



EXCEPTIONAL FAMILY MEMBER PROGRAM

Camp Pendleton

PCS Needs Assessment Form

SPONSOR INFORMATION

SPONSOR NAME _____

Sponsor Rank: _____ Phone Number: _____

Sponsor SS# (Last 4): _____ Email Address: _____

CURRENT LOCATION / UNIT INFO _____

GAINING LOCATION / UNIT INFO _____

FAMILY INFORMATION

SPOUSE NAME _____

Spouse Email _____

TOTAL # OF BOYS _____ AGES OF BOYS _____

TOTAL # OF GIRLS _____ AGES OF GIRLS _____

EXCEPTIONAL FAMILY MEMBER:	MALE OR FEMALE	EFM'S AGE
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

RELOCATION DATES

SELECT DAY MONTH YEAR

ORDERS EFFECTIVE DATE _____

ESTIMATED DATE OF TRAVEL _____

ESTIMATED DATE OF ARRIVAL _____

NEEDS ASSESSMENT - EFMP

PLEASE SELECT ONE OPTION (Pull-Down)

1. Do you have a current EFMP enrollment? _____

2. Are you familiar with the various programs and services of MCCS?
3. Are you familiar with the various programs and services of EFMP?
4. Would you like more information about EFMP or disability awareness?
5. Would you be interested in a special needs support group?
6. Would you be interested in EFMP recreational activities?

NEEDS ASSESSMENT - HOUSING

PLEASE SELECT ONE OPTION (Pull-Down)

1. Will your family be applying for on-base military housing?
2. Have you already applied for housing?
3. Does your family qualify for priority housing as endorsed by HQ EFMP?
4. Does your EFM require modifications to housing?
5. Do you have any service animals?

NEEDS ASSESSMENT - TRAVEL

PLEASE SELECT ONE OPTION (Pull-Down)

1. Does your family have a "Plan My Move" calendar?
2. Are all medication prescriptions filled with refills?
3. Does your EFM require a modified hotel room?
4. Do you require accommodations for any service animals?

NEEDS ASSESSMENT - MEDICAL

PLEASE SELECT ONE OPTION (Pull-Down)

1. If applicable, do you have copies of your EFM's pertinent medical records?
2. If applicable, do you have doctors established at your gaining facility/location?

NEEDS ASSESSMENT - SCHOOL

PLEASE SELECT ONE OPTION (Pull-Down)

1. If applicable, do you have current copies of your EFM's IFSP/IEP or 504?
2. Does the gaining school district have a copy of the current IFSP/IEP or 504?
3. Does the school currently provide any assistive technology for your EFM?

NEEDS ASSESSMENT - STATE SERVICES

PLEASE SELECT ONE OPTION (Pull-Down)

- 1. Does your EFM receive for SSI (Supplemental Security Income)?
- 2. Does your EFM receive for Medicaid?
- 3. Does your EFM receive for Developmental Disability Services?
- 4. Does your family receive for WIC/Food Stamps?

NEEDS ASSESSMENT - RESPITE/CHILD CARE

PLEASE SELECT ONE OPTION (Pull-Down)

- 1. Are you interested in enrolling in the installation respite care program?
- 2. Does your child(ren) need a child care provider?
- 3. Will your child(ren) be participating in Children, Youth, & Teen Programs (CYTP)?

COMMENTS SECTION

If you answered OTHER to any questions, please describe the requirements in this sections

END OF ASSESSMENT

Updated: 14 FEB 11