

FAMILY CARE PLAN



DA forms are available at <https://armypubs.army.mil>

Family Care Plan

Please note that this Information Paper only provides basic information and is not intended to serve as a substitute for personal consultations with a Legal Assistance Attorney.

Q. What is a Family Care Plan?

A. A Family Care Plan (FCP) is a method by which the Army ensures a Soldier's "Family Member(s)" are taken care of when the Soldier is absent due to military requirements. Pursuant to the FCP, the Soldier will appoint a "guardian" for the family member to act in the Soldier's place while he or she is unavailable. The governing regulation is AR 600-20.

Q: Why is a Family Care Plan Important?

A. A Family Care Plan is an essential part of military readiness. Soldiers must be available for duty when and where the needs of the Army dictate – without interference of family responsibilities. Deployments frequently are sudden, leaving a Soldier little time to make on-the-spot arrangements for family member care. A Family Care Plan prepares the Soldier and the family in advance for the Soldier's deployment and reassures a deployed Soldier that everything is taken care of at home, minimizing family-related stress and enabling the Soldier to concentrate more fully on his mission.

Q. For purposes of the FCP, who are "Family Members" and what is a "Guardian?"

A. A Family Member is defined as a child under the age of 19 or any other family member who is incapable of self-care and dependent on the sponsor for total support and/or care.

A Guardian is a person appointed by the Soldier to take care of the Family Member's health, safety, and welfare when the Soldier is unable to do so. The Soldier should discuss with the guardian all responsibilities, rights, and entitlements the Family Member is entitled to. The guardian is not entitled to access military facilities, or obtain military services, or other military benefits for personal use, unless they are otherwise entitled to do so due to status as a current Servicemember, military retiree, and so forth.

Q. What a Family Care Plan *is not*.

A. A FCP is *not* a legal document that can change an existing court order regarding custody, nor can a FCP interfere with a natural parent's right over custody of their child. Soldiers should complete their FCP taking into account any existing custody arrangements. If your selections on your FCP conflict with an existing court order or names someone other than the child's natural parent as the guardian, please contact the Stuttgart Law Center.

Q. Who needs a Family Care Plan?

A. The Army recommends that ALL Soldiers and emergency-essential civilians with Family Members have a FCP in place. However, a FCP is **MANDATORY** for the following:

1. A pregnant Soldier who-
 - a. Has no spouse; is divorced, widowed, or separated; or is residing without her spouse.
 - b. Is married to another Servicemember of an AA or RC of any Service (Army, Air Force, Navy, Marines, or Coast Guard).

2. A Soldier who has no spouse; is divorced, widowed, or separated, or is residing apart from his or her spouse; who has joint or full legal and physical custody of one or more Family Members under the age of 19; or who has adult Family Members incapable of self-care regardless of age.
3. A Soldier who is divorced and not remarried, and who has liberal or extended visitation rights by court decree that allows Family Members to be solely in the Soldier's care in excess of 30 consecutive days.
4. A Soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.
5. A Soldier categorized as half of a dual-military couple of the AA or RC of any Service (Army, Air Force, Navy, Marines, or Coast Guard) who has joint or full legal custody of one or more Family Members under age 19 or who has adult Family Members incapable of self-care regardless of age.

Q: What Must be Included in a Family Care Plan?

- **DA Form 5305-R, *Family Care Plan***, is the form on which the Soldier explains and documents the specific measures he has taken to ensure that his family is cared for during his absence.
- **DA Form 5841-R, *Power of Attorney***, is the legal means by which the Soldier gives another person the legal authorization to care for the Soldier's dependent children and to make important decisions regarding the children on behalf of the absent Soldier-parent. The Soldier may use a Special POA for Child Custody prepared by the OSJA in lieu of DA Form 5841-R. We recommend that the Soldier prepare the Power of Attorney in advance but wait until deployment to sign and notarize it and deliver it to the Guardian. Soldiers must use the utmost care and consideration in designating Guardians for family members. Guardians must be persons to whom the Soldier can entrust the welfare of his children or other family members. Guardians should be persons who will be immediately available in the event of an emergency and will be able to exercise their responsibilities for extended periods of time, if necessary. THE GUARDIAN CHOSEN SHOULD NOT BE ANOTHER SOLDIER WHO MAY BE DEPLOYED OR MOBILIZED.
- **DA Form 5840-R, *Certificate of Acceptance as Guardian or Escort***, must be completed and signed by Guardian in the presence of a notary. The Guardian then returns the form to the Soldier. The form proves that the Guardian has agreed to accept the responsibility of caring for the family members of a Soldier and has been provided all necessary legal authority and means to do so. The form also serves as verification that the Guardian has been thoroughly briefed by the Soldier on all of the responsibilities he will assume, the locations of pertinent documents, and the procedures for accessing military and civilian facilities and services on behalf of the Soldier's family members.
- **DD Form 1172, *Application for Uniformed Services Identification Card DEERS Enrollment***. The Family Care Plan must contain one ID Card application, signed by the Soldier, for each family member. Ensuring that each family member can obtain an ID Card guarantees their uninterrupted access to military benefits and privileges while the Soldier is absent. AR 600-8-14 requires ID Cards to be issued for children under age 10 who live with a single parent or dual-military couple.

- **DD Form 2558, *Authorization to start, stop, or change allotment, for Active Duty or Retired Personnel***, is prepared in advance, but not executed by the Soldier until deployment. The form initiates an allotment from the Soldier's military pay to provide for the care and support of his dependents in his absence -- usually the easiest and most secure way of ensuring that money is available to meet the family members' needs. The Soldier also should consider establishing a bank account, to which the named Guardian has access, for payment of the allotment. Consult with officials at your bank to determine the best way to establish such an account. The Soldier may provide other proof of financial support arrangements for the care of dependent family members in lieu of DD Form 2558.
- **Letters of Instruction**, executed by the Soldier, which contain additional personal information for the Guardian. Information commonly provided in Letters of Instruction includes forms authorizing the Guardian to obtain access to the military installation and to basic military services such as the Commissary and PX on behalf of the Soldier's family members (necessary application forms may be obtained at all Commissary/AAFES offices) and information relating to family member medical needs, such as the names and addresses of physicians, dentists and other health care professionals; locations of current medical, dental and immunization records; and prescriptions for medications required to treat a family member's allergies or other conditions. The Letters of Instruction also should include forms and papers pertaining to the deployed Soldier's legal affairs, such as a list of Social Security Numbers for all family members; information as to the locations of insurance policies, bank accounts, safety deposit boxes and other important papers; instructions for driver's license and automobile registrations that may expire while the Soldier is away; and arrangements for any taxes that may come due while the Soldier is away. A Power of Attorney authorizing the Guardian or some other responsible person to sign, execute and file income tax returns on behalf of the Soldier and an authorization allowing a responsible individual to obtain a copy of the Soldier's W-2 also should be included. Most importantly, a copy of the Soldier's Will should be attached to the Letters of Instruction. The attached checklist lists important documents that your family may need should you deploy and may assist you in gathering other information to include with your Letters of Instruction.
- **DA Form 5304-R, *Family Care Plan Counseling Checklist***, documents that the Soldier has been counseled by his commander and is aware of the requirement for a Family Care Plan and the documents it must contain.

Q. What happens if I don't have a Family Care Plan or my parental responsibilities interfere with my military duties?

A. It is the Soldier's responsibility to implement a FCP and ensure their Family Members are taken care of when the Soldier is unavailable. Should a Soldier's parental responsibilities interfere with their service obligations, they will be counseled on voluntary and involuntary separation procedures. This is true for both officers and enlisted personnel.

Q. What constitutes a valid Family Care Plan?

A. Depending on the Soldier's circumstances, the documents needed to have a complete FCP packet will vary. However, a FCP packet that evidences a Soldier has made adequate arrangements for their Family Members includes:

1. DA Form 5305 - *Family Care Plan*
2. DA Form 5841 - *Power of Attorney for Guardianship** (or other power of attorney or legal document designating guardian(s) for the Family Member)
3. Notarized DA form 5840 - *Certificate of Acceptance as Guardian or Escort* (to be completed by the guardian named in DA Form 5841 or other document)

4. Completed DD Form 1172-2 - *Application for Identification Card/DEERS Enrollment* (to be completed for each dependent Family Member of the Soldier)
5. Completed DD Form 2558 - *Authorization to Stop, Start, or Change Allotment**
(or proof of other adequate financial arrangements for care of dependents)
6. Letters of instruction containing additional pertinent information for guardian(s)
7. Completed DA Form 7667 - *Family Care Plan Preliminary Screening*
8. Copies of any child custody order or marital separation agreements, currently in effect, that impact custody of minor children.
9. Completed DA Form 7666 - *Parental Consent* (when appropriate)

* - these forms remain unsigned until the Soldier deploys.

Q: Can my Guardian Register My Child for School?

A. Maybe. The answer depends on the particular state. In some states (including Virginia and North Carolina) a non-parent cannot enroll a child in school without a court-ordered guardianship, which terminates the parents' rights to custody and allows the guardian to collect child support for the child. You should have your guardian inquire with the local school system or seek legal assistance to answer this important question.

Q: How Long is the Special Power of Attorney Valid?

A. A special power of attorney is valid until the earlier of the expiration date you specify or the date on which you revoke it. Remember, a power of attorney also expires upon the death of the grantor of the power (the parent). Soldiers should also make guardianship nominations in their will to provide for the care of their children should they die.

Q: How Often Must I Renew My Family Care Plan?

A. Your Family Care Plan must be revalidated by your Commander ANNUALLY, or after any change in your personal circumstances that requires a change to the Plan, or whenever a Soldier is MOBILIZED, DEPLOYED, or PROCESSED FOR PRE-DEPLOYMENT.

Q: Are Special Arrangements Required for Families Outside of the United States?

A. In the event that family members must be evacuated from an overseas location, the Soldier's Family Care Plan must include instructions for escorting family members to a designated Guardian in the U.S. All single parents and dual-military couples with family members, who receive orders for an OCONUS assignment, must recertify their Plans not later than 30 days before out processing their CONUS duty station. A Soldier who fails to revalidate his Plan will be considered non-deployable, will not depart CONUS for his OCONUS assignment and will be considered for involuntary separation from the Army.

Q. Where and when do I file my Family Care Plan?

A. FCPs are approved by the Soldier's unit commander and kept in the unit files. Depending on a Soldier's situation, there are either one or two steps to completing a FCP, and timing requirements vary.

If the Soldier *is not* required to have a FCP, but wishes to put one into place they may do so at any time. If the Soldier *is required* per regulation to have a FCP (as discussed above), the following steps must be taken:

1. The Soldier will be counseled using DA Form 5304 as soon as possible upon arriving at their assigned unit.

2. That Soldier, if on active duty, must have the DA Form 5305 completed and approved within thirty (30) days of being counseled. National Guard and reservists have sixty (60) days from the date of counseling to complete DA Form 5305.

Q: Who Approves My Family Care Plan?

A. Your unit commander is the sole approving authority for your Family Care Plan. Before granting approval, the unit commander will evaluate your Plan and must be satisfied that it meets all of the requirements of AR 600-20 and appears to be workable. The commander may test the validity of your Family Care Plan, to include contacting the designated Guardian prior to approving your Plan. If your Family Care Plan is disapproved, you will be given 30 days to submit a new, more acceptable Plan for the commander's review and approval.

Q: Who Keeps the Family Care Plan?

A. The unit maintains the original Family Care Plan in a Soldier's local file. The Soldier, their family, and the designated Guardian all should have complete copies of the Plan.

Q: Whose Responsibility is it to Carry Out a Family Care Plan?

A. It is the Soldier's primary responsibility to implement the Family Care Plan. The Plan may be implemented any time conditions warrant. When operational or security considerations prevent the Soldier from implementing the plan himself, it will be used by the appropriate military or civilian authorities to arrange care for the Soldier's family members.

HAVE YOU CONSIDERED THE FOLLOWING????

- _____ Failure of all providers listed in the plans?
- _____ Failure of one or several of the providers in the plan?
- _____ Your death, injury, capture or incapacitation while deployed?
- _____ No notice, odd hour alerts/ EDREs? (2 a.m. etc...)
- _____ Injury/ illness of your child while in the care of a provider other than daycare?
- _____ What bills to pay and when and with what money?
- _____ Allotments to long term care providers with instructions?
- _____ Money to give to your provider to bridge the time between when the allotment is submitted and the date it takes effect? (usually at least 30 days)
- _____ Special powers of attorney for providers to manage your affairs while you are deployed?
- _____ The location of family papers, will, etc . ?
- _____ The possibility that: your ex could attempt to gain custody of your child while you are deployed?
- _____ Educating your provider(s) of any legal requirements or your parenting plan?
- _____ Educating your provider(s) of any restraining orders on your ex?
- _____ Furnished all critical phone numbers to include your lawyer, commander, immediate supervisor, executor of your will, other backup providers ?
- _____ Loss of communication with you while deployed?
- _____ Strip map to *all* critical support areas such as daycare's, hospitals, home, workplace, providers, shopping areas?

Letter of Instruction Guidelines

The Letter of Instruction meets a regulatory requirement under AR 600-20 as it is used to inform and educate selected guardians regarding the Service Member's wishes for care of their loved ones. (Please note that not all individuals requiring guardianship are presumed to be minor dependents, but this document will serve to address the basic needs of a minor whose parent's military service requires a Family Care Plan or FCP.) Soldiers in the process of composing or revalidating the required FCP will write a letter addressing multiple factors crucial to their child's general well-being. The following is a list of suggestions for composing an effective, easily understood letter.

- 1.) State who you are and explain your relationship to your dependent. Also, explain the reason the letter is being written. For example, I, Spc. Jane Doe, parent of Jon Doe, Jr., have made arrangements for Jon's care in the event I am unavailable. Feel free to use appropriate wording when explaining your relationship like legal guardian if you are not the parent to the child being discussed.
- 2.) List the names and all relevant contact information for each guardian listed on DA Form 5305. Remember, there is a good chance that your guardians may need to communicate with one another to arrange necessary transportation, transferring of guardianship, etc.
- 3.) Explain how you plan to financially provide for your child's basic needs. Examples of questions to ask yourself when considering financial support are: Does the long term-guardian have shared account access? Can or would you prefer to set up an allotment? Once you have decided, outline your basic financial support plan within the letter. You can say simply, "My long-term guardian has been given a debit card to access a special account."
- 4.) If your child requires local, short-term childcare, list the name and address of the provider or child development center and the times and days your child attends. If your child does not require childcare perhaps they typically participate in after school functions such as sports or clubs. Let your guardians know this information as after school extracurricular activities may affect overall schedules and planning.
- 5.) If your child is school age list the school's name, location and phone number. It may also be beneficial to list the school hours and appropriate points of contact such as your child's teachers, coaches or other individuals involved in their daily care.
- 6.) Consider or address necessary documents the guardian may need if your child will relocate during the deployment such as medical records and transcripts.
- 7.) Is your child enrolled in the Exceptional Family Member Program? If so, consider how to best educate and provide information to the guardian regarding your child's needs and the assistance available throughout your deployment
- 8.) List your child's healthcare provider and physician's name, address and phone number.

In your absence, the Letter of Instruction can also serve to remind the guardians of various issues, concerns and wishes you may have regarding your child's care. Here are a few suggestions to complete the letter: basic household rules like bedtimes and curfews - allergies or dietary restrictions -child's hobbies/chores -Additional special or unique needs unknown to the guardian.

FAMILY CARE PLAN COUNSELING CHECKLIST

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Section 3013; Secretary of the Army; AR 600-20, Army Command Policy.

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: The "Routine Uses" set forth in the system of records notice (SORN) are applicable to this collection.

DISCLOSURE: Voluntary. However, failure to maintain a DA Form 5305, Family Care Plan could subject the Soldier to separation, administrative action or disciplinary action under the UCMJ.

SORN: A0600-8-104b AHRC; Official Military Personnel Record (August 18, 2004, 69 FR 51271).

Careful planning is required to ensure adequate care of family members while performing required military duties. Pregnant soldiers, single parents, and dual-military couples with family members will be counseled in accordance with AR 600-20. The soldier and the commanding officer (*or designated representative*) will initial each item on the checklist.

PART I - ACTIVE ARMY AND RESERVE COMPONENT	SOLDIER	COMMANDER
A. I am receiving Family Care Plan counseling by my commander (<i>or designated representative</i>) because my current family status is:		
1. A pregnant soldier who:		
a. Has no spouse; is divorced; widowed, or separated; or is residing without her spouse.		
b. Is married to another service member of RA or USAR/ARNG of any service (<i>Army, Air Force, Navy, Marines, Coast Guard</i>).		
2. A soldier who has no spouse; is divorced, widowed, or separated or is residing apart from his/her spouse; who has joint or full legal and physical custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
3. A soldier who is divorced (<i>not remarried</i>) and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the soldier's care in excess of 30 consecutive days.		
4. A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.		
5. A soldier categorized as half of a dual-military couple of RA or USAR/ARNG of any service (<i>Army, Air Force, Navy, Marines, Coast Guard</i>) who has joint or full legal custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
B. I understand that I must arrange for the care of my family member(s) so as to be: (1) Available for duty when and where the needs of the Army dictate; (2) Able to perform my assigned military duties without interference of family responsibilities.		
C. I have been counseled on the importance of:		
1. Selecting qualified, reliable, and stable guardians (<i>temporary and long-term</i>), whom I would have no reservations about entrusting the sole care of my family members, and who are both capable and willing to care for them in my absence.		
2. Providing maximum information to 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 member(s).		
3. Providing all necessary documentation and financial support so that the designated guardians have everything necessary to act in that capacity.		
D. I understand that designated guardians must be able to assume responsibility for my family member(s) during any periods of absence to include: during duty hours, alerts, field duty, roster duty, TDY, deployments, AT, MUTAs, ADT, or in the event of hospitalization, or other periods of absence for military duty, emergencies or unexpected circumstances.		
E. I understand that I am fully responsible for making all necessary arrangements (<i>housing, educational, legal, transportation, financial, religious, special, etc.</i>) to ensure a smooth, rapid turnover of family member care responsibilities in case the plan is implemented.		
F. I understand that I must initiate legal documentation such as the power of attorney for guardianship (<i>DA Form 5841, Powers of Attorney</i>) which will authorize guardian(s) to act in loco parentis; to perform any and all acts as fully to all intents and purposes as I might or could if personally present; to authorize for the care and treatment of my family member(s) regardless of whether on an emergency basis, or for routine care, including all major surgery deemed necessary by a duly licensed staff physician at any military or civilian hospital; to register my child(ren) in school, and to grant or to withhold permissions as my attorney shall deem appropriate.		
G. I understand that designated guardians must submit notarized certificates of acceptance (<i>DA Form 5840, Certificate of Acceptance as Guardian or Escort</i>) agreeing to accept full responsibility for my family member(s); attesting that they have received all necessary and essential documents; and attesting to the fact that they have been provided information on how to gain access to military/civilian facilities, services, entitlements and benefits on behalf of my family member(s).		

PART I - ACTIVE ARMY AND RESERVE COMPONENT (Continued)		SOLDIER	COMMANDER
H. I understand that I must maintain in my Family Care Plan, a DD Form 1172-2, Application for Identification Card/ DEERS Enrollment for each family member to ensure the issue/renewal of Uniformed Services Identification Cards in my absence.			
I. I understand that my DA Form 5305, Family Care Plan must be updated and recertified by my commander at least annually (more often if required by my commander or mission of my unit), or in the event of any change in my family status, guardians, legal custody, duty station, etc.			
J. I understand that it is strongly encouraged (though not mandatory) that I ensure that I have an updated will which specifies my desires concerning custody of my family member(s) in the event of my death.			
K. I understand that there are voluntary and involuntary procedures for my separation from military service when my parental responsibilities interfere with the performance of my military duties.			
L. I understand that I will receive no special consideration in duty assignments or duty stations based on my responsibility for my family member(s) unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 608-75.			
M. I understand that I am fully responsible for all transportation arrangements and costs pertaining to transportation of family member(s) to guardian or guardian to dependent family member(s).			
N. If I am assigned OCONUS, I understand that I must identify an escort for my family member(s) in the event that Noncombatant Evacuation Operations (NEO) are put into effect.			
O. If NEO procedures are not initiated at the time I am required to implement my DA Form 5305, Family Care Plan, I understand that I may request the opportunity to personally escort my family member(s) back to CONUS if time and the nature of the military situation permits, and my commander approves. I also understand that I may request approval for the designated guardian to reside in my government quarters in my absence. I further understand that the Army will not be responsible for reimbursement of any travel costs incurred by the guardian or escort unless they are otherwise eligible under their own military family member status.			
P. I understand that members of a dual-military couple may submit the same basic DA Form 5305, Family Care Plan to both commanders, provided that neither military member is identified as the long-term guardian in the plan. The original DA Form 5305, Family Care Plan will be maintained by the commander of the military member least likely to deploy, with a copy of the DA Form 5305, Family Care Plan forwarded to the spouse's commander. If both military members are equally likely to deploy, the original will be filed with the Army member's commander and a copy with the commander of the other service. If both are Army members and equally likely to deploy, it is inconsequential which commander has the original, so long as both commanders have copies in the unit files.			
Q. I understand that I should provide letters of instruction outlining all special arrangements and instructions the guardians or escort should be aware of.			
R. I have received copies of all the required forms and documentation, and know whom to contact in the event I have additional questions or need additional assistance in preparing the DA Form 5305, Family Care Plan.			
S. I understand that I must submit the complete DA Form 5305, Family Care Plan with all attendant documents to my commander within the time limits specified by my commander (or designated representative): <input type="checkbox"/> RA 30 days from date of this counseling session. <input type="checkbox"/> USAR/ARNG 60 days from date of this counseling session.			
T. I understand that it is my responsibility to notify my commander in advance if I am aware of any circumstances beyond my control that might prevent me from meeting the submission deadlines. The commander is authorized to grant a one-time extension of 30 days based on extenuating circumstances.			
PART II - ACTIVE ARMY AND RC SERVING ON ACTIVE DUTY			
Policies, Provisions, Entitlements, Benefits, and Services:			
A. Policies governing deletion or deferment from assignment instructions because of personal reasons. See AR 600-8-11 (RA enlisted), AR 614-100 (RA officers) or AR 135-91 (USAR/ARNG).			
B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours (including unaccompanied tours). The needs of the Service provide the basis for selecting a soldier for reassignment in accordance with AR 614-30, AR 614-200, and AR 614-100.			
C. Entitlements to assignment of government or pay of basic allowances for quarters. See AR 37-104-4.			
D. Policies governing entitlement to basic allowance for subsistence, application procedures, and payment. These are contained in AR 37-104-4 and DoD Financial Management Regulation Volume 7A.			
E. Provisions for applying for concurrent travel of family members when alerted for overseas movement. Approved joint domicile assignments do not constitute authority to move family members to the overseas command at government expense. Application for family member travel must be made in accordance with AR 55-46.			

PART II - ACTIVE ARMY		SOLDIER	COMMANDER
F. Eligibility requirements for shipment of household goods to the next permanent duty station at government expense. See Joint Travel Regulation (JTR).			
G. The entitlement to government paid transportation of family members to the next permanent duty station. See JTR. Transportation allowances for dependent family member movement will be paid for under the following conditions:			
1. If traveling in a PCS status between CONUS permanent duty stations. However, family members are not authorized to move to or from TDY stations at government expense.			
2. If traveling to, from, or between OCONUS duty stations in PCS status provided tour length requirements have been satisfied. See Section III of AR 55-46 regarding tour length requirements to qualify for family member movement to, from and between overseas areas.			
H. The status of noncommand sponsored family members in the overseas command. See paragraph 1-17, AR 55-46.			
I. Services provided by the Army Community Services (ACS) regarding financial planning. See, AR 608-1.			
J. Services available from Personal Assistance Points at major points of embarkation in the CONUS.			
K. Maternity counseling for pregnant single soldiers on the costs of child bearing and raising.			
L. Provisions of TRICARE.			
PART III - MILITARY SPOUSE AND SPOUSE'S COMMANDER CERTIFICATION			
A. Military spouse: <i>We have been counseled on our responsibilities to the military service and our family member (s.)</i>			
1. SIGNATURE OF SPOUSE	2. DATE (YYYYMMDD)		
3. TYPED OR PRINTED NAME OF SPOUSE			
B. Spouse's commander: <i>I have provided counseling for the military spouse assigned to my unit concerning Family Care Plan requirements.</i>			
1. SIGNATURE OF SPOUSE'S COMMANDER	2. DATE (YYYYMMDD)	3a. UNIT ADDRESS	
4. TYPED OR PRINTED NAME OF SPOUSE'S COMMANDER		b. E-MAIL ADDRESS	
PART IV - SOLDIER AND COMMANDER CERTIFICATION			
A. Soldier: <i>I have been counseled on my responsibilities to the Army and to my family member(s).</i>			
1. SIGNATURE OF SOLDIER	2. DATE (YYYYMMDD)		
3. TYPED OR PRINTED NAME OF SOLDIER			
B. Soldier's commander: <i>I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).</i>			
1. SIGNATURE OF SOLDIER'S COMMANDER	2. DATE (YYYYMMDD)	3a. UNIT ADDRESS	
4. TYPED OR PRINTED NAME OF SOLDIER'S COMMANDER		b. E-MAIL ADDRESS	

CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: Guardian's agreement to care for a soldier's child(ren) in his or her absence.

ROUTINE USES: The "Routine Uses" set forth in the system of records notice (SORN) are applicable to this collection.

DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of a Soldier's Family Care Plan.

SORN: A0600-8-104b AHRC; Official Military Personnel Record (August 18, 2004, 69 FR 51271).

I _____ was provided an original DA Form 5841
(*Power of Attorney*) or other legally sufficient authority naming me as guardian/escort for:

NAME (s) / AGE (s) OF FAMILY MEMBERS

family members of:

NAME (s)

I agree to accept responsibility for these family members. I have received all necessary documents required to provide financial, medical, educational, quarters, and subsistence support for these family members. I have been briefed on procedures for accessing military/civilian facilities, services, benefits, and entitlements on behalf of these family members.

TYPED OR PRINTED NAME OF GUARDIAN		ADDRESS (Include ZIP Code)
SIGNATURE	DATE (YYYY/MM/DD)	
TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS

NOTARY:

STATE OF _____
COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(Notary Public)

My commission expires: _____

POWER OF ATTORNEY

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

SPECIAL INSTRUCTIONS RELATED TO EXECUTION OF POWERS OF ATTORNEY

The DA Form 5841 is a special power of attorney (POA) that may be used to authorize a person to take care of your child(ren) in your absence. It is important that you understand that you are not required to use **this** POA for your Family Care Plan. You may seek legal assistance to have a different POA drafted that better provides for your family members if you so desire. You must also understand that depending on the law or other requirements where your child(ren) will be living, a POA may not always be effective for your designated guardian to care for your child(ren) under any or all circumstances. You may seek legal assistance to advise you about the effectiveness of DA Form 5841, other POAs or any other matters in your Family Care Plan.

It is very important that the following persons be shown the POA or other appropriate documentation for the purpose of determining whether they will honor it:

Doctors, dentists, and hospital officials or other health care providers who may be called upon to treat your child(ren).

Any school officials or other officials who may need your permission to provide services for your child (ren) or register your child(ren) in school.

If the persons identified above will not honor the POA, you must ask to be provided powers of attorney or other documents that will be honored. You should show this POA or other documentation to all facilities, institutions, and individuals to ensure they will recognize it for the purposes you have intended.

You must understand that a POA will **not** prevent another person, such as a non-custodial parent or relative of your child(ren), from petitioning a court of competent jurisdiction to obtain temporary or permanent custody of your children

POWER OF ATTORNEY

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To designate a guardian to care for your child(ren) in your absence. For additional information see the System of Records Notice(s) A0600-8-104b AHRC; Official Military Personnel Record (<https://dpcl.d.defense.gov/Privacy/SORNs/Index/DOD-Component-Notices/Army-Article-List/>).

ROUTINE USES: There is no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntray. However, failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____,
of the state of _____, a
member of the United States Armed Forces, currently residing in _____,
_____, pursuant to Military Orders, do hereby appoint
_____, presently residing at _____,
_____, my true and lawful attorney-in-fact to do the
following acts or things in my name and in my behalf:

To assume and maintain guardianship of my child (ren),

_____;
to do all acts necessary or desirable for maintaining health, education, and welfare; and to maintain customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any of them by qualified medical or dental personnel.

I hereby give and grant individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto. I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZED MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I authorize by attorney-in-fact to hire legal counsel in order to carry out the provisions of this document or determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

POWER OF ATTORNEY

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____.

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date _____, State of _____, County of _____.

GRANTOR'S SIGNATURE

ACKNOWLEDGMENT

I, the undersigned, certify that I am a fully commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared _____,

_____, who is known by me to be the person who is described herein, whose name is subscribed to, and who signed the Power of Attorney as grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my seal this _____ day of _____,

STATE OF _____

COUNTY OF _____

Acknowledged before me this _____ day of _____.

(NOTARY PUBLIC)

My commission expires: _____

PARENTAL CONSENT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To record the agreement of both parents with their child's custodial arrangement as documented in the Family Care Plan. For additional information see the System of Records Notice(s) A0600-8-104b AHRC; Official Military Personnel Record (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary. However, failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

In accordance with this agreement the parties confirm the following stipulations of fact and terms of agreement: _____,
a member of the United States Army, (hereinafter "the Soldier"), and _____ are the parents of _____
(hereinafter "the child"), date of birth _____, born in _____.

The child currently resides primarily with _____ at _____.

____ a. As a function of performing military duties, the Soldier may have to perform temporary duty, be deployed, or otherwise not be available to care for the minor child.

____ b. The Soldier has been notified that he or she is to be temporarily deployed. The time period of deployment has been estimated to be _____ in length. As a matter of military necessity, the minor child will not be able to reside with, or exercise access to the Soldier during this time. *(Initial appropriate paragraph)*

The parties agree that each has reviewed the attached Family Care Plan as set forth in Form DA Form 5305, which indicates that for the time period that the Soldier is absent, _____ is to serve as the minor child's temporary physical guardian.

The parties agree that during this period the minor child will reside at _____.

The parties agree that each will cooperate with the execution of any additional documentation as may be necessary to facilitate the designation of physical custody to the temporary guardian and effectuate this consent.

By the signatures below, each party indicates their consent to the arrangements outlined in the attached Family Care Plan and this agreement.

(SOLDIER'S SIGNATURE)

STATE OF _____ COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(NOTARY PUBLIC)

My commission expires: _____

(OTHER PARENT'S SIGNATURE)

STATE OF _____ COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(NOTARY PUBLIC)

My commission expires: _____

FAMILY CARE PLAN PRELIMINARY SCREENING

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To emphasize to Soldiers the significance of their responsibilities to the military service and their family members while performing military duties. For additional information see the System of Records Notice(s) A0600-8-104b AHRC; Official Military Personnel Record (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).

ROUTINE USES: There is no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary. However, failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

PART I - COUNSELING

INITIALS

I have been counseled that:

1. The Family Care Plan is not a legal document that can change a court mandated custodial arrangement, nor can it interfere with a parent's right to custody of his/her child. Its sole purpose is to document for Army purposes the plan by which Soldiers provide for the care of their Family Members when military duties prevent the Soldier from doing so.

2. The best way to plan and care for my minor child/children is to obtain a court order identifying who will have temporary custody of my minor child/children in the event that I am unable or unavailable to care for them.

3. If I have an existing court order, removal of the child from the state or modification of the provisions of the order without the courts review and consent may be a violation of the court order and could result in civil action or criminal charges against me.

4. If inconsistencies exist between this Plan and any court order or decree, the court order will have greater legal effect.

PART II - SCREENING CHECKLIST

YES

NO

STOP

1. a. Is the other parent of the child/children alive?

☐
☐

If no, then STOP

b. If Yes, does your Family Care Plan designate this person as the guardian of the child/children?

☐
☐

If yes, then STOP

2. a. Is there a court order or separation agreement concerning the custody of your child/children?

☐
☐

If no, go to Question 3

b. If Yes, does the order or agreement provide for an alternate custody arrangement if you are unable to exercise your custody rights?

☐
☐

If no, go to Question 3

c. If Yes, does the designation of the guardian of the child/children under the Family Care Plan comply with the provisions of the court order or marital separation agreement?

☐
☐

If yes, then STOP

3. If the other parent is not designated as the guardian of the child under the Family Care Plan, has that person consented to the designation of the guardian of the child/children under the Family Care Plan?

☐
☐

If yes, then STOP

WARNING: If you did not reach a STOP, then your designation of a guardian under the Family Care Plan may be at risk of challenge by the other parent. Even if the other parent has consented, if your designation is inconsistent with the terms of a court order, you may be at risk of being in contempt of court. You should consult with an attorney to determine if your Family Care Plan is at risk and if so, what steps you can take to protect yourself.

PART III - SOLDIER CERTIFICATION

Soldier: I have been counseled as indicated above and have read and understand the information regarding designation of a guardian.

1. TYPED OR PRINTED NAME

3. DATE (YYYYMMDD)

2. SIGNATURE OF SOLDIER

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT <i>Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.</i>										OMB No. 0704-0415 OMB approval expires 20230430		
SECTION I - SPONSOR/EMPLOYEE INFORMATION												
1. NAME (Last, First, Middle)				2. GENDER		3. SSN OR DoD ID NO.		4. STATUS		5. ORGANIZATION		
6. PAY GRADE		7. GEN. CAT		8. CITIZENSHIP		9. DATE OF BIRTH (YYYYMMDD)			10. PLACE OF BIRTH			
11. CURRENT HOME ADDRESS				12. CITY		13. STATE		14. ZIP CODE		15. COUNTRY		
16. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications				17. TELEPHONE NUMBER (Include Area Code/DSN)		18. CITY OF DUTY LOCATION		19. STATE OF DUTY LOCATION		20. COUNTRY OF DUTY LOCATION		
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS												
21. REMARKS (Cite legal documentation, as applicable.)										NOTARY SIGNATURE AND SEAL		
I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)												
22. SPONSOR/EMPLOYEE SIGNATURE										23. DATE SIGNED (YYYYMMDD)		
SECTION III - AUTHORIZED BY												
24. SPONSORING OFFICE NAME										25. CONTRACT NUMBER		
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)				27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)			28. OFFICE EMAIL ADDRESS		29. OVERSEAS ASSIGNMENT (Country)			
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)			32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)			33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)			
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.												
34. SPONSORING OFFICIAL NAME (Last, First, Middle)						35. UNIT/ORGANIZATION NAME						
36. TITLE				37. PAY GRADE		38. SIGNATURE				39. DATE VERIFIED (YYYYMMDD)		
SECTION IV - VERIFIED BY												
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)				41. SITE IDENTIFICATION		42. TELEPHONE NUMBER (Include Area Code/DSN)		43. SIGNATURE				
SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)												
A	44. NAME (Last, First, Middle)				45. GENDER		46. DATE OF BIRTH (YYYYMMDD)		47. RELATIONSHIP		48. SSN OR DoD ID NO.	
	49. CURRENT HOME ADDRESS						50. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)			51. TELEPHONE NUMBER (Include Area Code/DSN)		
	52. CITY			53. STATE		54. ZIP CODE		55. COUNTRY		56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)		57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
B	58. NAME (Last, First, Middle)				59. GENDER		60. DATE OF BIRTH (YYYYMMDD)		61. RELATIONSHIP		62. SSN OR DoD ID NO.	
	63. CURRENT HOME ADDRESS						64. PRIMARY EMAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)			65. TELEPHONE NUMBER (Include Area Code/DSN)		
	66. CITY			67. STATE		68. ZIP CODE		69. COUNTRY		70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)		71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)
SECTION VI - RECEIPT												
Receipt of new card is acknowledged.												
72. SIGNATURE										73. DATE ISSUED (YYYYMMDD)		

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whd.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION.
RETURN COMPLETED FORM TO A REAL-TIME AUTOMATED PERSONNEL IDENTIFICATION SYSTEM WORK STATION.**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 53, Miscellaneous Rights and Benefits; 10 U.S.C. Chapter 54, Commissary and Exchange Benefits; 50 U.S.C. Chapter 23, Internal Security; DoD Instruction 1341.2, Defense Enrollment Eligibility Reporting System (DEERS) Procedures; Homeland Security Presidential Directive 12, Policy for a Common Identification Standard for Federal Employees and Contractors; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To apply for and enroll in the Defense Enrollment Eligibility Reporting System (DEERS) for DoD benefits and privileges. These benefits and privileges include, but are not limited to, medical coverage, DoD Identification Cards, access to DoD installations, buildings or facilities, and access to DoD computer systems and networks.

ROUTINE USE(S): To Federal and State agencies and private entities; individual providers of care, and others, on matters relating to claim adjudication, program abuse, utilization review; professional quality assurance; medical peer review, program integrity, third party liability, coordination of benefits and civil and criminal litigation, and access to Federal government and contractor facilities, computer systems, networks, and controlled areas. The DD Form 1172-2 currently covers the RUs that would include retirees and dependents. To the Department of Health and Human Services, the Department of Veterans Affairs, the Social Security Administration, and to other Federal, state, and local government agencies to identify individuals having benefit eligibility in another plan or program. Additional Routine Uses can be found in system of records notice DMDC 02, at: <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DMDC-02-DoD.pdf?ver=2019-12-09-111827-743>

Applicant information is subject to computer matching within the Department of Defense or with other Federal or non-Federal agencies. Matching programs are conducted to assure that an individual eligible under a Federal program is not improperly receiving duplicate benefits from another program. A beneficiary or former beneficiary who has applied for privileges of a Federal Benefit Program and has received concurrent assistance under another plan will be subject to adjustment or recovery of any improper payments made or delinquent debts owed.

DISCLOSURE: Voluntary; however, failure to provide information may result in denial of a Uniformed Services Identification Card and/or non-enrollment in the Defense Enrollment Eligibility Reporting System, refusal to grant access to DoD installations, buildings, facilities, computer systems and networks.

Penalty for presenting false claims or making false statements in connection with claims: fine of up to \$10,000 or imprisonment for up to five years or both.

INSTRUCTIONS

The instructions for completing the DD Form 1172-2 should be closely followed to ensure accurate data collection and to preclude over collection of information. Section IV of this form should only be completed if benefits or sponsorship is being requested for/by an eligible sponsor or their dependent. Instructions for the DD Form 1172-2 can be found at: <http://www.cac.mil/Portals/53/Documents/1172-2-Instructions.pdf>.

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, Members of the Army, Navy, Air Force, and Marine Corps; contract surgeons.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: To the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. Additional routine uses may be found in the applicable system of records notices: T7340, Defense Joint Military Pay System-Active Component; M01040-3, Marine Corps Manpower Management Information System Records; and T7347b, Defense Military Retiree and Annuity Pay System Records. They can be found at <http://dpcid.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		2. NAME OF ALLOTTER (Last, First, Middle Initial) (Print or type)		3. DoD ID NUMBER	4. PAY GRADE
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)			6. DAYTIME TELEPHONE NUMBER (Include Area Code)	7. EFFECTIVE DATE (YYYYMM)	8. MONTHLY AMOUNT OF ALLOTMENT \$
9. NAME OF ALLOTTEE (First, Middle Initial, Last)			10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE		11. TERM IN MONTHS
12. CREDIT LINE (If applicable)			13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> OTHER (Specify)		
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code)			18. ACCOUNT NUMBER/POLICY NUMBER <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)					
16. REMARKS			19. TOTAL CLASS L AMOUNT \$		
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER			20. TOTAL CLASS T AMOUNT \$		

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct;
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

Under penalty of the Uniform Code of Military Justice, I certify that this allotment is NOT for the purchase, lease, or rental of personal property or payment toward personal property.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
----------------------------------	----------------------------

NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.

FAMILY CARE PLAN

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To document for Army purposes the plan by which Soldier's provide for the care of their family when military duties prevent the Soldier from doing so.

ROUTINE USES: The "Routine Uses" set forth in the system of records notice (SORN) are applicable to this collection.

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

SORN: A0600-8-104b AHRC; Official Military Personnel Record (August 18, 2004, 69 FR 51271).

PART I - SOLDIER'S FAMILY CARE

<p>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.</p>	INITIALS															
<p>B. I have made and will maintain arrangements for the care of my family members during all the following:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. Duty</td> <td style="width: 33%;">6. Temporary Duty</td> <td style="width: 33%;">11. Deployment</td> </tr> <tr> <td>2. Exercises/field duty</td> <td>7. Unit Training Assembly</td> <td>12. Other Military Duty</td> </tr> <tr> <td>3. Permanent Change of Station</td> <td>8. Active Duty Training</td> <td>13. Emergencies</td> </tr> <tr> <td>4. Alerts</td> <td>9. Unaccompanied Tours</td> <td>14. Leave/non-duty Time</td> </tr> <tr> <td>5. Annual Training</td> <td>10. Mobilization</td> <td></td> </tr> </table>	1. Duty	6. Temporary Duty	11. Deployment	2. Exercises/field duty	7. Unit Training Assembly	12. Other Military Duty	3. Permanent Change of Station	8. Active Duty Training	13. Emergencies	4. Alerts	9. Unaccompanied Tours	14. Leave/non-duty Time	5. Annual Training	10. Mobilization		
1. Duty	6. Temporary Duty	11. Deployment														
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3. Permanent Change of Station	8. Active Duty Training	13. Emergencies														
4. Alerts	9. Unaccompanied Tours	14. Leave/non-duty Time														
5. Annual Training	10. Mobilization															
<p>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:</p>																
<p>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.</p>																
<p>2. Nonavailability for worldwide assignment and/or unit deployment may lead to my separation from the Army.</p>																
<p>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.</p>																
<p>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.</p>																
<p>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.</p>																
<p>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.</p>																
<p>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.</p>																
<p>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.</p>																
<p>F. A copy of DA Form 5841 (Power of Attorney) or equivalent documents and a copy of DA Form 5840 (Certificate of Acceptance as Guardian or Escort) for each escort or guardian whether temporary or long-term is attached to this plan.</p>																
<p>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.</p>																
<p>1. DD Form 1172 (Application for Uniformed Services Identification Card - DEERS Enrollment) for each family member whether they have a currently valid ID card or not.</p>																
<p>2. DD Form 2558 (Authorization to Start, Stop or Change an Allotment) or other proof of financial support for expenses incurred by guardian and family members.</p>																
<p>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.</p>																
<p>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.</p>																
<p>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.</p>																

PART II - DESIGNATION OF GUARDIANS/ESCORTS

<p>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.</p>	
<p>1. TYPED OR PRINTED NAME</p>	<p>2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable)</p>
<p>3. TELEPHONE NUMBER (Include Area Code)</p>	<p>2b. E- MAIL ADDRESS</p>

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. Recertification	a. INIT. DATE	b. INIT. DATE	c. INIT. DATE	d. INIT. DATE	e. INIT. DATE
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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
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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. Recertification	a. INIT. DATE	b. INIT. DATE	c. INIT. DATE	d. INIT. DATE	e. INIT. DATE
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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
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Army Family Care Plan Policy

RFI #11

21-22 March 2023

Presented by: Command Policy and Programs Division
HQDA, Office of the Deputy Chief of Staff, G-1



Agenda

- When is a FCP required?
- Who is required to maintain a FCP?
- Required Documentation and Timeframe
- Army Parenthood Separation Trends



When is a FCP required?

- Regular Army:
 - Deployment/Unaccompanied Tours
 - TDY
 - Or otherwise not available due to military requirements
- Army Reserve/National Guard
 - Any period of absence for annual training
 - Regularly scheduled unit training assemblies
 - Emergency mobilization/deployment
 - Any other type of active-duty assembly

* Governed by Department of Defense Instruction 1342.19 (Family Care Plans), Department of Defense Instruction 1315.18 (Procedures for Military Personnel Assignments), Army Directive 2202-06 (Parenthood, Pregnancy, and Postpartum), and Army Regulation 600-20 (Army Command Policy)



Who is required to maintain a FCP?

- Pregnant Soldier:
 - Without spouse or not residing with spouse
 - Married to another service member in active or reserve status of any service
- Soldier who has joint or full legal custody of one or more family members under the age of 18
 - Without spouse or not residing with spouse
 - Married to another service member in active or reserve status of any service
- Soldier who is divorced and not remarried, and has liberal or extended visitation rights by court decree that allows the family member to be solely in the Soldier's care in excess of 30 days
- Soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance; or who has adult Family members incapable of self-care regardless of age
- Soldier categorized as half of a dual-military couple on active or reserve status who has joint or full custody of more of more family members under age 19 or who has adult family members incapable of self care regardless of age
- Additionally, Commanders can require any Soldier to complete a family care plan when parenthood interferes with military responsibilities.



Required Documentation and Timeframe

Required Documentation

- DA Form 5304 Family Care Plan Counseling Checklist
- DA Form 5305 Family Care Plan (*Unit Commander is the sole approving authority, cannot be delegated*)
- DA Form 5841* - Power of Attorney (both long- and short-term providers)
- DA Form 5840* - Certificate of Acceptance as guardian or escort
- DD Form 1172-2 Application for Identification Card/Defense Enrollment Eligibility Reporting System for each family member
- DD Form 2558 Authorization to Start, Stop, or Change an Allotment, for active or retired personnel, unsigned until deployment, or other proof of financial support arrangements
- Letter of Instruction to the guardian or escort, outlining all special instructions concerning the care of family members
- If appropriate, DA Form 7666* - Parental Consent

Timeframe for Completion

- Counseling Checklist will be used upon arrival of service member at the unit of assignment
- Active Component: 30 days from counseling date
- Reserve Component: 60 days from counseling date
- Recertified Annually

Pregnant Soldiers

- No later than 60 days prior to date of birth and recertified following the birth

Commander may grant an additional 30 days for any of the timeframes listed

**Notary required for DA Forms: 5841, 5840, and 7666*



Parenthood Separation Trends by Gender

Chapter	Name	Gender	FY18	FY19	FY20	FY21	FY22
Chp 5 (Convenience of Gov't)	Parenthood	F	571	546	527	447	587
Chp 5 (Convenience of Gov't)	Parenthood	M	245	195	220	199	276
Chp 6 (Dependency/Hardship)	Parenthood	F	4	3	9	7	8
Chp 6 (Dependency/Hardship)	Parenthood	M	4	1	2	3	5

Chapter 5-8 (Convenience of Government)

The commander is required to initiate separation proceedings under Chapter 5-8 for any interference with military duties arising from family responsibilities. Prior to initiating separation action, commanders must counsel Soldiers about providing a plan and the adverse consequences that can result if they fail to provide a workable plan.

Chapter 6 (Separation because of Dependency or Hardship)

- Dependency exists when death of a member of a Soldier's (or spouse's) immediate Family or disability causes the immediate Family to rely upon the Soldier for principal care or support and cannot be provided while on active duty.
- Hardship exists in cases not involving death or disability.
- Parenthood: The Soldier must submit evidence that the roles of parent and Soldier are clearly incompatible and that the Soldier cannot adequately fulfill his or her military obligation without neglecting the child or children may apply for Separation under hardship.



Parenthood Separation Trends by Marital Status

Chapter	Name	Marital Status	FY18	FY19	FY20	FY21	FY22
Chp 5 (Convenience of Gov't)	Parenthood	Divorced	133	97	110	76	126
Chp 5 (Convenience of Gov't)	Parenthood	Legally Separated	2	0	1	0	2
Chp 5 (Convenience of Gov't)	Parenthood	Married	547	499	490	453	589
Chp 5 (Convenience of Gov't)	Parenthood	Single	129	139	143	116	138
Chp 5 (Convenience of Gov't)	Parenthood	Widowed	5	6	2	1	8

Chapter	Name	Marital Status	FY18	FY19	FY20	FY21	FY22
Chp 6 (Dependency/Hardship)	Parenthood	Divorced	1	2	0	2	3
Chp 6 (Dependency/Hardship)	Parenthood	Married	5	2	10	7	7
Chp 6 (Dependency/Hardship)	Parenthood	Single	2	0	1	1	2
Chp 6 (Dependency/Hardship)	Parenthood	Widowed	0	0	0	0	1



Parenthood Separation Trends Total

Chapter	Name	FY18	FY19	FY20	FY21	FY22
Chapter 5 (Convenience of Gov't)	Parenthood	816	741	747	646	863
Chapter 6 (Dependency/Hardship)	Parenthood	8	4	11	10	13

Key facts:

- Soldier is considered non-deployable until the family care plan is validated and approved
- No policy requires a Soldier to surrender custody or guardianship
- Commanders may initiate involuntary separation proceedings against Soldiers who fail to provide and maintain adequate family care plans
- Chapter 5 (Convenience of the Government) is most common
- Type of Discharge: Honorable or General under Honorable Conditions