



Exceptional Family Member Program (EFMP) Respite Care Reimbursement Program Statement of Understanding

_____ I understand the Marine Corps EFMP Respite Care Reimbursement Program is intended to reduce the stress on sponsor families by providing temporary rest periods for family members who care for those who have special needs.

_____ I understand that respite care reimbursement hours are not authorized for medical, long term care (service for more than 6 hours consecutively) or custodial care of adults, to supplement, augment or substitute traditional childcare for work, or to allow a family member to attend school, or preschool programs. Respite care does not include the provider performing household chores or transportation.

_____ I understand each family member enrolled in the EFMP will be assigned a Level of Need between 1 and 4, and that Respite Care Reimbursement Program will only reimburse for Level of Need 3 or 4. The EFMP Level of Need is determined by Headquarters, Marine Corps EFMP, based upon the documentation received during the initial or updated enrollment review. I will be notified by the installation EFMP office of the date of Respite Care Reimbursement Program application approval, Level of Need for each eligible member, and the family's reimbursement rate for care. I am responsible for interviewing, hiring, and making payments to the respite care provider. If my family member is eligible (Level of Need 3 or 4) and I choose to participate in the Respite Care Reimbursement Program, I must hire a provider who is 18 + years of age with the appropriate level of skill. If the EFM requires medication administration, I must hire a provider that possesses the appropriate level of skill and/or credentials as determined by the requirements of my physical state of residence. I am required to provide current documentation of respite care provider's qualifications for Level of Need 3 and 4 to the installation EFMP office prior to administration of care for reimbursement.

_____ I understand that the Respite Care Reimbursement Program established reimbursed rate may not cover all costs expended by the family and therefore should be considered as a subsidy for respite care and not an entitlement. I understand that I am eligible to receive a maximum of 20 clocked respite hours per calendar month, per family. Other respite care programs funded by non-DoD agencies shall not be counted against the EFMP Respite Care Reimbursement hours. Respite care reimbursement does not impact Leave & Earning Statement or Basic Allowance for Housing.

_____ I understand that respite care reimbursement funds are not considered taxable income to me, however by hiring respite care providers I may be liable for Federal or State taxes as a Household Employer and should consult with a tax professional or review IRS Publication 926 for more information about tax liability.

_____ I understand I must utilize a Respite Care Reimbursement Log from the EFMP office. I will maintain the Respite Care Reimbursement Log each time care is provided. I will complete one log per care provider per month and submit the log(s) for reimbursement after care is provided and in accordance with the installation's EFMP due dates. I understand that the Respite Care Reimbursement Log must be filled out in its entirety. I understand that I am responsible for submitting and verifying that Respite Care Reimbursement Logs are submitted and received by the EFMP office within 60 days from last day of the month in which care was used.
Logs submitted after 60 calendar days will not be reimbursed.

_____ I understand that the **EFM must physically reside with me** in order to be eligible for the Respite Care Reimbursement Program. Exceptions include, if I am deployed, TAD, attending an official school, or approved Continuation on Location (CoL), or serving an unaccompanied overseas tour where HQMC EFMP, or the overseas screening process, determines services are not available. These are the only cases in which an agent authorized to act pursuant of Power of Attorney may be used. The Sponsor's EFMP enrollment must be current **FOR ALL EFMs** in order to receive respite reimbursement. In all other instances, the Sponsor must sign the Respite Care Reimbursement Log.

By signing this Statement of Understanding, I acknowledge my understanding of the terms listed above, and agree to the same. I also understand that USMC EFMP has the right to verify the provision of Respite Care. Suspected fraudulent activity will be reported to the appropriate authority for investigation.

Sponsor name (print)

Rank

Signature of Sponsor or Agent pursuant to Power of Attorney

Printed Name of Agent

POA Expiration Date (If POA used)

EFMP Staff Signature

Date Received