Henderson Hall
Exceptional Family Member Program (EFMP)
Permanent Change of Station (PCS) Needs Assessment

Sponsor					
Name:		Rank:		DoD ID #:	
Email:				Cell Phone:	

Spouse			
Name:		Is spouse an Exceptional Family Member (EFM)?	
Email:		Cell Phone:	

Family Members				
	Name	Is family member an EFM?	Gender	DOB
1				
2				
3				
4				
5				
6				

Installation Information					
Current Location:			FCW:		
Gaining Location:			FCW:		
Effective Date of orders:		Estimated Date of Departure:		Estimated Date of Arrival:	

EFMP			
	Question	*Yes / No*	*If yes, please comment.*
1	Does your enrollment need to be updated?		
2	Would you like more information about EFMP / disability resources?		
3	Are you familiar with Marine & Family / MCCS?		
4	Would you be interested in a special needs support groups?		
5	Would you be interested in participating in EFMP events and workshops?		
6	Do you plan to participate in the Respite Care Reimbursement Program?		

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Housing			
	Question	*Yes / No*	*If yes, please comment.*
7	Will your family be requesting on-base housing?		
8	Does your family qualify for priority housing?		
9	Does your EFM require accommodations or modifications for housing?		
10	Have you already applied for housing?		
11	Do you have any pets?		
12	Do you have any service animals?		
Travel			
	Question	*Yes / No*	*If yes, please comment.*
13	Do you have a "Plan my Move" checklist?		
Medical			
	Question	*Yes / No*	*If yes, please comment.*
14	Are all medication prescriptions filled with refills?		
15	Do you have copies of your EFM's medical records?		
16	Have you transferred your TRICARE Region?		
17	Have you transferred your Tricare and/or ECHO Case Manager?		
18	Do you have the gaining location doctors established?		
19	Will you need doctor appointments within 30 days of your arrival?		
School			
	Question	*Yes / No*	*If yes, please comment.*
20	Do you have your child(ren)'s special education documents organized?		
21	Is your IEP binder/ notebook up to date?		
22	Do you have current copies of IFSP/IEP or 504s?		
23	Does the current school district provide any assistive technology services, devices or other specialty adaptive equipment to your EFM?		
24	Does the gaining school district have the current IFSP/IEP or 504?		

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Services			
	Question	*Yes / No*	*If yes, please comment.*
25	Is your EFM receiving Supplemental Security Income (SSI)?		
26	Have you submitted a change of address for SSI payments?		
27	Is your EFM receiving Medicaid?		
28	Do you need information on applying for Medicaid at your new location?		
29	Is your family receiving WIC/Food Stamps?		
Child Care			
	Question	*Yes / No*	*If yes, please comment.*
30	Do your child(ren) need a child care provider?		
31	Will your child(ren) be participating in the Child, Youth & Teen Program (CYTP)?		

Please return completed form to your EFMP Family Case Worker.
Questions? Contact your EFMP Family Case Worker at 703-693-4172 or 6510.

Exceptional Family Member Program
Henderson Hall, Bldg. 12, 1555 Southgate Road, Arlington, VA 22214
Email: efmphh@usmc-mccs.org *Website*: www.mccshh.com/EFMP.html