 221-7235/DSN 471
Coast Guard Special Needs Program Manager	Coast Guard Headquarters (G-PWL-2) 2100 Second Street, SW Washington, DC 20593-0001 Phone: (202) 475-5156

SAMPLE EFMP ENROLLMENT LETTER

1754
Ser/
Date

From: Medical Treatment Exceptional Family Member
Coordinator
To: Service Member
Subj: EXCEPTIONAL FAMILY MEMBER PROGRAM ENROLLMENT
Ref: (a) OPNAVINST 1754.2D

1. Hello, my name is HM1 _____ and I'm delighted to be your EFMP coordinator. Per reference (a), your enrollment/update in the EFMP has been completed. Based on the medical and or educational information provided, your family member (name) has been assigned to the exceptional family member (EFM) category.
2. Contact your detailer immediately if you either hold, or anticipate receiving, permanent change of station orders which would require your family to relocate.
3. Enrollment updates are required every 3 years with the exception of category 6 (temporary category), which must be updated within 1 year of enrollment. Updates are also required when there is a change in medical diagnosis or a new diagnosis, or a change in educational needs. Please note that if an update is due at the time of your periodic rotation date (PRD), the update should be started at least 12 months prior to PRD.
4. Please review the newly revised NAVPERS 15614J, EFMP Resource Guide, in its entirety. This guide and other program resources are available via the Navy Personnel Command EFMP Web site at <http://www.npc.navy.mil/CommandSupport/ExceptionalFamilyMember/Publications.htm>. The Fleet and Family Support Center Web site is also an excellent source for information to support your special needs family member at <https://www.nffsp.org>. Below is my contact information if additional information is required.

Signature

Mailing Address:
E-mail
Work telephone commercial/DSN
Fax:

Enclosure (4)

SAMPLE EFMP DISENROLLMENT LETTER

6000
Ser/
Date

From: Commanding Officer, Service member's command
To: Naval Medical Center Balboa, Exceptional Family Member
Program Coordinator

Subj: REQUEST FOR REMOVAL OF MEMBER FROM EXCEPTIONAL FAMILY
MEMBER PROGRAM ICO SERVICE MEMBER

Ref: (a) MILPERSMAN 1300-700

1. Member requests removal from EFM program due to dependent status change. Service member no longer has an exceptional family member. Record of Emergency Data and Defense Enrollment Eligibility Reporting System (DEERS) is updated to reflect the change. The following is provided per reference(a):

- a. EFM name/association (i.e., ex-wife).
- b. Document cited: i.e., divorce decree/page 2, etc.
- c. Effective date of change.

2. For any questions concerning this matter, my point of contact is _____ commercial (012) 234-5678 or via e-mail: _____.

Signature