DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
1411 JEFFERSON DAVIS HIGHWAY
ARLINGTON, VA 22202-3231

NGB-ARH 2 8 DEC 2005

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SUBJECT: Exceptional Family Member Program (EFMP) Implementation for AGR Personnel (NGB-ARH Policy Memo #05-059)

1. References:

a. Department of Defense Directive (DODD) 1342.17, Family Policy, 30 December 1988.

b. DODD 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents in Overseas Areas, 12 March 1996.

c. DODD 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States, 28 August 1986.

d. AR 608-75, Exceptional Family Member Program, 20 December 2004.

2. Purpose. This memorandum establishes policy, assigns responsibility, and prescribes procedures for Soldiers with children and adult Exceptional Family Members (EFMs).

3. Applicability. This memorandum applies to Army National Guard (ARNG) Active Guard and Reserve (AGR) personnel serving under the authority of Titles 10 and 32 of the United States Code (USC) who have family members with special medical or educational needs.

4. General. The EFMP is designed to provide a coordinated approach during the duty assignment process for support to families with special needs. When possible, assignments will be made to ensure the EFM has the medical or educational support required.

5. Enrollment. Soldiers with EFMs will enroll in EFMP. Participants in the EFMP are permanently enrolled in the program unless the medical or special education need warrants case closure, or the Soldier is separated from the ARNG AGR Program.

6. Responsibilities.

a. Personnel Policy and Readiness Division (NGB-ARH)

(1) Publish policy guidance for the ARNG EFMP.

(2) Maintain a tracking system of Title 10 and Title 32 EFMs in the ARNG AGR Program.

(3) Provide a representative to the HQDA EMFP Committee.

(4) Receive EFMP enrollment packets and forward originals of the DA Forms 2792 (EFM Medical Summary) and 2792-1 (EFM Special Education/Early Intervention Summary) to the appropriate AGR Managers for T10 and T32 AGR soldiers.

(5) Notify NGB directorates (ASM, ARZ-T, FP) of Soldiers in the T10 AGR program who have family members enrolled in EFMP.

(6) Provide statistical reports to requesting agency, as required.

b. Staff Management Office (NGB-ARZ-T)

(1) Notify T10 AGR Soldiers of EFMP enrollment

(2) Consider the medical and educational requirements of the EFM during the duty assignment process, and when possible, make assignment to accommodate the EFM special needs.

(3) Complete DA Form 7413 (EFMP Assignment Coordination Sheet) to document EFMP coordination during the initial phase of the military personnel assignment process.

(4) Advise Title 10 AGR Soldiers to coordinate with the nearest active duty Medical Treatment Facility (MTF) EFMP Manager for enrollment into the program.

(5) Advise Soldier to provide DA Form 5888 (Family Member Deployment Screening Sheet) for OCONUS assignments to gaining command for pre-coordination of services required upon request.

(6) Advise Soldiers to update their EFMP enrollment status at least every three years.

(7) Maintain original DA Forms 2792 and 2792-1 and forward copies to the Soldier.

(8) Provide EFMP website information to Soldiers with eligible EFMs. www.militaryhomefront.dod.mil and www.militaryonesource.com.

(9) Track EFMP enrollments and provide reports when requested to NGB-ARH for T10 AGR EFMs.

c. The Adjutant General (TAG)

(1) Assign a program manager to assess the needs of Title 32 AGR EFMs during the military personnel assignment process.

(2) Ensure AGR Managers coordinate with the appropriate medical special needs advisor at the supporting medical treatment facility (MTF) to determine availability of medical resources for the Soldier's EFM.

(3) Ensure assignments of Soldiers to an area where the educational or medical needs of the Soldier's EFM can be accommodated, when it is consistent with the needs of the Army.

(4) Ensure all eligible Title 32 AGR family members are enrolled into the EFMP.

d. State AGR Managers.

(1) Notify T32 AGR Soldiers of the EFM Program and enroll eligible EFMs for education and medical support.

(2) Assist Title 32 AGR Soldiers in coordinating with the nearest active duty Medical Treatment Facility (MTF) EFMP Manager for enrollment into the program.

(3) Complete DA Form 7413 to document EFMP coordination during the military duty assignment process and maintain in AGR personnel record.

(4) When possible, assign Soldiers to an area where the special needs of their EFM can be accommodated.

(5) Remind Soldiers of their responsibility to update EFMP enrollment at least every third year.

(6) Maintain original DA Forms 2792 and 2792-1 and forward copies to the Soldier.

(7) Provide EFMP website information to Soldiers with eligible EFMs. www.militaryhomefront.dod.mil and www.militaryonesource.com.

(8) Track EFMP enrollments and provide reports when requested to NGB-ARH for T32 AGR EFMs.

e. State Surgeon. Ensure that procedures are implemented to refer Soldiers to the EFMP upon diagnosis of an eligible family member with a medical or educational condition that warrants enrollment into the program.

f. Individual. Soldiers are responsible for enrollment and keeping the medical and/or special education needs documentation current as EFM conditions change or every 3 years whichever comes first.

7. The privacy of all EFMP enrollment documents must be protected under the HIPAA Privacy Rule. HIPAA institutes business processes to protect the use and disclosure of protected health information (PHI) which is individually identifiable health information, including demographics, in paper, electronics, or oral form. For additional information regarding the HIPA Privacy Rule, please refer to www.tricare.osd.mil/hipaa.

8. Point of contact is MAJ Stephen H. Holdeman, JR, Personnel Policy Branch, DSN 327-0460, (703) 607-0460 or stephen.holdeman@ngb.army.mil.

ROBERT P. ROGERS
GS-15, National Guard Bureau
Deputy Chief, Personnel Policy
and Readiness Division

CF:
State MILPO
State HRO
State AGR Manager
NGB-FP
NGB-ARS (ARNG Surgeon)
NGB-ARZ-T (Staff Management)
CFSC-FP-A (U.S. Army Community and Family Programs)