



<i>For Official Use Only:</i>
Date Received:
EFMP Update Due:

MCB Quantico Exceptional Family Member Program Installation Respite Care Program

Sponsor name: (Last, First, MI)	Rank:
Unit Address:	Unit Phone:
Home Address:	Home Phone: Alternate Phone:
Sponsor's Email:	Requestor's name (If different from sponsor)
Spouse's Email:	Branch of Service

EFM's & Siblings

Name	Date of Birth	Age	EFM/Sibling

I the undersigned, understand the intended purpose of respite care support and that these funds are not intended for work-related childcare expenses. I also understand that requesting use of respite refunds for use other than the intended purpose constitutes fraud and may result, at a minimum, in ineligibility for future use of respite care funds up to prosecution.

Sponsor Signature: _____ **Date:** _____

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

Authority: 10 U.S.C. 5013; 10 U.S.C. 5041; MCO 1754.4, Exceptional Family Member Program and E. O. 9397 (SSN). **Principal Purpose:** To manage services provided under the Exceptional Family member Program (EFMP). Collected information will be filed pursuant to the Privacy Act System of Records Notice MO1754-6. EFMP records, which may be downloaded at <http://dpclo.defense.gov/privacy/SCRNs/component/usmc/MO1754-6.html>. **Retention and Safeguards:** Paper and electronic records are restricted to authorized personnel with an official need-to-know. Electronic data is maintained in a password restricted case management system and encrypted while at rest and during transmission. **Routine Uses:** In addition to those disclosures generally permitted under 5 U.S.C 552a (b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to the DoD Blanket Routine Uses that appear at http://privacy.defense.gov/notices/blanket_uses.shtml. **Disclosure:** Providing information on this form is voluntary. Failure to provide the information may result in limited EFMP services.