

## EFMP FAMILY TRANSITION CHECKLIST

### Family Information

Rank/Sponsor/Email			
Spouse/Email		Cell/Phone	
EFM		Age	
EFM		Age	
EFM		Age	
EFM		Age	
Total # of boys w/ages			Total # of girls w/ages

### Installation Information (TO BE COMPLETED BY EFMP OFFICE ONLY)

Current Location		PM:	FCW:
Gaining Location		PM:	FCW:
Effect. Date of orders	Est. Date of Travel:	Est. Date of Arrival:	
Current/gaining EFMP Location is requesting telephone conference?			

### EFMP

	Question	Yes	No	Comments
1	Do you have a current enrollment in EFMP?			
2	Does your enrollment need to be updated within 6 months of arrival to new duty location?			
3	Would you like more information about EFMP/disability awareness via email?			
4	Are you familiar with the various programs and services of MCCS?			
5.	Would you be interested in a special needs support group?			
6	Would you be interested in participating in Any EFMP recreational activities?			

### Housing

	Question	Yes	No	Comments
1	Will your family be requesting installation/ PPV housing?			
2	Does your family qualify for priority housing according to your EFMP enrollment letter?			
3	Does your EFM require accommodations or Modifications for housing?			
4	Have you already applied for housing?			
5.	Do you have any animals?			
6	Do you have any service animals?			

**Travel**

	<b>Question</b>	Yes	No	Comments
1	Will your family require special travel?			
2	Are all medication prescriptions filled with refills?			
3	Will your family need modification to their hotel rooms?			
4	Does your family have their "Plan my Move" calendar?			

**Medical**

	<b>Question</b>	Yes	No	Comments
1	Do you have copies of your EFM's Medical records? (SCOR)			
2	Have you transferred your TRICARE/ECHO Case Manager?			
3	Do you have the gaining location doctors established?			
4	Will you need doctor appointments within 30 days of your arrival?			
5.	Does your EFM have any pharmaceutical considerations?			

**School**

	<b>Question</b>	Yes	No	Comments
1	Is your EFM's IFSP/IEP/504 Notebooks completed?			
2	Do you have current copies of the IFSP/IEP or 504s?			
3	Does the school provide any assistive technology?			
4	Does the gaining school district have the Current IFSP/IEP or 504?			

**Services**

	<b>Question</b>	Yes	No	Comments
1	Does your EFM qualify for SSI?			
2	Does your EFM qualify for Medicaid?			
3	Does your EFM qualify for Developmental Disability Services?			
4	Does your Family qualify for WIC/Food Stamps?			

**Respite/Child Care**

	<b>Question</b>	Yes	No	Comments
1	Do your child(ren) need a respite care provider?			
2	Do your child(ren) need a child care provider?			
3	Will your child(ren) be participating in Child, Youth & Teen Programs?			