**Application for Urgent Respite Care**



Up to 10 hours of Urgent Respite care is available to all NRNW military families in crisis and those not otherwise eligible for military respite services, or identified families not yet enrolled in the program.

Please complete the following information and e-mail it to Your Case Liaison

Date:

Service Member Name:      Phone#:

Command:

Family Member Full Name:

Address (where Respite care is to be provided):

Is Service Member Deployed? YES  NO

Please list other professionals supporting this family? (I.e. Registered Nurse, Case Manager, New Parent Support, Respite Provider etc.)

**List family members name and ages:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Special Needs?** | **Special Training needed?** | **Please check all members that will be requiring Urgent respite care** |
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What lead to the crisis?:

**Admin Only:**

Date grant awarded:

#hrs awarded:      #hrs used:

Processed by:       CCA Value $:

Date funds released:

Date grant was NOT Awarded:

Referrals made:



Information that you provide to the Fleet and Family Support Center (FFSC) will be treated in a sensitive manner by the FFSC and will be managed in accordance with the Privacy Act of 1974, 5 U.S.C.§ 552a.

1. **Legal Authority for Requesting Information From You:** 5 U.S.C. Sect. 301, which allows Secretary of

the Navy to make regulations for the Department of the Navy. One of these regulations, SECNAVINST 1754.1B, Department of the Navy, Fleet and Family Support Program (FFSP), established the Fleet and Family Support Centers (FFSC).

2. **Principal Purpose for Which Your Information Will Be Used:** The information you provide will help the Fleet and Family Support Center (FFSC) professional staff to assist you.

3. **Routine Uses Which May Be Made of Your Information:** In addition to using the information you give us for the “principal purpose” given above, your information may be used for one or more of the “routine uses” listed in the *Federal Register* notice for this system (including the blanket routine uses that are applicable to all Navy Privacy Act systems of records). This *Federal Register* notice is available here at the FFSC for you to see, if you wish, or at http://pri­vacy.navy.mil/.

**Four of the more important uses are:**

a. Disclosure to state and local government authorities in accordance with state and local laws requiring the reporting of suspected child abuse or neglect;

b. Disclosure to the appropriate federal, state, local or foreign agency charged with enforcing a law, where FFSC records indicate that a violation of law may have occurred.

c. Disclosure to certain foreign authorities in connection with international agreements, including status of forces agreements (SOFAs); and,

d. Disclosure to the Department of Justice for litigation purposes.

4. **Other Disclosure of Your Information:** In addition to using the information you give us for the “principal purpose” and the “routine uses” given above, your information may be disclosed in certain or specific circumstances, as permitted by exemptions to the Privacy Act. These could include clearances, personnel reliability programs, law-enforcement programs, life-threatening situations, substance-abuse programs, child pornography, family-abuse situations, command referred treatment and exchange of information with DSHS regarding abuse situations. Your information may also be shared internally at FFSC with your provider’s supervisor and/or a clinical consultation team to coordinate your treatment. For non-clinical appointments, your information may be shared with other FFSC providers for consultation purposes.

5. **Disclosure is Voluntary:** You need not disclose any information to us; however, failure to provide this information may hinder or prevent the FFSC staff from being able to assist you.

I have read and understand the above Important Notice and Privacy Act statement and the routine uses of the information which may be provided to me at my request. My FFSC case manager has explained the contents of the Privacy Act statement to me.

           

Date Print Name Signature

           

Date Print Child’s Name (if 13 or older) Signature of Child (if 13 or older)

     

Date FFSC Witness Signature

**For Active Duty Only: I am currently in the Personnel Reliability Program:** Yes  No

(If “Yes”, complete and sign the Privacy Act Statement for Members on PRP Form)