

Family Plan Worksheets

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Family Care Plan Organizer

This organizer is designed for your own personal use in organizing your family care plan.

Your plan should include all administrative family care items. It should be used as a tool to assist in making a smooth transition when it is necessary to implement your family care plan. Once complete, you will need to give it to your short term designee, who can then pass it on to your long term designee.

Here are some recommended items to have as part of your plan:

Copy of current AF Form 357

Family care pamphlet

Immunization Records

Legal documents – Wills, powers of attorney

Financial Arrangements – Separate checking account for dependent support

Class “X” allotment, what financial means do you have established?

TRICARE Handbook

- Active duty family member TRICARE Dental Program Handbook

The establishment and upkeep of this plan is up to you. If maintained it can be a useful tool to help in the care of your family members when you are deployed.

Key Points of Contact and Phone Numbers

Comptroller and Finance Office. This office is primarily responsible for all pay matters, including dependent support allotments. Their number is 412-474-8541.

Chaplain. Aside from religious and community programs, the chaplains provide counseling services for all military and dependent personnel. They provide counseling in religious, marital, academic, and personal problems, to name a few. The Chaplain is normally available on Unit Training Assemblies. His number is 412-474-8204

Military Personnel Flight. The Customer Service Section prepares ID card applications, updates Servicemen's Group Life Insurance (SGLI) forms, and conducts DEERS and TRICARE Dental Plan enrollments. 412-474-8527

TRICARE Office/Health Benefits Advisor: Your designee(s) needs to know what TRICARE option you have chosen, who's covered, what's covered, where to get care, how much it will cost, how to file a claim, and how to appeal adverse decisions. Information on the TRICARE program is available from Health Net Federal Services, 1-877-TRICARE or in person at 333 Rouser Road, Bldg 4, Suite 101.

Red Cross. The Red Cross provides emergency assistance in communication between service members and their families. It is vital your designee knows to notify the local Red Cross of any emergency involving your dependents. This will greatly speed your notification and return home, if needed. In Pittsburgh call: 412-263-3100.

Family Support Office. The Air Force Aid Society can provide financial assistance for a wide range of emergencies and other needs to qualified reservists. This includes emergency financial aid to dependents geographically separated from their military sponsor: 412-474-8544 or 1-800-235-7780.

Security Forces.

The Pass and ID Section issues temporary base identification, passes, and vehicle registration media, 412-474-8567

Checklist for Evaluating Your Plan

1. Have you made powers of attorney, copies of wills etc. available to your primary short and long term providers?
2. Do all family members 10 years old and older have valid family member ID cards?
3. Are financial arrangements/plans sufficient for adequate care of family members in place i.e. (allotments, checking/savings accounts)?
4. Who will provide care during normal duty situations that require your presence (recalls, extended duty hours)?
5. Who will provide care during TDYs, and for how long?
6. Who will provide care during an extended deployment?
7. Are transportation arrangements to move family members to both short and long term care providers in place?
8. Are all family members enrolled in the DEERS program?
9. Are letters authorizing short and/or long term care providers' access to base and facilities during care of family members required?
10. Are procedures in place to transfer medical, educational, and legal documents and any special medications to care providers?

** This is not an all inclusive list, but it does highlight some of the key areas to focus your planning efforts upon.

Suggested Six Part Folder Suggested Layout

1. The Six Part Folder (sample layout)

a. Part One: Air Force Information

- Copy of most recent AF 357
- Children's ID Cards
- Duty Phones, Names of supervisory chain up to the Commander and to include the First Sergeant
- Checklist
- Sites book(s) for appropriate care provider locations obtainable from the Family Support Office.
- Family Care Plan Handout

b. Part Two: Budget (See Family Support Office for Budget Format)

- Contingency Budget (Determine who will be paying the bills)
- List of creditors (contact information)
- Financial records to include computerized records
- Designate money that will be devoted to the upkeep of the children
- List accounts (savings, brokerage, checking, etc.)

c. Part Three: Medical Records/Documents

- Description of where medical records are located
- Names of servicing physicians
- Identify Tricare providers (particularly the appropriate hospital)
- Shot records
- Dental plan enrollment
- Description of Tricare (identify plan that applies)

d. Part Four: Legal Documents

- Wills
- Guardianship paper work
- Powers of Attorney
- Mortgage (If Applicable)
- Rental Agreement (If Applicable)

e. Part Five: Points of Contact

- Include name, title, phone number, address, E-Mail address as applicable
- Maintain Business Cards
- Include family advisors such as (Accountant, Stock broker(s), Insurance Agents, Executor of Will, Banker, Attorney or Attorney service.
- Include military One Source 1-800-342-9647 as a family resource
- Frequently used businesses
 - Appliance Repair
 - Auto Battery
 - Auto Repair
 - Auto Tires
 - Cable/Satellite Service
 - Internet Service
 - Electric Service
 - Heating Fuel (Gas Company)
 - Household Insurance
 - Landlord
 - Plumbing Repair
 - Telephone Repair
 - General repair (handyman)
 - Relief Society (AF Aid)

f. Part Six: Special Instructions

- Issues specific to your family situation you want to/need to take care of certain ways.

FAMILY CARE WORKSHEET

1. The following is required to accomplish numerous actions in the event of an emergency. It will be used to issue travel orders, identify special medical problems, and notify relatives of your whereabouts and assist in reclaiming your household goods and personal effects should you be required to leave them behind. It is imperative that you keep this data sheet current. **DO NOT WAIT UNTIL THE LAST MINUTE.**

a. Sponsor Information:

Rank	Name (Last, First Mi)
_____	_____
Organization	Duty Phone
_____	_____

b. Dependent Information:

Name:	Last	First	MI	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

c. Special Medical Problems:

Name (Last, First MI)

Allergies (list stimuli and reactions)

_____	_____
_____	_____
_____	_____
_____	_____

d. Preferences (check appropriate block):

_____ My child/children have no significant preferences.

_____ below is a list of strong food preferences of specific care instructions.

e. Location of quarters:

Street address

Building/Apartment Number

City

Home Phone

Remarks:

2. I have designated _____ as my primary long term designee and _____ as my short term designee. Each designee indicated above is to administrate my financial affairs required for dependent support during my absence. The following arrangements have been made:

a. _____

b. _____

3. All documents such as passports, shot records, power of attorney, emergency data and associated documents are located:

