

FAMILY CARE PLAN

AUTHORITY: MCO 1740.13A, FAMILY CARE PLANS

PRINCIPAL PURPOSE: To identify and ensure required Marines have made arrangements for the care of children under the age of 19, or family members who are unable to care for themselves, in the absence of the Marine. The Family Care Plan should be accompanied by a special power of attorney outlining temporary guardianship with regards to schooling and medical care, at minimum (see sample provided at enclosure 2 of MCO 1740.13A).

NAME: _____ RANK: _____

LAST 4 OF SSN: _____ DATE EXECUTED: _____

SERVICEMEMBER SIGNATURE: _____

PART 1. SERVICEMEMBERS ACKNOWLEDGEMENT

1. I understand that I am responsible for making plans and arrangements for the care of my dependents to permit me to be available for worldwide deployment, extended duty hours, field exercises, unaccompanied tours, temporary additional duty, permanent change of station, and other similar military obligations. Initials: _____

2. I understand that I must notify my command no later than 30 days after a change in family status as specified in MCO 1740.13A, and submit a revised Family Care Plan within 60 days of the notification. Initials: _____

3. I understand that I am responsible for making any/all necessary arrangements to ensure a smooth and rapid transfer of family member care responsibilities and the execution of my Family Care Plan. Initials: _____

4. I am confident that my Family Care Plan is workable, and to the best of my knowledge, the guardian(s) and escort(s) (as necessary) that I have designated are both willing and able to carry out the responsibilities of caring for my family members. Initials: _____

5. I understand that my failure to comply with MCO 1740.13A may result in disciplinary or administrative action by my command. Initials: _____

PART 2. CAREGIVER ACKNOWLEDGEMENT

The decision of selecting caregivers for my family members is not one that was taken lightly. I have examined all of the requirements for adequate care of my family member(s) and have deemed the following person(s) responsible for the short/long term care of my family member(s) during my absence.

Initials:_____

6. Short-term caregiver (member's absence is for duration of 30 days or less.)

6a. Printed name of caregiver:_____

6b. Address of caregiver:_____

6c. Phone number of caregiver:_____

6d. Alternate phone number:_____

6e. Email address of caregiver: _____

6f. Signature of caregiver:_____

6g. Printed name of witness:_____

6h. Signature of witness:_____

7. Long-term caregiver (member's absence is for duration of 31 days or more.)

7a. Printed name of caregiver:_____

7b. Address of caregiver:_____

7c. Phone number of caregiver:_____

7d. Alternate phone number:_____

7e. Email address of caregiver: _____

7f. Signature of caregiver:_____

7g. Printed name of witness:_____

7h. Signature of witness:_____

PART 3. LEGAL ACKNOWLEDGEMENTS

8. I have made one or more of the following legal arrangements for the care of my family members as outlined and dated below:

8a. Special Powers of Attorney (financial, medical, educational, etc.): _____

_____ Date: _____

8b. Update of Wills: _____

_____ Date: _____

8c. Guardianship Agreement: _____

_____ Date: _____

8d. Other (please specify): _____

_____ Date: _____

8e. Location of legal documentation: _____

_____ Date: _____

PART 4. FINANCIAL ACKNOWLEDGEMENTS

9. I have made one or more of the following financial arrangements for the care of my family members as outlined and dated below:

9a. Allotments to caregiver: _____

_____ Date: _____

9b. Access to funds with accountability: _____

_____ Date: _____

9c. Modifications to support agreements/orders: _____

Date: _____

9d. Other (please specify): _____

Date: _____

9e. Location of financial documentation: _____

Date: _____

PART 5. MEDICAL/DENTAL ACKNOWLEDGEMENTS

10. I have made one or more of the following medical/dental arrangements for the care of my family members as outlined and dated below:

10a. Explanation of medical insurance(s) and/or primary care manager(s): _____

Date: _____

10b. Location and contact of medical facilities/providers: _____

Date: _____

10c. Location and contact of dental facilities/providers: _____

Date: _____

10d. Location of medical/dental/immunization records: _____

10e. Explanation of medical/dental treatments/requirements: _____

Date: _____

10f. Explanation of allergies and treatment in regards: _____

Date: _____

10g. Contact information for Tricare Region:_____

_____Date:_____

10h. Contact information for Exceptional Family Member Program
Case Worker:_____

_____Date:_____

10i. Other (please specify):_____

_____Date:_____

PART 6. LOGISTICAL ACKNOWLEDGEMENTS

11. I have made one or more of the following logistical
arrangements for the care of my family members as outlined and
dated below:

11a. Explanation of movement of short/long term guardian(s)
(timing, method of movement (air, ground, etc), maps, vehicle
requirements, etc.):_____

_____Date:_____

11b. Contact information for childcare facilities:_____

_____Date:_____

11c. Explanation of childcare facility requirements:_____

_____Date:_____

11d. Contact information for educational facilities:_____

_____Date:_____

11e. Explanation of educational requirements:_____

_____Date:_____

11f. Explanation of routines (daily schedules, bedtime routines, homework, computer/t.v. permissions, etc.):_____

_____Date:_____

11g. Explanation of special needs requirements: (i.e. special diet requirements, mental health/counseling requirements, phobias (dogs, lightning, water, etc.):

_____Date:_____