FAMILY CARE PLAN

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.O. 9397 *(SSN)*

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None

DISCLOSURE: Mandatory; Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

PART I - SOLDIER'S FAMILY CARE

		INITIALS
A.	I was counseled on _____ *(date)*, and fully understand the policy on family member care responsibilities. I understand that I must arrange for care of my family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.	
B.	I have made and will maintain arrangements for the care of my family members during all the following: 1. Duty 2. Exercises/field duty 3. Permanent Change of Station 4. Alerts 5. Annual Training 6. Temporary Duty 7. Unit Training Assembly 8. Active Duty Training 9. Unaccompanied Tours 10. Mobilization 11. Deployment 12. Other Military Duty 13. Emergencies 14. Leave/non-duty Time	
C.	I understand the importance of ensuring the proper care for my 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 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 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 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 family member care responsibilities in case this plan is implemented.	
E.	I have arranged for necessary travel required to transfer my 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 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 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 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 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 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 family members.	

PART II - DESIGNATION OF GUARDIANS/ESCORTS

A. *I (We) have designated the following temporary guardian to care for my (our) family member (s) until responsibility is transferred to escort or principal (long-term) guardian.*

1. TYPED OR PRINTED NAME	2a. 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)*	2b. E- MAIL ADDRESS

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

1. TYPED OR PRINTED NAME	2a. 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)*	2b. E-MAIL ADDRESS

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

1. TYPED OR PRINTED NAME	2a. 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)*	2b. E-MAIL ADDRESS

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

1. SIGNATURE OF SPOUSE	2. DATE *(YYYY/MM/DD)*
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 family 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) family member(s) in all circumstances required by my (our) commitment to the military and my (our) family.*

1. SIGNATURE OF SOLDIER	2. DATE *(YYYY/MM/DD)*
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 family 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