

Dear Parents,

This Special Care Organization Record (SCOR) has been developed just for you—parents with children with special health care needs. We offer the SCOR to you with deep appreciation for the central role you play in the life and care of your child as well as the service you have provided to our country. We hope it will serve you well as a guide in organizing and keeping track of your child's records, appointments, and other important information. Families have used this guide to organize their thoughts and questions before a doctor's appointment, as a diary to write down what the doctor is saying while at the appointment, as well as keeping all the medical information in one consolidated and convenient place.

You are encouraged to make this record work for you! Create your own sections; remove and rearrange pages to fit your needs; and personalize it with drawings, stickers, photographs, and special articles and resources you've found helpful. The SCOR pages may be downloaded and printed from this site. It is in Microsoft Word, and in a format easy to enter your information.

Once you are ready to start completing the information, place your cursor on the gray block after NAME on the PERSONAL HISTORY page. Click on "Tools" and then "Protect Document". Ensure that "Forms" is checked and password protect if you like. You must remember the password in order to access the document in the future. Now you are ready to type and tab for completion of your SCOR! If you need to refer to the first few pages again, simply click on "Tools" and then "Unprotect Document".

If you have suggestions or comments about the SCOR, please feel free to contact the Special Needs Consultant at specialneeds@tma.osd.mil.

Improving the Quality of Life for Military Members with Special Needs Task Force gives much thanks to the Center for Children with Special Needs and the Washington State Department of Health, Children with Special Health Care Needs Program. These organizations are the original Care Guide authors of this document. The Department of Defense Assistant Secretary of Defense for Health Affairs was given permission to use this as a template and incorporate changes geared towards our military families.



Special Care Organization Guide (SCOR)

- **What is the SCOR?**

The Special Care Organization Record is an organizing tool for families who have children with special health care needs. Use the SCOR to keep track of information about your child's health and care.
- **How can the SCOR help me?**

In caring for your child with special health needs, you may get information and paperwork from many sources. This organization record helps you organize the most important information in a central place. The SCOR makes it easier for you to find and share key information with others who are part of your child's care team.
- **Use your SCOR to:**
 - ❖ Track changes in your child's medicines or treatments
 - ❖ List telephone numbers for health care providers and community organizations
 - ❖ Prepare for appointments
 - ❖ File information about your child's health history
 - ❖ Share new information with your child's primary doctor, public health or school nurse, daycare staff, and others caring for your child
 - ❖ Review the checklist prior to making a PCS move
- **What are some helpful hints for using my child's SCOR?**
 - ❖ Keep the SCOR where it is easy to find.
 - ❖ This helps you and anyone who needs information in your absence.
 - ❖ Add new information to the SCOR whenever there is a change in your child's treatment.
 - ❖ Consider taking the SCOR with you to appointments and hospital visits so that information you need will be close at hand.
- **How do I set up my child's SCOR?**

Follow these steps to set up your child's SCOR:
- **Step 1: Gather information you already have.**

Gather up any health information you already have about your child. This may include reports from recent doctor's visits, immunization records, recent summary of a hospital stay, this year's school plan, test results, or informational pamphlets
- **Step 2: Look through the pages of the SCOR.**
 - ❖ Which of these pages could help you keep track of information about your child's health or care?
 - ❖ Choose the pages you like. Print copies of any that you think you will use.
- **Step 3: Decide which information about your child is most important to keep in the SCOR.**
 - ❖ What information do you look up often?
 - ❖ What information is needed by others caring for your child?
 - ❖ Consider storing other information in a file drawer or box where you can find it if needed.
- **Step 4: Put the SCOR together.**
 - ❖ Everyone has a different way of organizing information. The only important thing is to make it easy for **you** to find again. Here are some suggestions for supplies used to create the SCOR:
 - ❖ 3-ring Guide or large accordion envelope.
Holds papers securely.
 - ❖ Tabbed dividers.
Create your own information sections.
 - ❖ Pocket dividers.
Store reports
 - ❖ Plastic pages.
Store business cards and photographs.

Helpful Websites	Child Care Support
Personal History	Respite Care
My Birth	Transportation
Comments about my Diagnosis and	My Daily Routine
Surgeries	Diet Tracking Form
Hospital Tracker	Personal Hygiene
Lab Work - Tests	Behavior Help
Immunization Record	About Me
Case Manager	Describe My Day
My Pharmacy	School History
TRICARE	Education (IEP)
Insurance Information	Social Experiences
Medical Bill Tracker	Emergency Plan
Medications	Estate/Future Plan
Family Medical History	Family Information
Provider Information	Other Relatives
Equipment and Supplies	Child Advocates
Outpatient Therapy	Living Arrangements
My Doctor Visits	Money Information
Watch Me Grow!	Guardianship
Early Intervention Services	Appointment Log
Family Support Resources	Acronym Index
School Support	Moving Checklist

Below are some websites you may find helpful.

Military HOMEFRONT: <http://www.militaryhomefront.dod.mil>

MilitaryHOMEFRONT is the central, trusted, up-to-date source for Service members and families to obtain information about all Quality of Life programs and services. Whether you live the military lifestyle or support those who do, you'll find what you need!

Military OneSource: <https://www.militaryonesource.com>

Military OneSource is designed to help you deal with life's issues. Our consultants are available 24 hours a day, 7 days a week, 365 days a year. You can call in and speak to a master's level consultant or you can go online to access information or email a consultant.

TRICARE: <https://www.tricare.osd.mil>

Information about your military health plan. Find military treatment facilities and other TRICARE resources here!

Exceptional Family Member Program:

[Army](#)

[Navy](#)

[Air Force](#)

[Marine Corps](#)

Medical Summary - [DD Form 2792](#)

Educational Summary - [DD Form 2792-1](#)

Personal History**Special Care Organization Record**

Name: Please call me:

Date of Birth: Blood Type: Social Security #:

Allergies:

My Caregivers:

Where copy of birth certificate is located:

Where copy of Social Security card is located:

Home Address:

Phone#: Fax#: County:

Emergency Contact Name:

Emergency Contact Number:

Mother's Name:

Father's Name:

Social Security Number:

Social Security Number:

Sponsor (Yes/No):

Sponsor (Yes/No):

Address:

Address:

Daytime/Evening Phone:

Daytime/Evening Phone:

Cell Phone:

Cell Phone:

Sibling's Name: Age: Sibling's Name: Age:

Sibling's Name: Age: Sibling's Name: Age:

Sibling's Name: Age: Sibling's Name: Age:

Other household members:

Language spoken at home: Other languages:

When I was born:

(birth history, pregnancy, location, complications, neonatal hospitalization)

My diagnosis:

Date / Year	Diagnosis

My surgeries:

Date / Year	Procedure	Results

**Comments about
My Diagnosis and
Surgeries**

Special Care Organization Record

Comments about my diagnosis and surgeries:

Hospital Tracker

Special Care Organization Record

Date	Hospital	Reason for admission	Notes

Date	Test	Result	Comments

**Immunization
Record**

Special Care Organization Record

DtaP	1.	2.	3.	4.	5.			
DT	1.	2.						
Polio	1.	2.				3.	4.	
HIB	1.	2.				3.	4.	
Prevnar	1.	2.				3.	4.	
MMR	1.	2.						
Varicella	1.							
HBV	1.	2.				3.		
TB								
Flu								
Other								
Other								

My Case Manager is:

Address:

Wk Phone Number:

Fax Number:

Please attach the plan of care provided by your Case Manager

Notes:

Name:

Phone:

E:mail:

Address:

Name:

Phone:

E:mail:

Address:

[TRICARE Service Center Information](#) Click here to find your local TRICARE Service Center (TSC).
Then click on your Region. Click on the right navigation bar to find your closest TSC.

TRICARE Regional Office (TRO):

E-Mail:

Address:

City:

State:

Zip:

Phone:

TRICARE Service Center:

E-Mail:

Address:

City:

State:

Zip:

Phone:

Beneficiary Counseling and Assistance Coordinator (BCAC):

E-Mail:

Address:

City:

State:

Zip:

Phone:

Debt Collections Assistance Officer (DCAO):

E-Mail:

Address:

City:

State:

Zip:

Phone:

Insurance Information | Special Care Organization Record

(Please note all insurance providers including SSI, Medicare/Medicaid if applicable)

Other Insurance Name:

Policy Number:

Contact Person / Title:

E-Mail:

Phone:

FAX:

Address:

Case manager:

Phone:

FAX:

Supplemental Security Income (SSI):

Contact Person / Title:

E-Mail:

Phone:

FAX:

Address:

Other:

Contact Person / Title:

E-Mail:

Phone:

FAX:

Address:

This page intentionally left blank

Medical Bill Tracker**Special Care Organization Record**

Date	Provider	Amount Billed	Amount Allowed	Amount Paid	Paid by Other Health Insurance	Family Owes	Date Paid

Family Medical History

Special Care Organization Record

Family Health (Check where appropriate and note relationship to your child)

<input checked="" type="checkbox"/> Cardiac	<input checked="" type="checkbox"/> Hypertension	<input type="checkbox"/> Renal
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> GI	<input checked="" type="checkbox"/> Cancer
<input type="checkbox"/> Allergy	<input type="checkbox"/> Ortho	<input type="checkbox"/> Lung
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blood	<input type="checkbox"/> Ear
<input checked="" type="checkbox"/> Thyroid	<input type="checkbox"/> Vision	<input checked="" type="checkbox"/> Neur
<input type="checkbox"/> Devel	<input type="checkbox"/> Psych	<input type="checkbox"/> Auto Immune

Family Information:

Name	Date Of Birth	Health
Mother: Dorothy Anderson Smith	2-9-33	Fair
Father:	7-8-31	Deceased
Bro/Sis:		
Bro/Sis:		
Bro/Sis:		
Bro/Sis:		

Provider Information | Special Care Organization Record

My Primary Care Manager (PCM):

Military Treatment Facility:

Name: Phone #: Fax #:

E-Mail:

Address:

Civilian Hospital:

Name: Phone #: Fax #:

E-Mail:

Address:

My Dentist:

Name: Phone #: Fax #:

E-Mail:

Address:

My Specialists:

Name: Phone #: Fax #:

E-Mail:

Specialty: Address:

Name: Phone #: Fax #:

E-Mail:

Specialty: Address:

Provider Information**Special Care Organization Record**

Nutritionist:

Address:

E-Mail:

Phone:

Date of First Visit:

Social Worker:

Address:

E-Mail:

Phone:

Date of First Visit:

Physical Therapist:

Address:

E-Mail:

Phone:

Date of First Visit:

Speech Therapist:

Address:

E-Mail:

Phone:

Date of First Visit:

Occupational Therapist:

Address:

E-Mail:

Phone:

Date of First Visit:

Nursing Agency:

Phone:

Contact:

E-Mail:

Date of First Visit:

of hours approved:

Day:

Night:

Wknd:

Outpatient Therapy**Special Care Organization Record**

Therapy:

Frequency:

Therapist:

E-Mail:

Phone #:

Location:

Therapy:

Frequency:

Therapist:

E-Mail:

Phone #:

Location:

Therapy:

Frequency:

Therapist:

E-Mail:

Phone #:

Location:

**Early Intervention
Services**

Special Care Organization Record

Developmental Center:

Start Date:

Contact Person:

Address:

E:mail:

Phone:

Fax:

Family Resources Coordinator:

Start Date:

Agency:

Address:

E:mail:

Phone:

Fax:

**Family Support
Resources**

Special Care Organization Record

Exceptional Family Member Program Point of Contact:

[Army](#) [Navy](#) [Air Force](#) [Marine](#) [Coast Guard](#) [National Guard](#)

Contact Person:

Address:

E:mail:

Phone:

Fax:

Parent Group:

Contact Person:

Address:

E:mail:

Phone:

Fax:

Religious Organization:

Contact Person:

Address:

E:mail:

Phone:

Fax:

Service Organization:

Contact Person:

Address:

E:mail:

Phone:

Fax:

Counseling Services:

Contact Person:

Address:

E:mail:

Phone:

Fax:

School Support**Special Care Organization Record**

School / Preschool:

Start Date:

Address:

Phone:

Fax:

School Nurse:

E-mail:

Phone:

Fax:

Contact Person/Title:

E-mail:

Phone:

Fax:

Contact Person/Title:

E-mail:

Phone:

Fax:

IEP Begin Date:

IEP Review:

Child Care Provider:

Start Date:

Contact Person:

Address:

E-mail:

Phone:

Fax:

Child Care Provider:

Start Date:

Contact Person:

Address:

E-mail:

Phone:

Fax:

Child Care Provider:

Start Date:

Contact Person:

Address:

E-mail:

Phone:

Fax:

Respite Care**Special Care Organization Record**

**** Note: If this care is to be covered by TRICARE, is this person a TRICARE authorized provider? Has the Managed Care Support Contractor authorized this respite care?****

Respite Care Provider:

Start Date:

Contact Person:

Agency:

Address:

E-mail:

Phone:

Fax:

Respite Care Provider:

Start Date:

Contact Person:

Agency:

Address:

E-mail:

Phone:

Fax:

Respite Care Provider:

Start Date:

Contact Person:

Agency:

Address:

E-mail:

Phone:

Fax:

Transportation (to and from medical / therapy appointments)

Contact Person:

Agency:

Address:

Phone:

Fax:

Transportation (to and from medical / therapy appointments)

Contact Person:

Agency:

Address:

Phone:

Fax:

My Daily Routine**Special Care Organization Record**

My daily treatments (i.e. respiratory treatment, O₂, vent, trach, g-tube, etc). If you have a plan of care, please insert it here.

Vital Signs:

Respiratory Tx (O₂, trach, vent, etc)

Trach/G-tube/other care:

Bowel/Bladder Routine:

Adaptive Equipment: (W/C, braces, splints, speech devices)

Personal Hygiene**Special Care Organization Record**

Things that are done independently
(Example: brushes teeth)

Things that need assistance
(Example: bathes, but needs help regulating running water)

Other information that would be helpful
(Example: shoe and clothing size, menstrual cycle)

What consistent approach has worked best in your absence during difficult transition periods? List typical interventions that have worked in certain situations. Provide name and description of techniques or things that are helpful and where they can be located. (Example: afraid of thunderstorms, use Walkman headphones to help block out the noise)

Things that help to calm me and when used

What consistent approach has worked best in your absence during difficult transition periods? List typical interventions that have worked in certain situations. Provide name and description of techniques or things that are helpful and where they can be located. (Example: afraid of thunderstorms, use Walkman headphones to help block out the noise)

Things that help to calm me and when used

Things I like to do:

Things that upset me and things that I do not like to do:

Other information:

Describe my Day**Special Care Organization Record**

Describe a typical day for your child: (Use as many pages as you need and don't forget to describe likes, dislikes, mealtime, bathing and grooming information).

School History

Special Care Organization Record

Year	School	Teacher	School Nurse	Phone#

Education**Special Care Organization Record**

Please attach copy of IEP or IHP

I go to school at:

Phone#:

Teacher:

School Nurse:

School OT:

Phone #:

Frequency:

School PT:

Phone #:

Frequency:

School ST:

Phone #:

Frequency:

What is your child's work potential and employment history? What kinds of support does he/she receive and from which agencies?

Current Place of Employment:

Contact Person:

Address:

Phone Number:

Hours/Days worked:

Previous Employment:

What are your child's capabilities and skill levels? What other opportunities would like to see happen?

What activities make life meaningful for your son or daughter? What leisure activities does your child enjoy? List all hobbies, interests recreational and social activities and vacation preferences. Make a list of place and situation that your child is uncomfortable with or dislikes.

Favorite TV shows/movies

Hobbies/Activities in the home

Leisure Activities/Clubs outside the home

Name of Club:

Contact Person:

Phone Number:

How Often:

Name of Club:

Contact Person:

Phone Number:

How Often:

Special Interests

(Example: loves Cincinnati Reds Games in person but not on TV)

Favorite Vacations/Travels

What Might Happen:

What To Do:

Step 1:

Step 2:

Step 3:

Step 4:

Other:

Letter of Intent

No one lives forever, not even parents of children with disabilities. Fears about what will happen to your child after you're gone keep you from doing the very thing that will give you peace of mind: Planning. You fear that your child's quality of life may not be the same as they have now. You also know that it should not be left totally up to their sister or brother to care for them. Sometimes the thought of all of this is so overwhelming that you don't even know where to start.

This section is that starting place. It can be a way to facilitate discussion among your family members or just a way to begin organizing your own thoughts and getting them down on paper. You can begin with the less emotional section like the Personal Information before moving on to the more difficult task of choosing a Guardian. Guardianship guidelines vary from state to state. Your attorney can advise you, but not all attorneys are familiar with Special Needs Trusts. A good place to start is your installation's legal assistance office, who can provide you (if necessary) a referral to an attorney who specializes in this area. Update the plan annually; birthdays are a good time to do this. Don't forget to make copies and give them to all those who should know about your wishes. Planning is a process that takes time, but once you have things decided you will be able to breathe that sigh of relief knowing you no longer have to worry about the future.

Parent/Caregiver Signature _____ Date:

Parent/Caregiver Signature _____ Date:

Family Information**Special Care Organization Record**

Mother's Name:

Maiden Name:

Social Security Number:

Phone Number:

Address:

E-Mail:

Father's Name:

Social Security Number:

Phone Number:

Address:

E-Mail:

Sibling(s)

Name:

Spouse:

Address:

E-Mail:

Phone Number:

Name:

Spouse:

Address:

E-Mail:

Phone Number:

Name:

Spouse:

Address:

E-Mail:

Phone Number:

Name:

Spouse:

Address:

E-Mail:

Phone Number:

Other Relatives**Special Care Organization Record**

NAMES AND ADDRESSES OF OTHER RELATIVES

And whether they have been notified that you have established a Trust so that if they want to leave money to your child/sibling, to leave it to the Trust.

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

Name:

Address:

Phone Number:

E-Mail:

Notified yes no

Date notified:

Method notified:

List of individuals, advocates and/or service providers who touch the life of my child/sibling.

Name:
Address:
Phone Number: E-Mail:
What they typically do with/for my child/sibling:

Name:
Address:
Phone Number: E-Mail:
What they typically do with/for my child/sibling:

Name:
Address:
Phone Number: E-Mail:
What they typically do with/for my child/sibling:

Name:
Address:
Phone Number: E-Mail:
What they typically do with/for my child/sibling:

Living Arrangements | Special Care Organization Record

Where and in what type of situation would you like to see your child live? Would they live alone or have roommates? What neighborhood? How much supervision would they need?

If currently in a supported living environment, list the following information:

Home Manager

Name and Phone Number:

Case Manager

Name and Phone Number:

First Choice of Future Residential Provider:

Second Choice:

Money Information**Special Care Organization Record**

BANK:

Branch Location:

Phone Number:

Checking Account Number:

Safe Deposit box:

Savings Account Number:

LIFE INSURANCE

Company:

Policy number:

Point of Contact:

Phone Number:

Where policy is located:

LIFE INSURANCE

Company:

Policy number:

Point of Contact:

Phone Number:

Where policy is located:

BURIAL POLICY

Funeral Home:

Cemetery:

Policy number:

Point of Contact:

Phone Number:

Where policy is located:

Specific instructions:

Guardianship**Special Care Organization Record**

Will and Estate Plans

Letters of Guardianship have been approved by:

Judge:

Date:

Approved Guardian's Name:

Address:

Phone Number:

Relationship:

Approved Successor Guardians

Name:

Address:

Phone Number:

Relationship:

Name:

Address:

Phone Number:

Relationship:

If a guardian has not yet been appointed, list in order of preference the people who you would like to serve as guardian, should guardianship prove necessary in the future. Include name(s), address, phone number and the person's relationship to you and your child.

Name	Address	Phone Number	Relationship

Appointment Log

Special Care Organization Record

Date	Provider	Reason Seen/ Care Provided	Next Appointment

The following index lists a wide variety of acronyms used by professionals who work with families.

ACCH	Association for the Care of Children's Health
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AFDC	Aid to Families with Dependent Children
AIDS	Acquired Immune Deficiency Syndrome
AMEDD	Army Medical Department
ARC	The Arc: Advocates for the Rights of Citizens with Developmental Disabilities and their families
ARNP	Advanced Registered Nurse Practitioner
ASD	Assistant Secretary of Defense
ASD(HA)	Assistant Secretary of Defense Health Affairs
BIA	Bureau of Indian Affairs
BCAC	Beneficiary Counseling and Assistance Coordinator (see HBA)
BD	Behaviorally Disabled
BOQ	Bachelor Officer's Quarters
BRAC	Base Realignment and Closure
BUMEDINST	Bureau of Medicine and Surgery Instruction
CAP	Community Alternative Program (Medicaid), Community Action Program (Dept. of Community Development), Client Assistance Program (Division of Vocational Rehabilitation)
CCQAS	Centralized Credentials and Quality Assurance System
CD	Communication Disorders
CDC	Center for Disease Control
CDS	Communication Disorders Specialist
CEC	Council for Exceptional Children
CFR	Code of Federal Regulations
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CHAP	Children Have a Potential (Air Force assistance program)
CHCS	Composite Health Care System
CHDD	Center on Human Development and Disability at the University of Washington
CHRMC	Children's Hospital and Regional Medical Center
CINC	Commander-in-Chief
CINCLANTFLT	Commander in Chief, U.S. Atlantic Fleet
CMAC	CHAMPUS Maximum Allowable Charge (see TMAC)
CMV	Cytomegalovirus
CO	Contracting Officer
CO	Commanding Officer
CONUS	Continental United States
COR	Contracting Officer's Representative
COTR	Contracting Officer's Technical Representative
CP	Cerebral Palsy
CPS	Child Protective Services
CSHCN	Children with Special Health Care Needs
CSO	Community Service Office, DSHS
DASD	Deputy Assistant Secretary of Defense
DCAO	Debt Collections Assistance Officer
DCD	Department of Community Development
DCFS	Division of Children and Family Services
DD	Developmentally Disabled
DDD	Division of Developmental Disabilities, DSHS
DDPC	Developmental Disabilities Planning Council
DEERS	Defense Enrollment Eligibility Reporting System
DH	Developmentally Handicapped
DMH	Division of Mental Health
DoD	Department of Defense
DoDAAC	Department of Defense Activity Address Code
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DoDMERB	Department of Defense Medical Examination Review Board

DOH	Department of Health
DSB	Department of Services for the Blind
DSHS	Department of Social and Health Services
DUSD	Defense Under Secretary of Defense
DVR	Division of Vocational Rehabilitation
ECDAW	Early Childhood Development Association of Washington
ECEAP	Early Childhood Education and Assistance Program
ECHO	Extended Care Health Option (see PFPWD)
ED	Emotionally Disturbed
EEG	Electroencephalogram
EEU	Experimental Education Unit, CHDD
EFMP	Exceptional Family Member Program (helps military families locate to areas with services)
EKG	Electrocardiogram
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ER	Emergency Room
ESD	Educational Service District
FAPE	Free Appropriate Public Education
FRC	Family Resources Coordinator
HA	Health Affairs
HBA	Health Benefits Advisor (see BCAC)
HCP	Health Care Provider
HHS	Health and Human Services
HI	Health Impaired or Hearing Impaired
HIV	Human immune deficiency virus
HMHS	Humana Military Health System
HMO	Health Maintenance Organization
HNFS	Health Net Federal Services
HO	Healthy Options, DSHS, Medicaid Managed Care Program
HOH	Hard of Hearing
HQ	Headquarters
HQAF	Headquarters, Air Force
HQAFOMS	Headquarters, Air Force Office of Medical Systems
HQDA	Headquarters, Department of the Army
HQMAC/SG	Headquarters, Military Airlift Command/Surgeon General
ICC	Interagency Coordinating Council; county ICC and state ICC.
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFSP	Individual Family Service Plan
IG	Inspector General
I & R	Information and Referral
IPT	Integrated Processing Team
ISP	Individual Service Plan
IV	Intravenous
LD	Learning Disabled
LDA	Learning Disabilities Association
LEA	Local Education Agency
LICWAC	Local Indian Child Welfare Advocacy Board
LRE	Least Restrictive Environment
MAA	Medical Assistance Administration
MAJCOM	Major Command (Air Force)
MCH	Maternal and Child Health
MD	Medical Doctor
MDT	Multi-Disciplinary Team
MH	Multiply Handicapped
MHS	Military Health System
MR	Mentally Retarded
MS	Multiple Sclerosis
MTF	Military Treatment Facility
NAS	Naval Air Station

NAVHOSP	Naval Hospital
NICU	Neonatal Intensive Care Unit
OASD	Office of Assistant Secretary
OCR	Office of Civil Rights
OCONUS	Outside continental United States
OFM	Office of Financial Management
OI	Orthopedically Impaired
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitation Services
OSPI	Office of Superintendent of Public Instruction
OT	Occupational Therapy/Therapist
OTR	Licensed and Registered Occupational Therapist
OTSG	Office of the Surgeon General
PAVE	Parents Are Vital in Education
PCM	Primary Care Manager
P & A	Protection and Advocacy
PPPWD	Program for Persons With Disabilities (see ECHO)
PFTH	Program for the Handicapped (military program)
PHN	Public Health Nurse
PL	Public Law
PT	Physical Therapy/Therapist
PTA	Parent Teacher Association
RCW	Revised Code of Washington (state law)
RN	Registered Nurse
RPT	Registered Physical Therapist
SBD	Seriously Behaviorally Disabled
SEA	State Education Agency
SEAC	Special Education Advisory Council
SEPAC	Special Education Parent/Professional Advisory Council
SLD	Specific Learning Disability
SSA	Social Security Administration
SSI	Social Security Income
STD	Sexually Transmitted Disease
STOMP	Specialized Training of Military Parents
SW	Social Work/Worker
TAPP	Technical Assistance for Parents and Professionals
TASH	The Association for Persons with Severe Handicaps
TBI	Traumatic Brain Injury
TDD	Telecommunication Device for the Deaf
TMAC	TRICARE Maximum Allowable Charge (see CMAC)
TTY	Telecommunication Device for Deaf, Hearing Impaired, and Speech Impaired Persons
VI	Visually Impaired
WAC	Washington Administrative Code
WACD	Washington Association for Citizens with Disabilities
WIC	Women, Infants and Children Supplemental Food Program
WSMC	Washington State Migrant Council
WSSB	Washington State School for the Blind

This list was adapted from and used with permission of PAVE. For additional help please see <http://www.tricare.osd.mil/imtr/acrn.html>

Prior to departure ensure sure you have all these papers in order:

Marriage Certificate	Birth Certificates
Passports, Visas (write numbers)	Adoption Papers
Wills	Death Certificates
Medical Records	Divorce Papers
Dental Records	Discharge Papers (DD 214)
Home and Vehicle Keys	Car Title (registration in car)
SGLI Election Form	Last LES (Leave and Earnings Statement)
Credit Cards	Shot Records
Social Security Cards/Numbers	Real Estate Documents
Child Care Plan	Contracts and Loans
Auto Inspection (current)	Address and Telephone Numbers of Your Families
Family Photo Album	Citizenship/Naturalization
Ration Card (if stationed overseas)	Auto Clubs
Bank/Credit Union Account Info	I.D. Cards
Safe Deposit Box Info and Key	Warranties
Checkbook (checks)	Federal and State Income Tax Records
List of Important Numbers	Allotments (updated amounts, when due)
Insurance Policies (Auto, Home, Life)	Copies (several) of TDY and PCS orders
Inventory of Household Goods and Stored Property	Registration for Child/Day Care
Copies of All Contracts and Loans	Diplomas/Transcripts
Pet Health/Vaccination Records	

POWERS OF ATTORNEY

General- Allows holder to act on sponsor's behalf in most matters.

Special- Can act on sponsors behalf in special transactions. An example of a special power of attorney is one which will allow the holder to resolve issues involving the receipt of military pay and benefits.

Medical- Authorizes holder to obtain medical care for family members under 18 years.

The sponsor can obtain a POA from JAG for free- you need not be present, but make sure the sponsor has all of your information prior to the appointment. This process usually only takes about 15 minutes.

The following should be completed prior to deployment.

Next of kin informed of rights, benefits, assistance available	Family budget and business arranged
Emergency Data Card updated in Military Personnel Record	Copy of Emergency Data Card
Joint checking/savings account arranged (list all account numbers)	Orders (at least 10 copies of PCS orders)
Knowledge of emergency services available	Security check on house
Parents informed of how to make contact in case of emergency	
Armed Forces I.D. Cards (Renew if I.D. Card expires within 3 months,	
Red Cross/Army Emergency Relief (AER) information provided	
Problems with cars, household and appliances identified, and resolved	
Army Community Service/Family Assistance Center (ASC/FAC) programs explained	
Medical facilities, TRICARE, CHAMPUS identified	

For more information of moving, please go to the [Military Homefront](#) webpage.