
FAMILY CARE PLAN CHECKLIST

DATE: _____

1. DA Form 5304 (Family Care Plan Counseling Checklist)
Signed by Soldier _____ Commander _____
2. DA Form 5305 (Family Care Plan)
Designated guardian for Short-term _____ Long term _____
Signed by Soldier _____ Commander _____
3. DA Form 5841 (Power of Attorney for Guardian/Escort)
Short-term _____ Long-term _____
4. DA Form 5840 (Certificate of Acceptance as Guardian or Escort)
Short-term _____ Long-term _____
5. DD Form 1172 (Identification Card Application) for family member (s). (Verified by PSB ID Card Section _____)
6. DD Form 2558 (Authorization to Start, Stop or Change an Allotment). Completed _____
7. DA Form 7666 (Parental Consent) _____
8. DA Form 7667 (Family Care Plan Preliminary Screening) _____
9. Letter of Instruction for guardian or escort. _____
10. Will _____ Location: _____
11. DD 93 _____ SGLV _____ ERB _____

FAMILY CARE PLAN COUNSELING CHECKLIST
For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013. Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.C 9397 (SSN).

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None.

DISCLOSURE: Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

Careful planning is required to ensure adequate care of family members while performing required military duties. Pregnant soldier single parents, and dual-military couples with family members will be counseled in accordance with AR 600-20. The soldier and the commanding officer (or designated representative) will initial each item on the checklist.

PART I - ACTIVE ARMY AND RESERVE COMPONENT	SOLDIER	COMMANDER
A. I am receiving Family Care Plan counseling by my commander (or designated representative), because my current family status is:		
1. A pregnant soldier who:		
a. Has no spouse; is divorced; widowed, or separated; or is residing without her spouse.		
b. Is married to another service member of AC or RC of any service (Army, Air Force, Navy, Marines, Coast Guard).		
2. A soldier who has no spouse; is divorced, widowed, or separated or is residing apart from his/her spouse; who has joint or full legal and physical custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
3. A soldier who is divorced (not remarried), and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the soldier's care in excess of 30 consecutive days.		
4. A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.		
5. A soldier categorized as half of a dual-military couple of the AC or RC of any service (Army, Air Force, Navy, Marines, Coast Guard), who has joint or full legal custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
B. I understand that I must arrange for the care of my family member(s) so as to be: (1) Available for duty when and where the needs of the Army dictate; (2) Able to perform my assigned military duties without interference of family responsibilities.		
C. I have been counseled on the importance of:		
1. Selecting qualified, reliable, and stable guardians (temporary and long-term) whom I would have no reservations about entrusting the sole care of my family members, and who are both capable and willing to care for them in my absence.		
2. Providing maximum information to guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family member (s).		
3. Providing all necessary documentation and financial support so that the designated guardians have everything necessary to act in that capacity.		
D. I understand that designated guardians must be able to assume responsibility for my family member (s) during any periods of absence to include: during duty hours, alerts, field duty, roster duty, TDY, deployments, AT, MUTAs, ADT, or in the event of hospitalization, or other periods of absence for military duty, emergencies or unexpected circumstances.		
E. I understand that I am fully responsible for making all necessary arrangements (housing, educational, legal, transportation, financial, religious, special, etc.) to ensure a smooth, rapid turnover of family member care responsibilities in case the plan is implemented.		
F. I understand that I must initiate legal documentation such as the power of attorney for guardianship (DA Form 5841) which will authorize guardian (s) to act in loco parentis; to perform any and all acts as fully to all intents and purposes as I might or could if personally present; to authorize for the care and treatment of my family member (s) regardless of whether on an emergency basis, or for routine care, including all major surgery deemed necessary by a duly licensed staff physician at any military or civilian hospital; to register my child (ren) in school, and to grant or to withhold permissions as my attorney shall deem appropriate.		
G. I understand that designated guardians must submit notarized certificates of acceptance (DA Form 5840) agreeing to accept full responsibility for my family member (s); attesting that they have received all necessary and essential documents; and attesting to the fact that they have been provided information on how to gain access to military/civilian facilities, services, entitlements and benefits on behalf of my family member (s).		

PART I - ACTIVE ARMY AND RESERVE COMPONENT (Continued)	SOLDIER	COMMANDER
H. I understand that I must maintain in my Family Care Plan, a DD Form 1172 for each family member to ensure the issue/renewal of Uniformed Services Identification Cards in my absence.		
I. I understand that my Family Care Plan must be updated and recertified by my commander at least annually (more often if required by my commander or mission of my unit), or in the event of any change in my family status, guardians, legal custody, duty station, etc.		
J. I understand that it is strongly encouraged (though not mandatory) that I ensure that I have an updated will which specifies my desires concerning custody of my family member(s) in the event of my death.		
K. I understand that there are voluntary and involuntary procedures for my separation from military service when my parental responsibilities interfere with the performance of my military duties.		
L. I understand that I will receive no special consideration in duty assignments or duty stations based on my responsibility for my family member(s) unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 608-75.		
M. I understand that I am fully responsible for all transportation arrangements and costs pertaining to transportation of family member(s) to guardian or guardian to dependent family member (s).		
N. If I am assigned OCONUS, I understand that I must identify an escort for my family member(s) in the event that Noncombatant Evacuation Operations (NEO) are put into effect.		
O. If NEO procedures are not initiated at the time I am required to implement my Family Care Plan, I understand that I may request the opportunity to personally escort my family member(s) back to CONUS if time and the nature of the military situation permits, and my commander approves. I also understand that I may request approval for the designated guardian to reside in my government quarters in my absence. I further understand that the Army will not be responsible for reimbursement of any travel costs incurred by the guardian or escort unless they are otherwise eligible under their own military family member status.		
P. I understand that members of a dual-military couple may submit the same basic Family Care Plan to both commanders, provided that neither military member is identified as the long-term guardian in the plan. The original Family Care Plan will be maintained by the commander of the military member least likely to deploy, with a copy of the DA Form 5305 forwarded to the spouse's commander. If both military members are equally likely to deploy, the original will be filed with the Army member's commander and a copy with the commander of the other service. If both are Army members and equally likely to deploy, it is inconsequential which commander has the original, so long as both commanders have copies in the unit files.		
Q. I understand that I should provide letters of instruction outlining all special arrangements and instructions the guardians or escort should be aware of (See Figure 5-4, AR 600-20).		
R. I have received copies of all the required forms and documentation, and know whom to contact in the event I have additional questions or need additional assistance in preparing the Family Care Plan.		
S. I understand that I must submit the complete Family Care Plan with all attendant documents to my commander within the time limits specified by my commander (or designated representative) <input type="checkbox"/> AA 30 days from date of this counseling session. <input type="checkbox"/> RC 60 days from date of this counseling session.		
T. I understand that it is my responsibility to notify my commander in advance if I am aware of any circumstances beyond my control that might prevent me from meeting the submission deadlines. The commander is authorized to grant a one-time extension of 30 days based on extenuating circumstances.		
PART II - ACTIVE ARMY AND RC SERVING ON ACTIVE DUTY		
Policies, Provisions, Entitlements, Benefits, and Services:		
A. Policies governing deletion or deferment from assignment instructions because of personal reasons. See Chapter 3, AR 614-200 (AA enlisted) or Chapter 6, AR 614-100 (AA officers) or AR 135-91 (RC).		
B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours (including unaccompanied tours). The needs of the Service provide the basis for selecting a soldier for reassignment in accordance with AR 614-30, AR 614-200, and AR 614-100.		
C. Entitlements to assignment of government or pay of basic allowances for quarters. See Chapter 10, AR 210-50.		
D. Policies governing entitlement to basic allowance for subsistence, application procedures, and payment. These are contained in Chapter 1, part 3, AR 37-104-3; and Chapter 20, DoD Military Pay and Allowances Entitlements Manual.		
E. Provisions for applying for concurrent travel of family members when alerted for overseas movement Approved joint domicile assignments do not constitute authority to move family members to the overseas command at government expense. Application for family member travel must be made in accordance with AR 55-46.		

PART II - ACTIVE ARMY		SOLDIER	COMMANDER
F. Eligibility requirements for shipment of household goods to the next permanent duty station at government expense. See Chapter 4, AR 55-71 and Part D, Chapter 5, Volume 1, Joint Federal Travel Regulation (JFTR).			
G. The entitlement to government paid transportation of family members to the next permanent duty station. See Chapter 9, AR 37-106 and Part C, JFTR. Transportation allowances for dependent family member movement will be paid for under the following conditions:			
1. If traveling in a PCS status between CONUS permanent duty stations. However, family members are not authorized to move to or from TDY stations at government expense.			
2. If traveling to, from, or between OCONUS duty stations in PCS status provided tour length requirements have been satisfied. See Section III, Chapter 1, AR 55-46 regarding tour length requirements to qualify for family member movement to, from and between overseas areas.			
H. The status of noncommand sponsored family members in the overseas command. See paragraph 1-17, AR 55-46.			
I. Services provided by the Army Community Services (ACS) regarding financial planning. See chapter 9, AR 608-1.			
J. Services available from Personal Assistance Points at major points of embarkation in the CONUS.			
K. Maternity counseling for pregnant single soldiers on the costs of child bearing and raising.			
L. Provisions of CHAMPUS.			

PART III - MILITARY SPOUSE AND SPOUSE'S COMMANDER CERTIFICATION

A. Military spouse: *We have been counseled on our responsibilities to the military service and our family member (s.)*

1. SIGNATURE OF SPOUSE	2. DATE (YYYY/MM/DD)	
3. TYPED OR PRINTED NAME OF SPOUSE		4. SSN

B. Spouse's commander: *I have provided counseling for the military spouse assigned to my unit concerning Family Care Plan requirements.*

1. SIGNATURE OF SPOUSE'S COMMANDER	2. DATE (YYYY/MM/DD)	3a. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF SPOUSE'S COMMANDER		b. E-MAIL ADDRESS

PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. Soldier: *I have been counseled on my responsibilities to the Army and to my family member(s)*

1. SIGNATURE OF SOLDIER	2. DATE (YYYY/MM/DD)	
3. TYPED OR PRINTED NAME OF SOLDIER		4. SSN

B. Soldier's commander: *I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).*

1. SIGNATURE OF SOLDIER'S COMMANDER	2. DATE (YYYY/MM/DD)	3a. UNITED ADDRESS
4. TYPED OR PRINTED NAME OF SOLDIER'S COMMANDER		b. E-MAIL ADDRESS

FAMILY CARE PLAN

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None

DISCLOSURE: Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

PART I - SOLDIER'S FAMILY CARE

A. I was counseled on _____ (date), and fully understand the policy on family member care responsibilities. I understand that I must arrange for care of my family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.	INITIALS															
B. I have made and will maintain arrangements for the care of my family members during all the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Duty</td> <td style="width: 33%;">6. Temporary Duty</td> <td style="width: 33%;">11. Deployment</td> </tr> <tr> <td>2. Exercises/field duty</td> <td>7. Unit Training Assembly</td> <td>12. Other Military Duty</td> </tr> <tr> <td>3. Permanent Change of Station</td> <td>8. Active Duty Training</td> <td>13. Emergencies</td> </tr> <tr> <td>4. Alerts</td> <td>9. Unaccompanied Tours</td> <td>14. Leave/non-duty Time</td> </tr> <tr> <td>5. Annual Training</td> <td>10. Mobilization</td> <td></td> </tr> </table>	1. Duty	6. Temporary Duty	11. Deployment	2. Exercises/field duty	7. Unit Training Assembly	12. Other Military Duty	3. Permanent Change of Station	8. Active Duty Training	13. Emergencies	4. Alerts	9. Unaccompanied Tours	14. Leave/non-duty Time	5. Annual Training	10. Mobilization		
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5. Annual Training	10. Mobilization															
C. I understand the importance of ensuring the proper care for my family members, and ensuring my own readiness and deployability as well. I further understand that in light of the critical nature of both these requirements:																
1. Failure to make and maintain adequate family member care arrangements in accordance with the Army's policy is grounds for disciplinary action or separation.																
2. Nonavailability for worldwide assignment and/or unit deployment may lead to my separation from the Army.																
3. If arrangements for the care of my family members fail to work, I am not automatically excused from prescribed duties, unit deployment, or reassignment.																
4. If I fail to maintain a Family Care Plan or provide false information regarding my plan, I am subject to separation, administrative action, or disciplinary action under UCMJ.																
5. I must maintain an up-to-date Family Care Plan and revise my Plan when circumstances change. I understand that Family Care Plans may be tested at the discretion of the commander.																
6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my family members unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 600-75.																
D. I have made all necessary arrangements (legal, educational, financial, religious, special, etc. to ensure a smooth, rapid turnover of family member care responsibilities in case this plan is implemented.																
E. I have arranged for necessary travel required to transfer my family members to a designated person. If my principal designee is not in the local area, I have arranged with a nonmilitary person in the local area to assume temporary guardianship of my family members until they are transferred to my principal care designee, or that designee arrives to assume responsibility for their care.																
F. A copy of DA Form 5841 (Power of Attorney) or equivalent documents and a copy of DA Form 5840 (Certificate of Acceptance as Guardian) for each escort or guardian whether temporary or long-term is attached to this plan.																
G. The following additional required documents are completed, included in this plan, and will be put into effect as part of my Family Care Plan.																
1. DD Form 1172 (Application for Uniformed Services Identification Card) for each family member whether they have a currently valid ID card or not.																
2. 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 family members.																
3. Copies of Letters of Instruction (which have been forwarded to designated escorts or guardians along with powers of attorney and other pertinent documents) outlining all special instructions concerning the care of my family members have also been included in my Family Care Plan.																
H. I have thoroughly briefed escorts and guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family members.																
I. I am confident that my Family Care Plan is workable, and to the best of my knowledge, the guardian(s) and escort(s) I have designated will be both willing and able to carry out the responsibilities of caring for my family members.																

PART II - DESIGNATION OF GUARDIANS/ESCORTS

A. I (We) have designated the following temporary guardian to care for my (our) family member (s) until responsibility is transferred to escort principal (long-term) guardian.	
1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

B. I (We) have designated the following individual(s) as principal long-term guardian(s) for my(our) family member(s). The designated guardian(s) reside in the continental United States or United States territories.

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

C. I (We) have designated the following individual(s) as escort for my(our) family member(s) if evacuation from OCONUS becomes necessary (apply only to persons assigned OCONUS)

1. TYPED OR PRINTED NAME	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)
3. TELEPHONE NUMBER (Include Area Code)	2b. E-MAIL ADDRESS

**PART III - DUAL MILITARY COUPLES ONLY
MILITARY SPOUSE AND COMMANDER CERTIFICATION**

A. **Spouse:** We have made arrangements and will maintain arrangements for the care of our family member(s) in all circumstances required by our commitment to the military and our family.

1. SIGNATURE OF SPOUSE	2. DATE (YYYY/MM/DD)										
3. TYPED OR PRINTED NAME OF SPOUSE	4. SSN										
5. Recertification	<table border="1"> <tr> <td>a. INIT.</td> <td>DATE</td> <td>b. INIT.</td> <td>DATE</td> <td>c. INIT.</td> <td>DATE</td> <td>d. INIT.</td> <td>DATE</td> <td>e. INIT.</td> <td>DATE</td> </tr> </table>	a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE
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B. **Commander:** I have counseled the military spouse assigned to my unit, reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements

1. SIGNATURE OF COMMANDER	2. DATE	3. UNIT ADDRESS													
4. TYPED OR PRINTED NAME OF COMMANDER															
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PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. **Soldier:** I (We) have made arrangements and will maintain arrangements for the care of my(our) family member(s) in all circumstances required by my(our) commitment to the military and my(our) family.

1. SIGNATURE OF SOLDIER	2. DATE (YYYY/MM/DD)										
3. TYPED OR PRINTED NAME OF SOLDIER	4. SSN										
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B. **Commander:** I have reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

1. SIGNATURE OF COMMANDER	2. DATE	3. UNIT ADDRESS													
4. TYPED OR PRINTED NAME OF COMMANDER															
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POWER OF ATTORNEY

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To designate a guardian to care for your child(*ren*) in your absence.

ROUTINE USES: None.

DISCLOSURE: Mandatory; failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, Social Security Number _____, of the state of _____, a member of the United States Armed Forces, currently residing in _____, pursuant to Military Orders, do hereby appoint _____, presently residing at _____, my true and lawful attorney-in-fact to do the following acts or things in my name and in my behalf:

To assume and maintain guardianship of my child (*ren*),

_____;

to do all acts necessary or desirable for maintaining health, education, and welfare; and to maintain customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any of them by qualified medical or dental personnel.

I hereby give and grant individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto. I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZED MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I authorize by attorney-in-fact to hire legal counsel in order to carry out the provisions of this document or determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty(60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty(60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date _____, State of _____, County of _____.

I, the undersigned, certify that I am a fully commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared _____,

_____ who is known by me to be the person who is described herein, whose name is subscribed to, and who signed the Power of Attorney as grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my seal this _____ day of _____, _____.

GRANTOR'S SIGNATURE

ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(Notary Public)

My commission expires: _____

CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Guardian's agreement to care for a soldier's child(ren) in his or her absence

ROUTINE USES: None.

DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of a soldier's Family Care Plan.

I _____ was provided an original DA Form 584 (Power of Attorney) or other legally sufficient authority naming me as guardian/escort for

NAME (s) / AGE (s) OF FAMILY MEMBERS

family members of:

NAME (s)	SSN (s)

I agree to accept responsibility for these family members. I have received all necessary document required to provide financial, medical, educational, quarters, and subsistence support for these family members. I have been briefed on procedures for accessing military/civilian facilities, services, benefits and entitlements on behalf of these family members

TYPED OR PRINTED NAME OF GUARDIAN		ADDRESS (Include ZIP Code)
SIGNATURE	DATE (YYYY/MM/DD)	
TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS

NOTARY:

STATE OF _____

COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(Notary Public)

My commission expires: _____

Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

**APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD
DEERS ENROLLMENT**

Form Approved
OMB No. 0704-0020
Expires Sep 30, 2008

**SECTION I
SPONSOR
INFORMATION**

1. NAME (Last, First, Middle)		2. SEX	3. SSN (or SN)		4. STATUS		5. BR OF SERVICE			
6. PAY GRADE	7. RANK		8. GEN. CAT	9. TYPE OF CARD ISSUED		10. ID NO.		11. LAST UPDATE (YYYYMMDD)	12. VII	
13. CURRENT RESIDENCE ADDRESS					14. SUPPLEMENTAL ADDRESS INFORMATION					
15. CITY			16. STATE	17. ZIP CODE		18. COUNTRY	19. UIC		20. HOME TELEPHONE NO. (Include Area Code)	
21. DATE OF BIRTH (YYYYMMDD)		22. BLOOD TYPE	23. COLOR EYES	24. COLOR HAIR	25. HEIGHT		26. WEIGHT		27. MEDICARE	28. MARITAL STATUS
29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)				32. END ELIG REASON		
				Medical Civilian	Medical Service	Commissary	Exchange Unlimited	Exchange Limited	Morale, Welfare & Recreation	

**SECTION II
DEPENDENT
INFORMATION**

33. NAME (Last, First, Middle)				34. SEX	35. RELATIONSHIP		36. SSN		37. ID NO.		
38. LAST UPDATE (YYYYMMDD)		39. VII	40. CURRENT RESIDENCE ADDRESS				41. SUPPLEMENTAL ADDRESS INFORMATION				
42. CITY			43. STATE	44. ZIP CODE		45. COUNTRY	46. HOME TELEPHONE NO. (Include Area Code)		47. DATE OF BIRTH (YYYYMMDD)		
48. MBI	49. STU	50. INCAP	51. MEDICARE		52. COLOR EYES	53. COLOR HAIR	54. HEIGHT		55. WEIGHT		56. MARITAL STATUS DATE (YYYYMMDD)
57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)				60. END ELIG REASON			
				Medical Civilian	Medical Service	Commissary	Exchange Unlimited	Exchange Limited	Morale, Welfare & Recreation		
61. NAME (Last, First, Middle)				62. SEX	63. RELATIONSHIP		64. SSN		65. ID NO.		
66. LAST UPDATE (YYYYMMDD)		67. VII	68. CURRENT RESIDENCE ADDRESS				69. SUPPLEMENTAL ADDRESS INFORMATION				
70. CITY			71. STATE	72. ZIP CODE		73. COUNTRY	74. HOME TELEPHONE NO. (Include Area Code)		75. DATE OF BIRTH (YYYYMMDD)		
76. MBI	77. STU	78. INCAP	79. MEDICARE		80. COLOR EYES	81. COLOR HAIR	82. HEIGHT		83. WEIGHT		84. MARITAL STATUS DATE (YYYYMMDD)
85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege)				88. END ELIG REASON			
				Medical Civilian	Medical Service	Commissary	Exchange Unlimited	Exchange Limited	Morale, Welfare & Recreation		

**SECTION III
SPONSOR
DECLARATION
AND REMARKS**

89. REMARKS (Cite legal documentation, as applicable.)								NOTARY SIGNATURE AND SEAL	
<p>I have read and understand the "Conditions Applicable to Sponsor or Applicant" printed in Section VIII. I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge (If not signed in the presence of the verifying official, the signature must be notarized.)</p>									
90. SIGNATURE								91. DATE SIGNED (YYYYMMDD)	

**SECTION IV
VERIFIED
BY**

92. TYPED NAME (Last, First, Middle)				93. PAY GRADE		94. UNIT/COMMAND NAME				
95. TITLE			96. UIC		97. DUTY PHONE NO.		98. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
99. SIGNATURE				100. DATE VERIFIED (YYYYMMDD)						

**SECTION V
ISSUED
BY**

101. TYPED NAME (Last, First, Middle)				102. PAY GRADE		103. UNIT/COMMAND NAME				
104. TITLE			105. UIC		106. DUTY PHONE NO.		107. UNIT/COMMAND ADDRESS (Street, City, State, ZIP Code)			
108. SIGNATURE				109. DATE ISSUED (YYYYMMDD)						

**SECTION VI
RECEIPT**

RECEIPT OF NEW CARD IS ACKNOWLEDGED									
110. SIGNATURE								111. DATE ISSUED (YYYYMMDD)	

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0020). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION
RETURN COMPLETED FORM TO THE UNIFORMED SERVICE ID CARD ISSUING FACILITY**

SECTION VII - PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. sections 1061 - 1065, 1072 - 1074, 1074a - 1074c, 1076, 1076a, 1077, 1095(k)(2) E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for the Uniformed Services Identification Card and/or DEERS Enrollment

ROUTINE USE(S): To appropriate business entities, individual providers of care, and others, on matters relating to claim: adjudication, program abuse, utilization review, professional quality assurance, medical peer review, program integrity, third party liability, coordination of benefits, and civil and criminal litigation.

To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program.

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System. Failure to provide a beneficiary's Social Security Number renders that beneficiary ineligible for health care services in Military Treatment Facilities. However, emergency health care services will be provided to the extent furnished members of the general public.

SECTION VIII - CONDITIONS APPLICABLE TO SPONSOR OR APPLICANT

I understand that the actions of the recipient(s) of the "Uniformed Services Identification Card" issued as a result of this application are my responsibility insofar as proper use of the card for benefits and privileges authorized i.e., medical and dental care, exchange, commissary, and morale, welfare, and recreation programs. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations, and will notify an agency designated to grant authorization for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

I am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities, and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his/her designee, as to availability of

space, facilities, and the capabilities of the medical staff shall be conclusive.

Reimbursement shall be required for any unauthorized medical and dental care furnished at government expense. Copies of regulations concerning eligibility requirements are available in the Service Personnel Offices.

By signing this document, the sponsor or applicant certifies that he/she is aware that eligibility for benefits under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) terminates for all beneficiaries, except spouses and children of active duty members, and certain disabled beneficiaries under 65, when the beneficiary becomes eligible for Medicare Part A, Hospital Insurance, through the Social Security Administration.

**PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS
IN CONNECTION WITH CLAIMS: FINE OF UP TO \$10,000 OR
IMPRISONMENT FOR UP TO FIVE YEARS OR BOTH.**

(ACT June 25, 1948, 18 U.S. Code 287, 1001)

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY	2. NAME OF ALLOTTER (Last, First, Middle Initial) <i>(Print or type)</i>	3. SSN	4. PAY GRADE
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)	6. DAYTIME TELEPHONE NUMBER (Include Area Code)	7. EFFECTIVE DATE (YYYYMM)	8. MONTHLY AMOUNT OF ALLOTMENT \$
9. NAME OF ALLOTTEE (First, Middle Initial, Last)	10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERM IN MONTHS
12. CREDIT LINE (If applicable)	13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS <i>(Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2))</i> <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION <i>(Red Cross, Relief Society, etc. - Navy and Marine Corps only,</i> <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME EMPLOYMENT TAXES <input type="checkbox"/> - OTHER <i>(Specify)</i>		
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code)	15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)		
16. REMARKS			
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER	18. ACCOUNT NUMBER/POLICY NUMBER		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
19. TOTAL CLASS L AMOUNT \$		20. TOTAL CLASS T AMOUNT \$	

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal record:

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
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NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire

PARENTAL CONSENT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To record the agreement of both parents with their child's custodial arrangement as documented in the Family Care Plan.

ROUTINE USES: None.

DISCLOSURE: Mandatory; failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

In accordance with this agreement the parties confirm the following stipulations of fact and terms of agreement: _____,
 a member of the United States Army, (hereinafter "the Soldier"), and _____ are the parents of _____
 (hereinafter "the child"), date of birth _____, born in _____.

The child currently resides primarily with _____ at _____.

- _____ a. As a function of performing military duties, the Soldier may have to perform temporary duty, be deployed, or otherwise not be available to care for the minor child.
- _____ b. The Soldier has been notified that he or she is to be temporarily deployed. The time period of deployment has been estimated to be _____ in length. As a matter of military necessity, the minor child will not be able to reside with, or exercise access to the Soldier during this time. *(Initial appropriate paragraph)*

The parties agree that each has reviewed the attached Family Care Plan as set forth in Form DA 5305, which indicates that for the time period that the Soldier is absent, _____ is to serve as the minor child's temporary physical guardian.

The parties agree that during this period the minor child will reside at _____.

The parties agree that each will cooperate with the execution of any additional documentation as may be necessary to facilitate the designation of physical custody to the temporary guardian and effectuate this consent.

By the signatures below, each party indicates their consent to the arrangements outlined in the attached Family Care Plan and this agreement.

 (SOLDIER'S SIGNATURE)

STATE OF _____ COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

 (NOTARY PUBLIC)

My commission expires: _____

 (OTHER PARENT'S SIGNATURE)

STATE OF _____ COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

 (NOTARY PUBLIC)

My commission expires: _____

FAMILY CARE PLAN PRELIMINARY SCREENING

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To emphasize to Soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None.

DISCLOSURE: Mandatory; failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

PART I - COUNSELING

INITIALS

I have been counseled that:

1. The Family Care Plan is not a legal document that can change a court mandated custodial arrangement, nor can it interfere with a parent's right to custody of his/her child. Its sole purpose is to document for Army purposes the plan by which Soldiers provide for the care of their Family Members when military duties prevent the Soldier from doing so.

2. The best way to plan and care for my minor child/children is to obtain a court order identifying who will have temporary custody of my minor child/children in the event that I am unable/unavailable to care for them.

3. 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 the court order and could result in civil action or criminal charges against me.

4. If inconsistencies exist between this Plan and any court order or decree, the court order will have greater legal effect.

PART II - SCREENING CHECKLIST

YES

NO

STOP

1. a. Is the other parent of the child/children alive?

If no, then STOP

b. If Yes, does your Family Care Plan designate this person as the guardian of the child/children?

If yes, then STOP

2. a. Is there a court order or separation agreement concerning the custody of your child/children?

If no, go to Question 3

b. If Yes, does the order or agreement provide for an alternate custody arrangement if you are unable to exercise your custody rights?

If no, go to Question 3

c. If Yes, does the designation of the guardian of the child/children under the Family Care Plan comply with the provisions of the court order or marital separation agreement?

If yes, then STOP

3. If the other parent is not designated as the guardian of the child under the Family Care Plan, has that person consented to the designation of the guardian of the child/children under the Family Care Plan?

If yes, then STOP

WARNING: If you did not reach a STOP, then your designation of a guardian under the Family Care Plan may be at risk of challenge by the other parent. Even if the other parent has consented, if your designation is inconsistent with the terms of a court order, you may be at risk of being in contempt of court. You should consult with an attorney to determine if your Family Care Plan is at risk and if so, what steps you can take to protect yourself.

PART III - SOLDIER CERTIFICATION

Soldier: I have been counseled as indicated above and have read and understand the information regarding designation of a guardian.

1. TYPED OR PRINTED NAME

3. DATE (YYYYMMDD)

2. SIGNATURE OF SOLDIER