

United States Marine Corps
Exceptional Family Member Program

Family Support Services/Meeting Attendance

Sponsor's Name: _____ Last 4 SS#: _____

EFM's Name: _____

- I understand that the installation EFMP Manager has the authority to approve or disapprove USMC EFMP representation at my family member's meeting(s).
- I understand that the goal of the USMC EFMP is to empower my family so that I can advocate for my family member's special needs.
- I agree to notify all members of the meeting that a representative of the USMC EFMP will be in attendance.
- I understand that the role of the EFMP representative at the meeting may be to advise, provide technical assistance on federal, state, and local services, and/or support the family member as opposed to legal representation.
- I understand that the meeting needs to be scheduled during the regular business day, within working hours, and located near the installation.

Type of Meeting: _____

Location of Meeting: _____

Date and Time of Meeting: _____

Name: _____

Relationship to EFM _____

Signature: _____ Date: _____

Program Manager's Approval: _____