

NAVMC 11800 (11-11) (EF)

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**UNITED STATES MARINE CORPS
FAMILY CARE PLAN (FCP)**

PRIVACY ACT STATEMENT
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 this form.

AUTHORITY: 10 U.S.C § 5013; E.O. 9397; Department of Defense Instruction 1342.19; Marine Corps Order (MCO) 1740.13B

PURPOSE: To provide documentation of a family care plan to facilitate the care and support of dependent family members and enhance unit and family readiness during planned and unplanned contingencies. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01070-6, which can be downloaded at <http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html>.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice M01070-6 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Mandatory. Failure to provide requested information may result in administrative sanctions or punishment under either Article 92 (general order violation: dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice for service members, and administrative sanctions for DoD Civilian Expeditionary Workforce personnel required to complete a Family Care Plan.

Last Name	First Name	Initial	Rank
Validated By			Validation Date

PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT

I understand that I am responsible for making, and keeping current plans and arrangements for the care of my dependent family members to permit me to be available for worldwide deployment, extended duty hours, field exercises, unaccompanied tours, Temporary Additional Duty, Permanent Change of Station, and other standard military obligations as determined by my command.
Initials: _____

I understand that I am responsible for making any/all necessary arrangements to ensure a smooth and rapid transfer of care for my dependent(s) and the execution of my family care plan.
Initials: _____

I am confident that my Family Care Plan is reasonable, workable, and to the best of my knowledge, the guardian(s) and escort(s) (as necessary) that I have designated are willing and able to carry out the responsibilities of caring for my dependent(s).
Initials: _____

I have made a reasonable attempt to inform the non-custodial, biological, or adoptive parent(s) of my child(ren) of the reason for this Family Care Plan and to gain their consent for those areas related to the care of our child(ren). (This is especially important when the designated caregiver is a third party.)
N/A Initials: _____

* This document is not a substitute for a will or other legal documents (e.g., custody agreements). It is advised that legal counsel be consulted to ensure that the Family Care Plan is supported by necessary legal documentation, especially in those circumstances that require transport of dependent(s) across state lines. Special attention must be paid if dependent(s) will be outside the Continental United States and/or if transport to/with designated caregivers will require international travel arrangements.

I understand that I must have my Family Care Plan validated when checking in with my command and at least annually thereafter, and that it is subject to additional audits as required.
Initials: _____

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PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT (Cont.)

I understand that I must notify my command after a change in family status and present a revised Family Care Plan for validation no later than 60 days for Active Duty (AD) / 90 days for Reserve Component (RC). Such changes in family status may include, but are not limited to: marriage; birth of a child; adoption of a child; loss of a spouse or caregiver through death, separation or divorce; changes in custodial rights due to separation, divorce or death; absence of a spouse through career or job commitments; assumption of sole care for an elderly or disabled family member; or any like circumstance that results in responsibility for logistical, medical, or financial support of another person not part of the Family Care Plan on file in my Officer Qualification Record (OQR) / Service Record Book (SRB).

Initials: _____

I understand that, once validated by my command, it is my responsibility to file my original FCP Checklist in my OQR or SRB.

Initials: _____

I understand that my command will keep a copy of my validated FCP Checklist in a secure location per personnel record-keeping protocols.

Initials: _____

I understand that it is my responsibility to keep my Family Care Plan current.

Initials: _____

I understand that my failure to comply may result in disciplinary or administrative action by my command.

Initials: _____

I hereby confirm that documents referenced in this FCP Checklist exist (e.g., Will, Power of Attorney, Custody Agreement) and are in compliance with all requirements necessary to be legal and/or complete for state purposes.

Initials: _____

PART II. DEPENDENT FAMILY MEMBER INFORMATION

Spouse:

- I am married with dependents.
- I am not married, but have dependent(s). (List all dependent(s) and complete required information.)
- I am married and my spouse is my sole dependent, is over the age of 19 and is self-supporting.

List all additional dependents, indicating their relationship (e.g. child, parent, sibling, etc.) and age. (Use additional sheets, if necessary.)

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PART II. DEPENDENT FAMILY MEMBER INFORMATION (Cont.)
Do any of your dependent(s) require a translator? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what language(s)? _____

PART III. CAREGIVERS
<input type="checkbox"/> My spouse* provides daily care for our child(ren) and/or other dependent(s) and will remain as caregiver during short and long-term absences. If applicable, skip to PART IIIc. EMERGENCY/ALTERNATE CARE. If not applicable, complete PART III for all applicable dependent(s)**. *If your spouse is not the biological parent of any child identified above, it is highly recommended that legal counsel be consulted on all aspects of this plan. **It will be necessary to complete this information for each caregiver if dependent(s) will be staying with different caregivers. Use additional sheets as necessary, one for each named caregiver, with dependent(s) clearly identified. I have examined all of the requirements for adequate care of my dependent(s) and have deemed identified caregiver(s) responsible for the short/long-term care of my dependent(s) during my absence. Initials: _____

I have provided designated caregiver(s) with applicable documentation(e.g. Special Power of Attorney, Authorizations for Medical Treatment, Temporary Legal Custody papers, etc.) as recommended by legal counsel or other appropriate subject matter expert. Initials: _____
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PART IIIa. SHORT-TERM CAREGIVERS (STC) (Marine's planned absence is for duration of 30 days or less)
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I have designated the following individual(s) to provide short-term care for my dependent(s):		
Name(s): _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Numbers	E-mail(s): _____	
Home: _____	_____	
Work: _____	_____	
Cell: _____	_____	

Does your STC require a translator? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what language(s)? _____

<input type="checkbox"/> If applicable, I have checked on local installation housing policies to ensure my STC will have access to base housing.
<input type="checkbox"/> I have provided my STC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)
<input type="checkbox"/> I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my STC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).
<input type="checkbox"/> I have discussed with my STC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.

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PART IIIa. SHORT-TERM CAREGIVERS (Cont.)
<input type="checkbox"/> I have provided my STC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).
<input type="checkbox"/> I have provided my STC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.
<input type="checkbox"/> I have discussed with my STC the potential negative impact my absence may have on my dependent(s). I have provided my STC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.
<input type="checkbox"/> I have provided my STC with required documentation to authorize transport of my dependent(s), if applicable.
<input type="checkbox"/> I have provided my STC with access to car seat(s) for my dependent(s), if applicable.
<input type="checkbox"/> I have authorized my STC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.

CAREGIVERS' ACKNOWLEDGEMENT

I have agreed to provide short-term care for dependent(s) named above for the period specified below. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.

Printed Name _____	Signature of Caregiver _____	Date: _____
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Begin Date: _____	End Date: _____
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Additional comments/guidance:

PART IIIb. LONG-TERM CAREGIVER (LTC) (Marine's planned absence is for a duration of 31 days or more)

I have designated the following individual(s) to provide long-term care for my dependent(s):

Note: It will be necessary to complete this information for each caregiver if dependent(s) are staying in different locations. Use additional sheets as necessary, one for each named caregiver, and include the name of the applicable dependent(s).

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers Home: _____ Work: _____ Cell: _____	E-mail(s): _____ _____ _____
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PART IIIb. LONG-TERM CAREGIVER (LTC) (Cont.)	
Does your LTC require a translator?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what language(s)? _____	
<input type="checkbox"/> If applicable, I have checked on local installation housing policies to ensure my LTC will have access to base housing.	
<input type="checkbox"/> I have provided my LTC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)	
<input type="checkbox"/> I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my LTC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).	
<input type="checkbox"/> I have discussed with my LTC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.	
<input type="checkbox"/> I have provided my LTC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).	
<input type="checkbox"/> I have provided my LTC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.	
<input type="checkbox"/> I have discussed with my LTC the potential negative impact my absence may have on my dependent(s). I have provided my LTC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.	
<input type="checkbox"/> I have provided my LTC with required documentation to authorize transport of my dependent(s), if applicable.	
<input type="checkbox"/> I have provided my LTC with access to car seat(s) for my dependent(s), if applicable.	
<input type="checkbox"/> I have authorized my LTC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.	
CAREGIVERS' ACKNOWLEDGEMENT	
I have agreed to provide long-term care for dependent(s) named above for the period specified below. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.	
Printed Name _____	Signature of Caregiver _____
Date: _____	
Begin Date: _____	End Date: _____
Additional comments/guidance:	

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PART IIIc. EMERGENCY/ALTERNATIVE CAREGIVER (EC)		
This designated caregiver would assume temporary responsibility for minor child(ren) and/or other dependent(s) in an emergency contingency (e.g. you are deployed and your spouse, STC, or LTC is in a car accident) until a duly-designated legal guardian assumes responsibility or other custodian is appointed by a court of competent jurisdiction).		
Name(s): _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Numbers Home: _____ Work: _____ Cell: _____	E-mail(s): _____	
Does your EC require a translator? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, what language(s)? _____		
<input type="checkbox"/> If applicable, I have checked on local installation housing policies to ensure my EC will have access to base housing.		
<input type="checkbox"/> I have provided my EC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)		
<input type="checkbox"/> I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my EC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).		
<input type="checkbox"/> I have discussed with my EC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.		
<input type="checkbox"/> I have provided my EC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).		
<input type="checkbox"/> I have provided my EC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.		
<input type="checkbox"/> I have discussed with my EC the potential negative impact my absence may have on my dependent(s). I have provided my EC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.		
<input type="checkbox"/> I have provided my EC with required documentation to authorize transport of my dependent(s), if applicable.		
<input type="checkbox"/> I have provided my EC with access to car seat(s) for my dependent(s), if applicable.		
<input type="checkbox"/> I have authorized my EC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.		
CAREGIVERS' ACKNOWLEDGEMENT		
I have agreed to provide emergency/alternat care for dependent(s) named above. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.		
Printed Name _____	Signature of Caregiver _____	Date: _____

PART IIIc. EMERGENCY/ALTERNATIVE CAREGIVER (EC) (Cont.)
Additional comments/guidance:
PART IV. LOGISTICAL ARRANGEMENTS
<p>Check the items that you have completed for your Family Care Plan. If the item does not apply to your situation, mark the box with N/A. Provide necessary contact information, if not provided previously, and location of pertinent documentation (itineraries, custody arrangements, powers of attorney, Agent's Letter(s), etc.). Original documents required for transport should be with the individual(s) who will be providing escort. (Consult with legal counsel for transport across state lines.) Indicate where your copy(ies) are filed.</p>
<input type="checkbox"/> N/A <input type="checkbox"/> Not required for short-term or long-term care (My spouse is the caregiver).
<input type="checkbox"/> N/A <input type="checkbox"/> Method of relocation for short-term care.
<input type="checkbox"/> N/A <input type="checkbox"/> Method of relocation for long-term care.
<input type="checkbox"/> N/A <input type="checkbox"/> Method of relocation for emergency care (provide itinerary source of funding and explanation of key components).
<input type="checkbox"/> N/A <input type="checkbox"/> I have considered requirements for daycare and have contacted all locations to ensure proper notifications/authorizations are in place to facilitate ease of transfer and enrollment, if applicable.
<input type="checkbox"/> N/A <input type="checkbox"/> I have considered requirements for schools (Pre-K, elementary, high school, college) and have contacted all locations to ensure proper notifications/authorizations are in place to facilitate ease of transfer and enrollment, if applicable.
<input type="checkbox"/> N/A <input type="checkbox"/> I have considered medical/health requirements for my dependent(s) and have made necessary arrangements to ensure access to care.
<input type="checkbox"/> N/A <input type="checkbox"/> I have consulted with legal counsel to ensure that all required documents to support relocation have been properly prepared and filled, if applicable.
<input type="checkbox"/> N/A <input type="checkbox"/> If divorced, separated or otherwise estranged from the other natural or adoptive parent of any of my dependent(s), I have notified them of these plans and have obtained their written consent agreeing to these arrangements. (The original should be kept with the other important legal documents; a copy should be given to all caregivers affected by these arrangements.)
<input type="checkbox"/> N/A <input type="checkbox"/> If divorced, separated or otherwise estranged from the other natural or adoptive parent of any of my dependent(s), I have made a reasonable attempt to notify them of these plans and obtain their written consent, but have been unable to do so. I understand this may result in challenges to these arrangements in my absence. I understand that I may seek legal advice, if reasonably available.
<input type="checkbox"/> N/A <input type="checkbox"/> I have provided all pertinent documentation (copies or originals) to those individuals that must have them to ensure they have appropriate and legal authorization(s) to transport/relocate my dependent(s).
PART V. FINANCIAL ARRANGEMENTS
<p>Check the items that you have completed for your Family Care Plan. If the item does not apply to your situation, mark the box with N/A. Provide necessary contact information, if not provided previously, and location of pertinent documentation (itineraries, custody arrangements, powers of attorney, Agent's Letter(s), etc.). Original documents required for transport should be with the individual(s) who will be providing escort. (Consult with legal counsel for transport across state lines.) Indicate where your copy(ies) are filed.</p>
<input type="checkbox"/> N/A <input type="checkbox"/> I have provided for appropriate allotments for designated caregivers to ensure the self-sufficiency and financial security of my dependent(s).
<input type="checkbox"/> N/A <input type="checkbox"/> I have consulted with financial institution(s) and/or other source(s) to ensure my accounts are protected while providing for the self-sufficiency and financial security of my dependent(s).
<input type="checkbox"/> N/A <input type="checkbox"/> I have provided my designated caregiver(s) with clear instructions on financial arrangements to include, but not limited to access, budget and financial institution/source point of contact.
<input type="checkbox"/> N/A <input type="checkbox"/> I have made arrangements for my monthly (e.g., utilities, child support) or annual obligations (e.g., income taxes) to be paid.

PART VI. LEGAL CONSIDERATIONS
It is highly recommended that legal counsel be consulted, especially in situations involving custody/visitation/support or other such circumstance.
<input type="checkbox"/> Special Power of Attorney (POA) or In Loco Parentis (ILP). A copy of all POAs or ILPs should be kept with your personal records. The original should be kept with the designee.
<input type="checkbox"/> I have an up-to-date will.
<input type="checkbox"/> I have reviewed and updated my insurance policy(ies) and beneficiaries, Record of Emergency Data, and SGLI beneficiaries.
<input type="checkbox"/> I have discussed pending court cases for custody/visitation/support/civil/other with legal counsel and took appropriate action.
<input type="checkbox"/> I have provided designee(s) contact information for the location of any vehicles that have been placed in storage and provided necessary authorization(s) should transport be necessary.
PART VII. MEDICAL CONSIDERATIONS
<input type="checkbox"/> I have provided clear guidance to my caregiver(s) on expectations for medical/dental care of my dependent(s).
<input type="checkbox"/> I have provided my caregiver(s) with access to necessary documentation/authorization(s)/identification card(s) are required for care for my dependent(s).
<input type="checkbox"/> I have provided my caregiver(s) with the location of medical facilities/providers as well as how to locate facilities.
<input type="checkbox"/> I have provided my caregiver(s) with copies of up-to-date immunization records and/or medical/dental records.
<input type="checkbox"/> I have provided my caregiver(s) with necessary documentation/authorization/ID card(s) to access medical records for my dependent(s).
<input type="checkbox"/> I have provided my caregiver(s) with the name of my Exceptional Family Program Caseworker.
<input type="checkbox"/> I have provided my caregiver(s) with a full explanation of allergies and treatments.
VII. MISCELLANEOUS
Any Additional instructions/guidance that may be pertinent to the care and support of dependent(s) (use additional sheets, if necessary):
VIII. ACKNOWLEDGEMENT
BY SIGNING THIS DOCUMENT, I FULLY UNDERSTAND THE FOLLOWING:
Completion of this plan is required per MCO 1740.13B. The purpose of this Family Care Plan is to provide specific guidance for the care and support of my dependent(s) in my absence due to expected short-term or long-term separation/deployment/incapacitation of myself or my designated caregiver(s). This information is considered FOR OFFICIAL USE ONLY and will remain protected per the Privacy Act of 1974. I am required to notify my commander no later than 60 days (Active Duty) / 90 days (Reserve Component) after a change in family circumstances or personal status that generates the requirement for, or update of, my Family Care Plan. It is my responsibility to update my FCP Checklist on file as part of my Officer Qualification Record or Service Record Book and provide my command with an updated copy within this 60 day / 90 day period.
Signature _____ Date _____