

## Verification of Eligibility to Participate in the Exceptional Family Member Program (EFMP) Respite Care Reimbursement Program

In accordance with the Privacy Act of 1974, as amended, this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

Authority: 10 U.S.C. 5013; 10 U.S.C. 5041; MCO 1754.4B, Exceptional Family Member Program (EFMP).

**Principal Purpose:** To manage the EFMP Respite Care Reimbursement Program. Collected information will be filed pursuant to the Privacy Act System of Records Notice M01754-6 Exceptional Family Member Program Records, which may be downloaded at

http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01754-6.html.

**Retention and Safeguards:** Paper and electronic records are restricted to authorized personnel with an official need-to-know. Electronic data is maintained in a password restricted case management system and encrypted while at rest and during transmission.

**Routine Uses**: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to the DoD Blanket Routine Uses that appear at <a href="http://privacy.defense.gov/notices/blanket\_uses.shtml">http://privacy.defense.gov/notices/blanket\_uses.shtml</a>.

**Disclosure:** Providing information on this form is voluntary, but failure to provide the information will result ineligibility for respite care reimbursement program benefits

enefits.												
Sponsor Name:					Rank:	k: Case #:				EAS:		
Preferred Telephone:					Alternate Telephone:							
Home Address:					Unit/Duty Station Address:							
Official Government Email:					Preferred Email:							
					*Office Use Only*							
Exceptional Family Member Name	-	ite of irth			determined d (Per CMS)		Enrollment Date		Update Due Date		Reimbursement Rate	
Does EFM physically reside with the sponsor? Yes No							If you answered no, please specify:					
								TAD		Unaccompanied		
								School		А	Approved CoL	
USMC EFMP retains the right to verify the information on the application and certify that the information provided is accurate. Verification of Eligibility Form must be submitted with a signed Statement of Understanding prior to initiation of participation in the USMC EFMP respite care reimbursement program.												
Signature of Sponsor/Agent authorized to act pursuant to Power of Attorney  Date												
Non- sponsor signature is authorized only when a copy of a valid Power of Attorney is attached												
****OFFICE USE ONLY****												
ate Received: EFMP Enro		rollmer	nt Current:	Yes No	Respite Enrollme			nent Eff	ent Effective Date:			
Family received copy of signed EFMP Respite Care Reimbursement Program Statement of Understanding Yes No												
Provider's Credentials Approved: Yes No					Approval Date: Expi				Expirat	ion Da	ite:	
EFMP Staff Signature:					Date:							
EFMP Program Manager Signature:					Date:							