

FAMILY CARE PLAN

For use of this form, see AR 600-20; the proponent agency is DCSPER

PART I - SOLDIER'S FAMILY CARE

	INITIALS														
A. I was counseled on _____ (date), and fully understand the policy on dependent family member care responsibilities. I understand that I must arrange for care of my dependent family members, remain available for deployment and training, and report for duty as required without interference of responsibility for dependent family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my dependent family members regardless of age.															
B. I have made and will maintain arrangements for the care of my dependent family members during all the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Duty</td> <td style="width: 50%;">8. Active Duty Training</td> </tr> <tr> <td>2. Exercises/field duty</td> <td>9. Unaccompanied Tours</td> </tr> <tr> <td>3. Permanent Change of Station</td> <td>10. Mobilization</td> </tr> <tr> <td>4. Alerts</td> <td>11. Deployment</td> </tr> <tr> <td>5. Annual Training</td> <td>12. Other Military Duty</td> </tr> <tr> <td>6. Temporary Duty</td> <td>13. Emergencies</td> </tr> <tr> <td>7. Unit Training Assembly</td> <td>14. Leave/non-duty Time</td> </tr> </table>	1. Duty	8. Active Duty Training	2. Exercises/field duty	9. Unaccompanied Tours	3. Permanent Change of Station	10. Mobilization	4. Alerts	11. Deployment	5. Annual Training	12. Other Military Duty	6. Temporary Duty	13. Emergencies	7. Unit Training Assembly	14. Leave/non-duty Time	
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C. I understand the importance of ensuring the proper care for my dependent 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 dependent 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 dependent 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 dependent 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 dependent family member care responsibilities in case this plan is implemented.															
E. I have arranged for necessary travel required to transfer my dependent 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 dependent 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-R (Power of Attorney) or equivalent documents and a copy of DA Form 5840-R (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 dependent 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 dependent 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 dependent 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 dependent 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 dependent family members.															

PART II - DESIGNATION OF GUARDIANS/ESCORTS

A. I (We) have designated the following temporary guardian to care for my (our) dependent family member(s) until responsibility is transferred to escort or principal (long-term) guardian.	
1. TYPED OR PRINTED NAME	2. 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)	

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

1. TYPED OR PRINTED NAME	2. 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)	

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

1. TYPED OR PRINTED NAME	2. 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)	

**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 dependent(s) in all circumstances required by our commitment to the military and our dependent(s).*

1. SIGNATURE OF SPOUSE						2. DATE					
3. TYPED OR PRINTED NAME OF SPOUSE						4. SSN					
5. Recertification		a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

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 dependent care arrangements.*

1. SIGNATURE OF COMMANDER				2. DATE		3. UNIT ADDRESS					
4. TYPED OR PRINTED NAME OF COMMANDER											
5. Recertification		a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

PART IV - SOLDIER AND COMMANDER CERTIFICATION

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

1. SIGNATURE OF SOLDIER						2. DATE					
3. TYPED OR PRINTED NAME OF SOLDIER						4. SSN					
5. Recertification		a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE

B. **Commander:** *I have reviewed the Family Care Plan, and I am satisfied that the members have made adequate dependent 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											
5. Recertification		a. INIT.	DATE	b. INIT.	DATE	c. INIT.	DATE	d. INIT.	DATE	e. INIT.	DATE