



The U.S. Army Enterprise EFMP

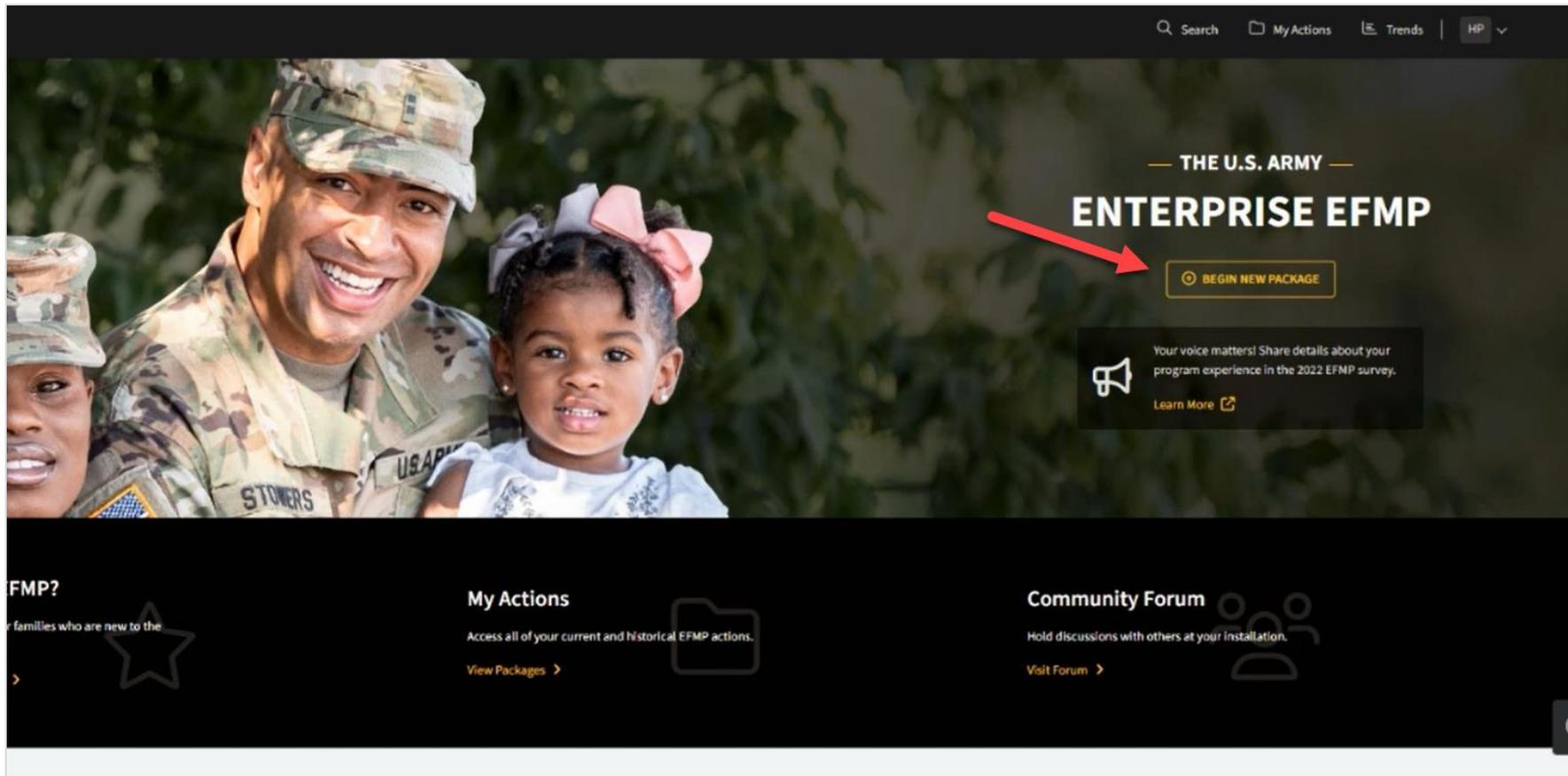
User Guide: Creating an
Enrollment or Enrollment
Update/Renewal as a Service
Member

General Information and Navigation Tips

- Contact your EFMP Office when seeking guidance about how to complete the FMTS Package.
- Your information is populated from DEERS. If you have any questions about information listed in the package or if it is incorrect, contact your EFMP Office for assistance.
- If there is a *red asterisk* * beside the question, that question is required to be answered.
- You can click the *question mark icon* for more information about a question. A pop-up with additional information will appear.
- Click *Continue* to proceed to the next page, and *Back* to return to the previous page.

Creating a New Package

From the landing page, click on *Begin New Package* to start.

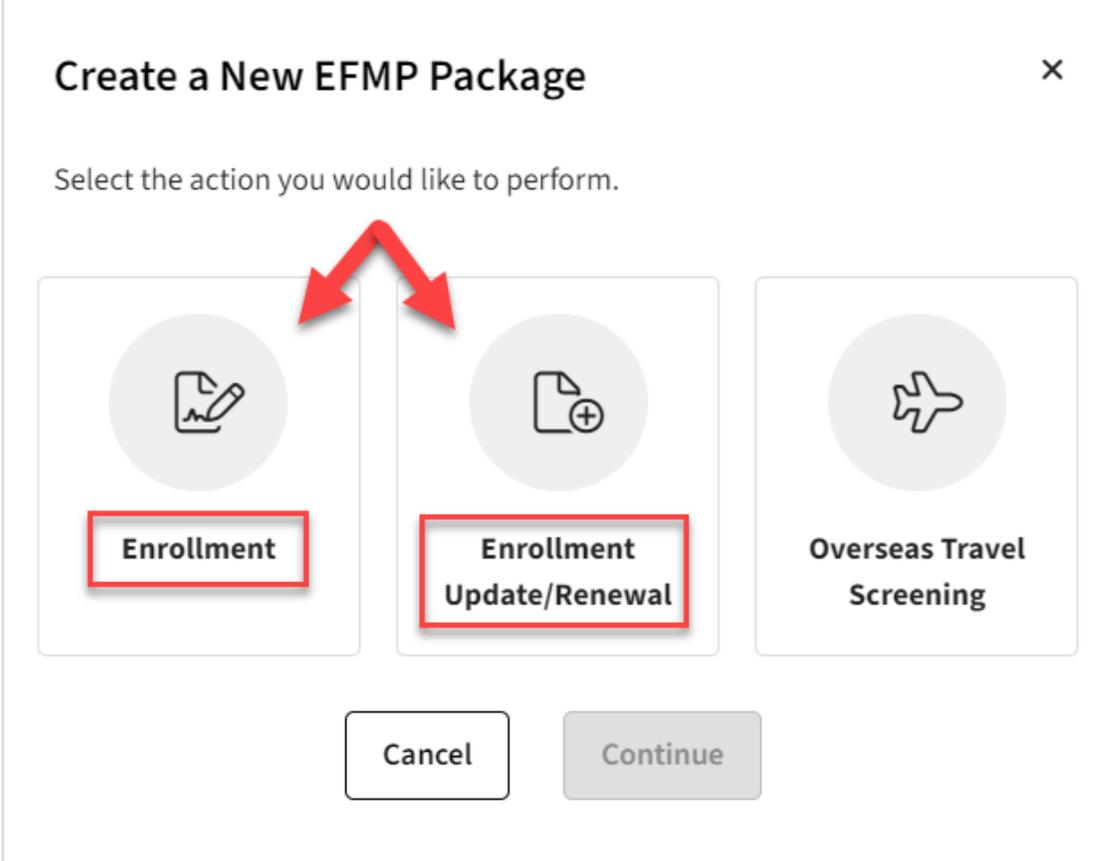


Creating a New Package

You will be asked to select a package type.

If your family member is currently or has previously been enrolled in EFMP, select “Enrollment Update/Renewal.” Otherwise, select “Enrollment.”

Click *Continue*.



The screenshot shows a dialog box titled "Create a New EFMP Package" with a close button (X) in the top right corner. Below the title is the instruction "Select the action you would like to perform." There are three selectable options, each with an icon and a label: "Enrollment" (document with pencil icon), "Enrollment Update/Renewal" (document with plus icon), and "Overseas Travel Screening" (airplane icon). The "Enrollment" and "Enrollment Update/Renewal" options are highlighted with red boxes, and two red arrows point to the "Enrollment Update/Renewal" option. At the bottom of the dialog are two buttons: "Cancel" and "Continue".

Creating a New Package

Next, you will be asked to select your current location. Select your *installation* from the dropdown and click *Save Changes*.

Set Your Current Location ×

Please select your current location. This should be where you are currently stationed. You will be able to select a separate location for processing your package in the next steps.

Current Installation

× ∨

Purpose & Disclosure

Read over and accept the Purpose & Disclosure agreement by checking the box below. Click *Acknowledge & Continue*.

If you created this package by mistake, you can delete the package prior to submission by clicking *Delete Package* at the top right of the screen.

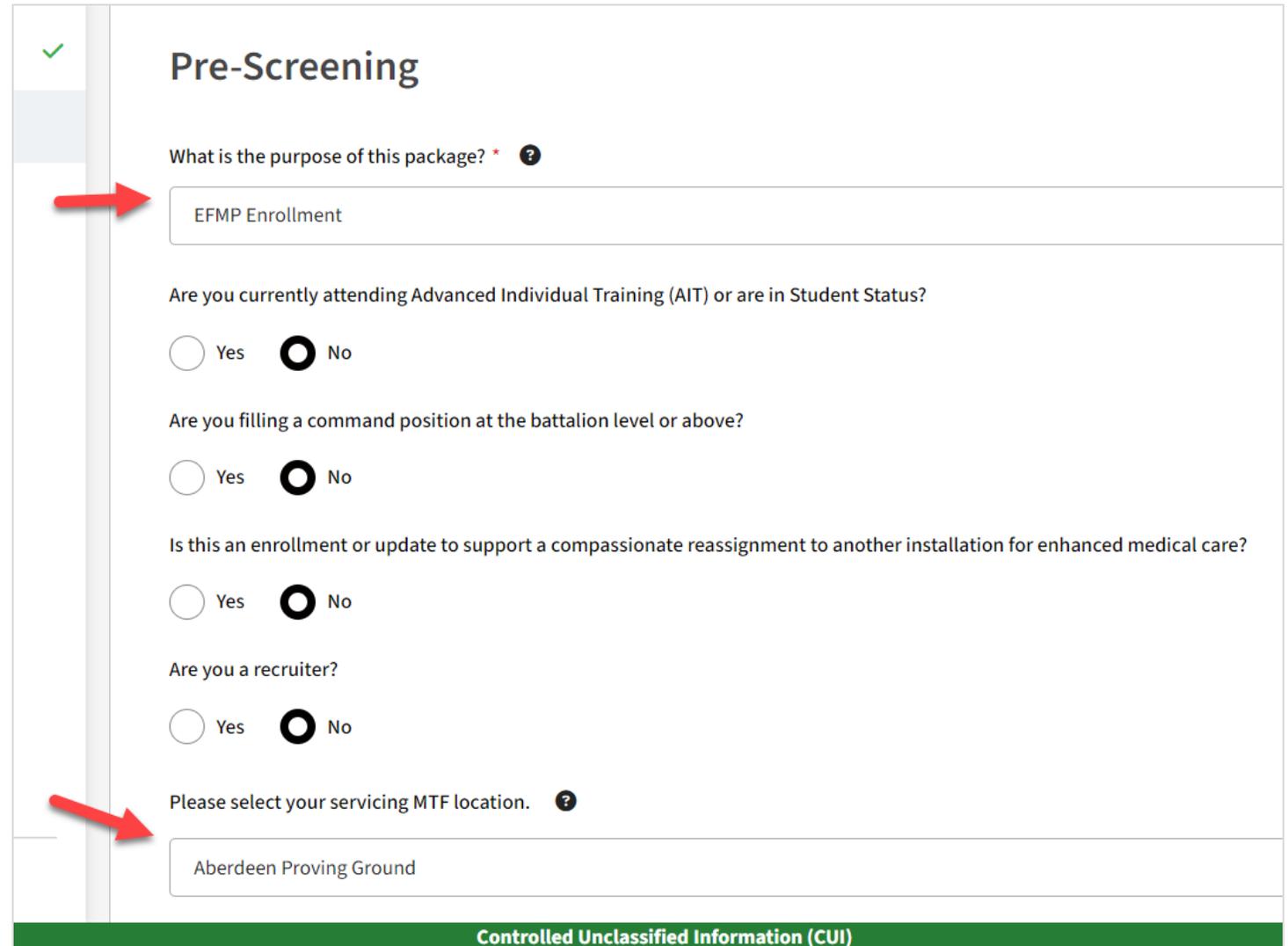
The screenshot displays the E-EFMP (Enterprise Exceptional Family Member Program) interface. At the top, the header includes the E-EFMP logo and navigation links for Search, My Actions, Trends, and a user profile (WC). The main content area is titled 'Package #2381' and shows a 'Delete Package' button in the top right corner. The left sidebar contains navigation options: 'Purpose & Disclosure' (selected), 'Pre-Screening', and 'Demographics'. The main content area displays the 'Purpose & Disclosure' agreement text, which includes sections for PURPOSE, PRINCIPAL PURPOSE(S), DISCLOSURE, and CONSENT FOR ELECTRONIC SIGNATURE. A red box highlights the checkbox labeled 'I accept the purpose & disclosure agreement', and a red arrow points to the 'Acknowledge & Continue' button. A green footer bar at the bottom indicates 'Controlled Unclassified Information (CUI)'.

Pre-Screening

Here you will begin the pre-screening. If the package purpose needs to be adjusted, you can do so on this page.

Answer all the Yes/No questions and select the appropriate Servicing MTF location.

Once all questions have been answered, click *Save & Continue* to proceed.



✓

Pre-Screening

What is the purpose of this package? * ?

EFMP Enrollment

Are you currently attending Advanced Individual Training (AIT) or are in Student Status?

Yes No

Are you filling a command position at the battalion level or above?

Yes No

Is this an enrollment or update to support a compassionate reassignment to another installation for enhanced medical care?

Yes No

Are you a recruiter?

Yes No

Please select your servicing MTF location. ?

Aberdeen Proving Ground

Controlled Unclassified Information (CUI)

Selecting a Family Member

Here you will find a list of your family members as populated by DEERS. Select the family member you wish to include in this package.

Please communicate with your local EFMP office if you see duplicate packages.

Enrollment Family Member

Please select which family member will be included in this package. Only one family member at a time can be selected for an enrollment package.

Dot Elodie Cayote (1343026611) 📅 Education enrollment expires 31 May 2026
Child / Age 1 / FEMALE (in DEERS)

i This Family Member has enrollments pending completion
Dot Elodie Cayote has the following enrollments pending completion. Please ensure a new enrollment is required before proceeding.

- Medical enrollment: package #2036 [Copy Package Id](#)
- Educational enrollment: package #2036 [Copy Package Id](#)

Ezra Sebastian Cayote (5225531387)
Spouse / Age 31 / MALE (in DEERS)

Back Continue

Reviewing a Family Member's Information

Indicate whether the package is supporting a compassionate reassignment. Before you can proceed, you will need to review your family member's information by clicking *Review Information* on the right.

EFMP Enrollment Family Member Information

Please step through and review each Family Member's information and determine their EFMP enrollment needs.

Is this an enrollment or update to support a compassionate reassignment to another installation for enhanced medical care?

Yes No

Dot Cayote
Child - Age: 2

 **Review Information**

Reviewing a Family Member's Information

Indicate if the selected family member will need a medical and/or educational enrollment. If you need an educational enrollment, you will be required to provide an IEP/IFSP.

Indicate if the family member is an adult and if they live with the sponsor. If they live elsewhere, you will be prompted to provide their address.

EFMP Enrollment - Dot Cayote

Does the family member require a **medical enrollment** update, renewal, or a change in EFMP status?
 Yes No

Does the family member require an **educational enrollment** update, renewal, or a change in EFMP status?
 Yes No

Do you have an IEP/IFSP to upload for the educational enrollment for this family member? *
 Yes No

Upload IEP/IFSP * 



Is this family member an adult who needs to fill out their own information? *
 Yes No

Does the family member reside with the sponsor? *
 Yes No

Please enter the address of family member's residence:

Address Line 1 *

Reviewing a Family Member's Information

Confirm the family member's demographic information and make updates as needed.

Demographics

Purpose of Application

EFMP Enrollment Or Update

First Name * Middle Name Last Name *

Dot Elodie Cayote

Gender (as stated in DEERS) * Date of Birth * DoD ID *

Female 09/07/2021 1343026611

Family Member Prefix ? DoD Benefits Number (DBN) ?

Does the family member reside with the sponsor? *

Yes No

Reviewing a Family Member's Information

Specify whether the family member has been previously enrolled in EFMP under a different sponsor or has a case manager. You will need to provide additional information if either are true.

Has this family member ever been enrolled in DEERS under a different sponsor's name or DoD ID? *

Yes No

Please enter the following information for the other sponsor:

Other Sponsor's DoD ID *

Other Sponsor's Service Branch *

Other Sponsor's First Name *

Other Sponsor's Last Name *

Does this family member receive case management services? *

Yes No

Please enter the following information about the case manager:

Location *

Case Manager Name *

Case Manager Email *

Case Manager Phone Number *

Reviewing a Family Member's Information

You will see a green checkmark indicating that the family member has been successfully reviewed. Click *Save & Continue* to proceed to the next step.

EFMP Enrollment Family Member Information

Please step through and review each Family Member's information and determine their EFMP enrollment needs.

Is this an enrollment or update to support a compassionate reassignment to another installation for enhanced medical care?

Yes No

 **Dot Cayote**
Child - Age: 2 Review Information

Disclosure Authorization

Read the DD 2792 Privacy Act Statement. To accept the agreement, click on the checkbox beside “I accept the Privacy Act statement agreement” and click Continue.

DD 2792 Privacy Act Statement

AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19; DoDI 1342.12.

PRINCIPAL PURPOSE(S): Information will be used by the Military Services during the Family Member Travel Screening portion of the assignment coordination process to identify Family Members with potential travel concerns, which may include medical, educational, and/or dental needs, to coordinate the availability of required services at the projected OCONUS or overseas location. Information submitted during this process will be used to capture fields for DA Forms 5888 and 7246. If determined to need EFMP Enrollment, then information will be captured for DD Forms 2792, 2792-1, and 2813.

The applicable SORNs and routine uses that apply can be found at: Air Force: F036 AF PC C: Military Personnel Records System at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/>; F044 AF SG U: Special Needs and Educational and Developmental Intervention Services at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwide-SORN-Article-View/Article/569875/f044-af-sg-u/>; Army: A0600-8-104b AHRC - Official Military Personnel Record at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/>; A0608b CFSC, Personnel Affairs: Army Community Service Assistance Files at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>
DHA: EDHA 07: Military Health Information System at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570672/edha-07/>
OSD/JS: DMDC 02 DoD: Defense Enrollment Eligibility Reporting Systems (DEERS) at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/>
DPR 34 DoD: Defense Civilian Personnel Data System at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570697/dpr-34-dod/>
EDHA 16 DoD: Special Needs Program Management Information System (SNPMIS) Records at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570679/edha-16-dod/>
DoDEA 29: DoDEA Non-DoD Schools Program at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570576/dodea-29/>
DoDEA 26: Department of Defense Education Activity Educational Records at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/>
Navy and Marine Corps: M01070-6: Marine Corps Official Military Personnel Files at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>
M01754-6: Exceptional Family Member Program Records at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570631/m01754-6/>
N01070-3: Navy Military Personnel Records System at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>
N01301-2: On-Line Distribution Information System (ODIS) at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570320/n01301-2/>

DISCLOSURE: Voluntary for civilian employees and applicants for civilian employment. Mandatory for military personnel: failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The DoD Identification (DoD ID) number of the sponsor (and sponsor’s spouse if dual military) allows the Military Healthcare System and Service personnel offices to work together to ensure any special medical needs of your dependent can be met at your next duty assignment. Dependent special needs are annotated in the official military personnel files which are retrieved by name and DoD ID number.

I accept the Privacy Act statement agreement

Back

Continue

Disclosure Authorization

Read the Authorization For Disclosure of Medical Information. To accept the agreement, click on the checkbox beside “I accept the purpose and disclosure agreement.”

Click Add Signature and draw or type your signature in the modal. You will have the option to save this signature for later use.

Click Accept & Sign to add your signature, then on Continue to proceed.

Authorization For Disclosure of Medical Information

Per DoD Instruction, Service members are required to enroll in the EFMP if they have a family member with a qualifying medical condition. Accordingly, the Sponsor will have access to the health information contained herein during the accomplishment and submission of this application. By signing the below authorization for disclosure of medical information you acknowledge your sponsor may have access to the health information contained herein. The authorization for sponsor access is terminated once the application is received by EFMP. The sponsor may be held accountable for the accuracy and completeness of the DD Form 2792 and should review all pages prior to signing the form certification later on in the process.

I authorize the MTF and, if applicable, civilian provider(s) to release my patient information to the Exceptional Family Member Program (EFMP) medical / the Family Member Travel Screening (FMST) Office and EFMP Family Support Office. This information may be used for enrollment into the EFMP, the family travel review process, and / or community support services to determine whether there are adequate medical, housing, educational, and community resources to meet your needs at the sponsor's proposed duty location, and / or to assist family members with community support at the current and/or projected duty location.

- a. The military medical department or appropriate headquarters family support office will use the information to determine whether you meet the criteria for enrollment into the EFMP and the military medical departments will provide recommendations on the availability of care in communities where the sponsor may be assigned or employed.
- b. Information that you have a special medical need (not the nature or scope of the need) may be included in the sponsor's personnel record, if EFMP enrollment criteria are met.
- c. Information may be shared with EFMP Family Support staff who assist the family and / or sponsor with appropriate community resources.
- d. The authorization applies to the summary data included on the medical summary form, and subsequent updates to information on this form. If additional clarification or information is needed, I authorize review of my health record, which may be maintained in an electronic format. This information may be stored in electronic databases used for medical management or dedicated to the assignment process. Access to the information is limited to representatives of the medical departments, the offices responsible for enrollment into the Exceptional Family Member Program, the offices responsible for assignment coordination, the offices responsible for EFMP Family Support services, and, at your request, other agents responsible for care or services. Summary data may be transmitted (e.g. encrypted electronic mail or faxing) using authorized secure media transfer.

Start Date: The authorization start date is the date that you sign this form authorizing release of information.

Expiration Date: The authorization shall continue until enrollment in the Exceptional Family Member Program is no longer necessary according to criteria specified in DoD Instruction 1315.19, or if family member no longer meets the criteria to qualify as a family member dependent, or the sponsor is no longer in active military service or in the employment of the U.S. Government overseas, or completion of assignment coordination, or eligibility determination for specialized services if

Add Signature

My Signatures Draw Type

HP

Harry Potter

Delete "HP"

Cancel Accept & Sign

I accept the purpose & disclosure agreement

Signature

Harry Potter

Clear Signature

EFMP Enrollment Review

Click View Details to go to the package dashboard, then click View Package to view the package contents.

● **PATIENT / PARENT / GUARDIAN ACTION REQUIRED** UPDATED 14 AUG 2023
Patient / Parent / Guardian receives package to review 2792

[View Details](#)

Patient / Parent / Guardian Action Required
Patient / Parent / Guardian receives package to review 2792

[View Package](#)

DD 2792 Review

To begin reviewing the DD 2792 information provided for your family member, click Review Information.

Family Medical Summaries

The medical summaries for your family member(s) are complete. Please review the information and then continue to the next step where you will certify, sign, and submit to your MTF EFMP Coordinator.

 **Lily Luna Potter**
Child - Age: 15

[Review Information](#)

[Back](#)

[Continue](#)

DD 2792 Review

All providers for the family member are listed here. You will need to review the medical information provided by clicking the downward arrow next to a provider and reading the information displayed. Use the left-side menu or the *Next* and *Previous* buttons to navigate between sections.

Clicks *View Details* to view more information about a medical diagnosis provided. Click *Download MTF Provider DD-2792* to download the transcribed form.

Once all information has been reviewed for all providers, click *Continue*.

Lily Potter - Medical Summary
Child - Age: 15

MTF Provider Ft Campbell ▼

Lily Potter - Medical Summary
Child - Age: 15

MTF Provider Ft Campbell

Medical Diagnoses

- Asthma Information
- Behavioral Health Information
- Intervention Therapies
- Required Health Care
- Artificial Openings / Prosthetics
- Environment / Architecture
- Medical Equipment

Medical Diagnoses
All diagnoses information for this family member is listed below.

A43.0	PULMONARY NOCARDIOSIS	Fair	View Details
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[Previous](#) [Next](#)

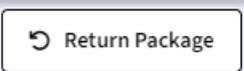
[Download MTF Provider DD-2792](#)

[Back](#) [Continue](#)

DD 2792 Review

If you disagree with medical information in the package, you can return it for corrections by clicking *Return Package*. A modal will appear. Explain the changes needed in the textbox, click the check-box agreeing to the return, and click *Return Package*.

 **Do you disagree with any medical information in this package?** If so, click below to return the package to the MTF Case Coordinator. You will be asked to provide comments to them so they can review and make any necessary changes. You will be able to review their changes afterwards.



Return Package to MTF Case Coordinator ×

Comments to the MTF Case Coordinator *

I understand that I will not be able to sign and submit the package until the MTF Case Coordinator has completed the changes I've indicated in my comments above.

Sign & Certify DD 2792

Read the information on the screen. To certify the information, type your name and add your digital signature. Click *Certify & Submit to MTF CC*.

Sign & Certify DD 2792

Signing will add your signature to all 2792 forms for this enrollment except for any adult family member forms, which will need to be signed and submitted by them before proceeding (if you have any adult family members who you do not have a power of attorney for).

Once all forms have been signed and submitted, the package will be sent to your MTF Case Coordinator.

By signing below, you certify that the information submitted on all DD Form 2792 copies for your family are complete and accurate.

Printed Name of Parent / Guardian or Person of Majority Age

Harry Potter

Signature

Harry Potter

🗑️ Clear Signature

Back **Certify & Submit to MTF CC**

Upload EISE Documents

In some cases, your MTF Case Coordinator may request that you upload your EISE documents. This will be indicated by the package status. Click *View Details* and then *View Package* to access the upload form.

- **SERVICE MEMBER ACTION REQUIRED** UPDATED 14 AUG 2023
Case Coordinator has requested member to upload educational documents

[View Details](#)

Service Member Action Required

Case Coordinator has requested member to upload educational documents

[View Package](#)

Upload EISE Documents

You will see two fields for uploading the DD 2792-1 and the IFSP/IEP. Click *Select file* under the corresponding label and upload the document from your computer.

Purpose & Disclosure ✓

Demographics ✓

Disclosure Authorization ✓

EFMP Enrollment Review ✓

Review 2792 ✓

Sign & Certify 2792 ✓

Upload EISE Documents

Early Intervention / Special Education Uploads

The following dependents have been indicated as having early intervention / special education needs. Please upload the DD form 2792-1 which has been filled by the school or Early Intervention Program as well as the IFSP/IEP document for each dependent.

Lily Potter
Child - Age: 15

Upload DD 2792-1 *

Upload IFSP/IEP *

[Back](#) [Upload & Submit to MTF CC](#)

Upload EISE Documents

Once your files are uploaded, click *Upload & Submit to MTF CC*.

Early Intervention / Special Education Uploads

The following dependents have been indicated as having early intervention / special education needs. Please upload the DD form 2792-1 which has been filled by the school or Early Intervention Program as well as the IFSP/IEP document for each dependent.

Lily Potter

Child - Age: 15

Upload DD 2792-1 *

 Test.pdf

Upload IFSP/IEP *

 Test.pdf

Back

Upload & Submit to MTF CC

Results Released

When the enrollment is complete, you will be able to view the enrollment details online. Find the enrollment in the *My Actions* page and click *View Details*.

Click *View Enrollment Details* in the *Family Members* widget to view that family member's enrollment information.

● **RESULTS RELEASED** UPDATED 15 AUG 2023
Case has a final determination and has been closed

[View Details](#)

Potter, HarryJames

IP

 DOD ID 8526785502

 FORT CAMPBELL, KENTUCKY

Results Released

Case has a final determination and has been closed

[View Package](#)

dates

8/15/2023 at 02:13 PM
Case has a final determination and has been closed

8/15/2023 at 02:13 PM
MRC Staff package validation complete

8/15/2023 at 02:13 PM
MRC Staff has begun package validation

8/15/2023 at 02:13 PM
792 has been sent to MRC Staff for validation

Family Members (1)

Potter, Ginny Molly
Spouse, 42 years old
Currently enrolled for Medical needs 

[View All Enrollment Details](#)

Member Enrollment Details

Click View Enrollment.

Member Enrollment Details



Enrollments for Ginny Molly Potter

 Born 08/11/1981  DOD ID 1624451010
 Female (as stated in DEERS)  Spouse

 **Medical**

Enrollment Expiration: 15 Aug 2026

[View Enrollment](#)

Enrollment Summary

Here, you can view the enrollment summary, including family member details, medical information, and applicable documents

Lily Luna Potter - Enrollment Summary
Child - Age: 15

Family Member Details | **Medical Information** | Educational Information | Documents

Lily Luna Potter
Born 07/07/2008 | DOD ID 1624445689
Female (as stated in DEERS)

Application Purpose

Additional Information

- Family Member **does** reside with sponsor
- Family Member **has not** been enrolled in DEERS under a different sponsor's name or DOD ID
- Family Member **does not** receive case management services

Administrative

Required Action
Request for Government Sponsorship / Family Travel

Special Assignment Considerations
None

Documents

- FORM DD 2792-1 (Original) Early Intervention / Special Education Summary [Download]
- FORM DD 2792-1 (Transcribed) Early Intervention / Special Education Summary [Download]
- IFSP/IEP DOCUMENT Individualized Education Program [Download]
- FORM DD 2792 Family Member Medical Summary [Download]

Lily Luna Potter Child / Age 15 [Download DD-2792]

MTF Provider Ft Campbell

Medical Diagnoses

Asthma Information

Behavioral Health Information

Intervention Therapies

Required Health Care

Artificial Openings / Prosthetics

Environment / Architecture

Medical Equipment

Medical Diagnoses
All diagnoses information for this family member is listed below.

A43.0	PULMONARY NOCARDIOSIS	Fair	View Details
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[Download MTF Provider DD-2792]