Children With Special Health or Educational Needs

EFMP Exceptional Family Member Program

SPECIAL CARE ORGANIZATIONAL RECORD | SCOR

Table of Contents

Introduction 1

In Case of an Emergency 4

Medical Information 7

Service Provider 18

Birth 21

All About Your Child 25

School and Employment 40

Support 44

Health Benefits and Insurance 50

Moving/PCS 54

Planning Ahead 57

Other Resources 69

Introduction

The Special Care Organizational Record for Children with Special Health or Educational Needs is an organizing tool for parents to track and organize their child's information. You can use the SCOR to capture information, including your child's birth history, likes and dislikes, medical and educational information, insurance and step-by-step action plans in case of an emergency.This is particularly helpful if someone else needs to step in to provide care for your child. You can also bring the SCOR to your child's doctor's appointments to keep track of pertinent information and manage health appointments. Organize your SCOR so it works best for you.

This SCOR is not legally binding nor can it take the place of official medical records. It may also contain very private information such as Department of Defense ID numbers, medical history/ information and insurance information. Keep the SCOR in a safe place that is only accessible by those who should have access in order to maintain privacy and security.

SCOR for Children With Special Health or Educational Needs

What is the SCOR for Children With Special Health Care Needs?

The SCOR is an organizing tool for families who have children with special medical or educational needs. Use it to keep track of relevant information regarding your child's medical and educational care.

How can the SCOR help you?

In the process of caring for your child with special health or educational needs, you will receive information and paperwork that you want to keep readily accessible. The SCOR will help you organize this information and make it easier for you to quickly find what you need. It will also make it easier for you to share key information with your child's care providers.

Use the SCOR to:

- Track changes in your child's medicines or treatments
- List telephone numbers for providers and community organizations
- Prepare for appointments
- File information about your child's medical or educational history
- Share new information with your child's primary doctor, public health or school nurse, daycare staff and others caring for your child

Some helpful hints for using your child's SCOR:

- Reach out to your support system (parents, teachers, medical providers, care providers, etc.) if you have questions or need help obtaining information to add to the SCOR.
- The "In Case of Emergency" section is the quick need-to-know info. Consider printing this specific section out for care providers or keep it in an easy to find place.
- Be mindful that the SCOR contains your private information and you should keep it in a safe place.
- Keep the SCOR as up to date as possible. Add new information to the SCOR whenever there is a change in your medications or medical treatment.
- Bring the SCOR with you to appointments and hospital visits so the information you need will be close at hand.

How do you set up your child's SCOR?

Follow these steps:

STEP ONE: **Gather information you already have.**
Gather any medical, educational or vocational information that you already have. This may include reports from recent doctor's visits, immunization records, a summary of a recent hospital stay, test results, informational pamphlets, an Individualized Education Program or 504 Plan, job training program, etc.

STEP TWO: **Look through the pages of the SCOR.**
Select the pages that you think will be most beneficial to you and your near-future endeavors. Visit Military OneSource to find fillable PDF forms to fill out, save, download and add to your child's SCOR. You can also download and print checklists from EFMP & Me to insert into your child's SCOR. These can help you stay organized and prepare for appointments, PCS moves and more: https://efmpandme.militaryonesource.mil/

STEP THREE: **Decide which information is most important to keep in the SCOR.**
What information did you find most helpful to have? Ask your child's support system/care providers what information is most helpful for them to know. Additional, less critical information can be stored in a file drawer or box where you can find it if needed.

STEP FOUR: **Put the SCOR together.**
Organize the SCOR in a way that makes the most sense for you and your child. If you downloaded and printed the SCOR, here are some supplies that may help:

- Three-ring binder or large accordion envelope to hold papers securely (provided by Military OneSource if ordered from the website)
- Tabbed dividers for creating separate sections
- Pocket dividers for storing reports
- Plastic pages for storing business cards and photographs

Things to remember about the SCOR:

- While the SCOR may contain a lot of your child's medical history/information, it is not a replacement for official medical records.
- It is not legally binding in any way. The SCOR provides a place to start thinking about who or how you would want help taking care of your child if something happened. However, you still need to go through the proper legal protocol to make these decisions legally binding.
- It contains very private information (e.g., DOD ID numbers, insurance information, medical history). It is imperative that you keep it in a safe, secure place.

In Case of an Emergency

Emergency Quick Glance

Name:	
Date of Birth:	Blood Type:
Address:	
Phone:	
Diagnosis(es): (For more on diagnoses, refer to the "Current Medical Diagnoses" sheet in the Medical Information Section.)	

Emergency contacts: (List in order of who should be contacted, first to last.)

Name	Relationship	Phone No.	Address	Email

Current medications: (For more on medications, refer to the "Medication History Tracking" sheet in the Medical Information Section.)

Start Date	Stop Date	Medication (brand/generic)	Prescribed by	Dose/ Route	Time Given	Reason for Medication

Medication allergies: (For more on allergies, refer to the "Food and Other Allergies" sheet in the All About Your Child Section.)

Allergen	Allergic Reaction	How to Respond

In Case of an Emergency: Emergency Plan

Use the tables below to list health-related or other emergencies that may occur and how the emergency should be handled (e.g., if your child is epileptic and has a seizure or your child becomes combative under certain circumstances).

What Might Happen:
What to Do:
Step one:
Step two:
Step three:
Step four:
Other:

What Might Happen:
What to Do:
Step one:
Step two:
Step three:
Step four:
Other:

Medical Information

Online Portal Information

If you have an online portal to access medical information or communicate with your child's medical providers:

Portal Website Address:

Your User Name:

Your Password:

Security Question(s) if Applicable:

Medication History Tracking Sheet

Start Date	Stop Date	Medication (brand/generic)	Prescribed by	Dose/ Route	Time Given	Reason for Medication

Briefly note any medication allergies (refer to the Allergies chart on Page 31 for more information):

Medical Information: Pharmacist

Name:	Phone:
Email:	
Address:	

Name:	Phone:
Email:	
Address:	

Name:	Phone:
Email:	
Address:	

Name:	Phone:
Email:	
Address:	

Medical Information: Doctor Visits

Date	Seen by	Notes/Updates from Visit

Medical Information: Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Medical Information: Lab Work/Tests

Date	Test	Result	Comments

Medical Information: Immunization Records

Keep track of your child's immunizations by attaching your immunization record (or a copy) here. Below, note any reactions to shots/immunizations.

Shot/Immunization	Reaction	Treatment

Additional Notes:

Medical Information: Current Medical Diagnoses

Date	Diagnosis	Notes

Medical Information: Appointment Log

Date	Provider	Reason Seen/Care Provided	Next Appointment

Medical Information: Family Medical History

Check the box if one or more family members have had one of these health conditions and note how they are related.

Condition	Relative	Condition	Relative
☐ Cardiac		☐ Diabetes	
☐ Hypertension		☐ Blood	
☐ Renal		☐ Ear	
☐ Tuberculosis		☐ Thyroid	
☐ Gastrointestinal		☐ Vision	
☐ Cancer		☐ Psychological	
☐ Allergy		☐ Autoimmune	
☐ Orthopedic		☐	
☐ Lung		☐	

Additional Family Information

Name	Date of Birth	Health
Mother:		
Father:		
Sibling:		
Sibling:		
Sibling:		
Sibling:		
Sibling:		

Medical Information: Equipment/Supplies

Type of Equipment/ Supplies	Prescribed by	Reason Prescribed	Date Started	Date Ended	Vendor Phone/Email/Fax

List any equipment that your child has specifically received through the school.
Include when it has to be returned and any other parameters regarding use of the equipment. A copy of the IEP can be beneficial in this section as well because you may be required to return assistive technology received through the school when you leave the school district.

Item	School and Year	Contact	Due Date

List any other notes that you feel are relevant regarding any equipment your child needs:

Service Provider

Provider	Name	Phone	Address
Primary Care Physician			
Psychiatrist			
Mental Health Provider			
Autism System Navigator			
ECHO Coordinator			
Case Manager			
Speech Therapist			
Occupational Therapist			
Physical Therapist			
Specialty Care			
Social Worker			

Service Providers: Case Manager(s)

Case Manager		
Name:		Agency:
Address:		
Email:	Phone:	Fax:
Please attach the plan of care provided by the case manager.		
Notes:		

Case Manager		
Name:		Agency:
Address:		
Email:	Phone:	Fax:
Please attach the plan of care provided by the case manager.		
Notes:		

Case Manager		
Name:		Agency:
Address:		
Email:	Phone:	Fax:
Please attach the plan of care provided by the case manager.		
Notes:		

Service Providers: Transportation *(To and From Medical Therapy Appointments)*

Transportation		
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:

Transportation		
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:

Transportation		
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:

Birth

Personal Information

Name:	Prefers to be Called:	
Date of Birth:	SSN:	Blood Type:
Location of Social Security Card (include copy):		
Address:		
Phone:	County:	
Email:		
Location of Birth Certificate (include copy):		
Location of Adoption Certificate, if applicable (include copy):		
Location of Naturalization Papers, if applicable (include copy):		
Caregivers:		

Personal Information: Family Information

Mother's Name:	SSN or DOD ID:	Sponsor (Yes/No):
Address:		
Phone No.:	Email:	

Father's Name:	SSN or DOD ID:	Sponsor (Yes/No):
Address:		
Phone No.:	Email:	

Sibling's Name:	Date of Birth:
Sibling's Name:	Date of Birth:
Sibling's Name:	Date of Birth:
Other Household Members:	
Language Spoken at Home:	
Other Languages:	

Birth History

Birth Location:
Complications During Birth:
Neonatal Hospitalization:

Diagnosis(es):

MM/DD/YY	Diagnosis(es)

Surgical Procedures:

MM/DD/YY	Surgical Procedures	Results

Note: Space is provided on the following page for any additional comments concerning diagnosis and surgeries. Include a copy of the Individualized Family Service Plan in this section.

Comments regarding diagnosis(es):

Comments regarding surgical procedures:

All About Your Child

Watch Them Grow!

Date	Age	Height	Weight	Major Developmental Milestones (e.g., crawls, talks, walks)

All About Your Child: Daily Routine

If you have a plan of care, please describe and include copy.

Daily treatments (e.g., respiratory treatment, O2, vent, trach, G-tube, etc.) **include:**

Treatment	Days of the week	Times
Vital signs		
Respiratory treatment		
Trach/G-tube/other care		
Bowel/bladder routine		
Adaptive equipment (wheelchair, braces, splints, speech devices)		
Medication Management		

All About Your Child: Describe a Typical Day

Describe your child's daily routine throughout the week. Include when he or she wakes up and goes to sleep, takes naps, has mealtimes, medication times, and bathing and grooming information.

Day	Routine
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

All About Your Child: Personal Care

List tasks that your child is able to do independently (e.g., eating, bathing, toileting, dressing):

List tasks for which your child requires assistance (e.g., eating, bathing, toileting, dressing) and the kind of assistance that should be provided:

List tasks that your child may try to do independently that could endanger him or her:

List other information related to personal care that would be helpful to those providing care for your child (e.g., shoe and clothing sizes, menstrual cycle):

All About Your Child: Food Preferences

List foods that your child particularly enjoys and/or dislikes:

Likes	Dislikes

Typical daily diet:

Meal	Preferred Foods/Drinks
Breakfast	
Lunch	
Dinner	
Snack	

All About Your Child: Food Preferences

Favorite restaurants and preferred meals:

Restaurant	Preferred Meals	Additional Information (e.g., favorite server, routines before or after the meal)

Average total caloric intake/day:

Average total water/day: _____

Food taken by: ☐ Mouth ☐ G-tube ☐ GJ tube ☐ NG ☐ NJ

Note: It might be helpful to make a video for care providers of how your child eats/takes in nourishment and any routines surrounding meals.

Size of tube: _____.

Additional Notes:

All About Your Child: Food and Other Allergies

Allergies (e.g., food, medications, materials):

Allergen	Allergic Reaction	How to Respond/ Who to Contact

All About Your Child: Diet Tracking Form

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
12 p.m.							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							

All About Your Child: Communication

Communication devices (e.g., picture book or communication board)

Device	Location of Warranty (include copy)	Point of Contact (e.g., speech therapist) and Phone

Note: It might be helpful to make a video for care providers of your child using his or her communication device.

Additional Notes:

All About Your Child: Behavior Help

What consistent approach has worked best when parents/caregivers are not available during difficult transition periods? List typical interventions that have worked. Provide names and descriptions of techniques or things that are helpful and where they can be located. Example: Afraid of thunderstorms, use headphones to help block out the noise.

Behavioral interventions:

Things that help to calm your child:

All About Your Child: Leisure Activities and Social Experiences

List any leisure activities that your child particularly enjoys or dislikes.

TV shows/movies/video games:

Likes	Dislikes

Music/books:

Likes	Dislikes

Hobbies/activities in the home:

Likes	Dislikes

Leisure activities/sports/clubs outside the home:

Name of Club/Team:	Name of Club/Team:
Contact Person:	Contact Person:
Phone:	Phone:
How Often:	How Often:
Other Notes:	Other Notes:

Vacation/traveling:

Likes	Dislikes

Travel destination wish list:

Special interests:

Situations that make your child uncomfortable:

All About Your Child: Pets and Assistance Animals

Pet(s):

Pet's Name	Type of Animal	Notes About Pet Care

Any additional notes about the pet(s):

Location of veterinary care records (include copy):

Service animal(s):

Service Animal's Name	Type of Animal	How the Animal Helps Child	Notes About Service Animal Care

Any additional notes about the service animal:

Emotional Support Animal:

Emotional Support Animal's Name	Type of Animal	How the Animal Helps Child

Any additional notes about the emotional support animal and care:

Location of service animal documentation, emotional support animal documentation and veterinary care records (include copies):

School and Employment

School History

Year	School	Contact Person	School Nurse	Phone

School and Employment: School Evaluations

Include any evaluations here (e.g., school district evaluations, independent evaluations).

Year	School	Evaluation	Comments

School: Education Plans

Please attach copy of Individualized Education Program or 504 Plan.

School information:

School Name:	School Phone:	
Teacher:	School Nurse:	
School OT:	Phone:	Frequency:
School PT:	Phone:	Frequency:
School ST:	Phone:	Frequency:

Vocational Experience

List work potential below. What kinds of employment support, if any, is received and from which agencies?

Year	Company	Supervisor	Contact	Comments

List capabilities, skill level and other pursuable opportunities.

Current Employment and Employment History

Current place of employment:

Contact person:
Address:
Phone:
Hours/days worked:

Employment history - Attach resume here:

Volunteer Experience:

Support

Early Intervention Services

Developmental Center:	Start Date:	
Agency:		
Address:		
Email:	Phone:	Fax:

Family Resources Coordinator:	Start Date:	
Agency:		
Address:		
Email:	Phone:	Fax:

Note: A copy of your Individual Family Services Plan can be kept here or in the "Birth" section.

Family Support Resources

Exceptional Family Member Program Point of Contact: _____

Note: To locate an EFMP Family Support provider in your area visit, https://installations.militaryonesource.mil/

The Exceptional Family Member Program
Contact Person:
Address:
Email:
Phone:

Parent Group
Contact Person:
Address:
Email:
Phone:

Religious Organization
Contact Person:
Address:
Email:
Phone:

Service Organization
Contact Person:
Address:
Email:
Phone:

Counseling Services
Contact Person:
Address:
Email:
Phone:

Support: Child Care Support

Child Care Provider:	Start Date:
Contact Person:	
Address:	
Email:	
Phone:	

Child Care Provider:	Start Date:
Contact Person:	
Address:	
Email:	
Phone:	

Child Care Provider:	Start Date:
Contact Person:	
Address:	
Email:	
Phone:	

Note: Include any relevant child care documents in this section.

Support: School Support

School:	Start Date:
Address:	
Phone:	
Contact Person/Title:	
Email:	Phone:
Contact Person/Title:	
Email:	Phone:

Support: Respite Care

Respite Care Provider:	Start Date:
Agency:	Contact Person:
Address:	
Email:	Phone:

Respite Care Provider:	Start Date:
Agency:	Contact Person:
Address:	
Email:	Phone:

Respite Care Provider:	Start Date:
Agency:	Contact Person:
Address:	
Email:	Phone:

Note: If TRICARE is covering this care, is the provider a TRICARE-authorized provider? Has the managed care support contractor authorized this respite care? Keep a copy of your respite care applications and any related documentation in this section.

Support: Child Advocates

List individuals, advocates and/or service providers who are important to your child's well-being and are not otherwise listed in this document.

Name:	
Address:	
Email:	Phone:
Note what he or she does for or with your child:	

Name:	
Address:	
Email:	Phone:
Note what he or she does for or with your child:	

Name:	
Address:	
Email:	Phone:
Note what he or she does for or with your child:	

Health Benefits and Insurance

TRICARE

Use this link to contact beneficiary counseling and assistance coordinators for beneficiary questions and concerns: https://tricare.mil/bcacdcao.

TRICARE Regional Office:		
Address:		
City:	State:	Zip:
Phone:	Email:	

TRICARE Service Center:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Beneficiary Counseling and Assistance Coordinator:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Debt Collections Assistance Officer:		
Address:		
City:	State:	Zip:
Phone:	Email:	

TRICARE Nurse Advice Line: 800-TRICARE (Option 1)

- Talk to a registered nurse
- Get health care advice
- Ask urgent care questions
- Get help finding a doctor

Health Benefits and Insurance: TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information and a directory of network dentists: https://www.tricare.mil/CoveredServices/Dental

Dentist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Orthodontist Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental or physical disabilities, and children age 5 and under. The services require preauthorization through the regional TRICARE contractors (http://www.tricare.mil/CoveredServices/Dental/TDP). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Health Benefits and Insurance: Insurance Information

Please note all other insurance providers. Visit the TRICARE website for information about filing claims: https://tricare.mil/FormsClaims.

Name of Other Insurance:	
Policy Number:	
Contact Person/Title:	
Address:	
Email:	Phone:
Case Manager:	
Email:	Phone:

Name of Other Insurance:	
Policy Number:	
Contact Person/Title:	
Address:	
Email:	Phone:
Case Manager:	
Email:	Phone:

Name of Other Insurance:	
Policy Number:	
Contact Person/Title:	
Address:	
Email:	Phone:
Case Manager:	
Email:	Phone:

Health Benefits and Insurance: Medical Bill Tracker

Date	Provider	Amount Billed	Amount Allowed	Amount Paid	Paid by Health Insurance	Family Owes	Debt Paid

Moving/PCS

Use this checklist to help organize your move. Add to it to meet your child's specific needs.

Arrangements

- ☐ Assistance animal travel and requirements
- ☐ Emergency telephone numbers (relief societies, American Red Cross, physician)
- ☐ Accessible lodging arrangements
- ☐ Power for medical equipment while traveling
- ☐ Vehicle trailer for transporting necessary support equipment and supplies

Air Travel Arrangements

- ☐ Notice for special accommodation for air travel (48 hours; Passenger Support Specialist TSA Hotline: 855-787-2227)
- ☐ Assistance with boarding, deplaning and making connections
- ☐ Additional fee for oxygen
- ☐ Be prepared to provide battery (dry and wet cell) information
- ☐ Onboard wheelchairs
- ☐ Record height, width and depth of wheelchair
- ☐ Accessible vehicle transportation at the destination

Preparation for Packing

- ☐ Prepare first-aid kit
- ☐ Prepare a travel entertainment backpack
- ☐ Locate medical documents to hand-carry
- ☐ Locate dental documents to hand-carry
- ☐ Locate special education Individualized Education Program paperwork to hand-carry
- ☐ Locate military and medical ID cards
- ☐ Locate medical supplies
- ☐ Medications (try to have enough medications to last you for three months)

Packing

- ☐ Medical supplies
- ☐ Medications
- ☐ Medical equipment (e.g., nebulizer, portable suction machine)
- ☐ School documents
- ☐ Your IEP paperwork

- ☐ Section 504
- ☐ Teacher observations/recommendations
- ☐ Legal documents
- ☐ Special bedding
- ☐ Positioning or body support cushions
- ☐ Child/adult diapers, cleansing cloths, garbage bags
- ☐ Washcloths, towels and extra sheets if needed
- ☐ First-aid kit
- ☐ Special food items
- ☐ Assistive technology devices and battery chargers
- ☐ Important phone numbers
- ☐ Arrival checklist (see Plan my Move calendar at https://planmymove.militaryonesource.mil
- ☐ Military IDs
- ☐ Handicapped parking placard
- ☐ Medical alert jewelry or cards
- ☐ Bath chair (remember it may take a few weeks for you to receive your household goods)
- ☐ Lift
- ☐ Wheelchair or scooter
- ☐ Wheelchair tray
- ☐ Wheelchair battery charger
- ☐ Wheelchair transfer board
- ☐ Weather protection
- ☐ Eating and drinking utensils
- ☐ Bibs
- ☐ Assistance animal rabies and immunization records
- ☐ Assistance animal documentation
- ☐ Assistance animal food and bowls
- ☐ Medications, if necessary
- ☐ Disposable bags
- ☐ Favorite toys for service animal
- ☐ Extra harness
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Transitioning/Moving: Transportation When Moving

Note which forms of transportation are NOT acceptable for your child when moving and provide a brief explanation:

Note any lodging-related needs when traveling with your child (e.g., must be wheelchair accessible to include the shower stall; need TTY/TDD telephone):

Other notes regarding transitioning/moving:

Note: Speak with your installation Household Goods/Transportation Office regarding the shipment of required medically necessary equipment. Required medical equipment must be certified by an appropriate uniformed services health care provider as necessary for the medical treatment of the authorized family member.

Planning Ahead

Letter of Intent

At some point, illness may prevent you from continuing to provide care for your child. It is even harder to consider that your child may outlive you. To ensure the level of care you have provided is continued, it's important to get the right paperwork in place to detail your wishes.

Organize your information and plans in the event that someone has to take over your caregiving responsibilities. Use the information to facilitate discussion among your family members or to organize your own thoughts.

Estate/Future Plan: Family Information

Mother's Name:	Maiden Name:
SSN:	
Address:	
Phone Numbers:	
Email:	

Father's Name:
SSN:
Address:
Phone Numbers:
Email:

Sibling's Name:
Sibling's Spouse:
Address:
Phone Numbers:
Email:

Siblings's Name:
Sibling's Spouse:
Address:
Phone Numbers:
Email:

Siblings's Name:
Sibling's Spouse:
Address:
Phone Numbers:
Email:

Siblings's Name:
Sibling's Spouse:
Address:
Phone Numbers:
Email:

Estate/Future Plan: Informing Other Family Members

If you have a special needs trust for your child, note whether other family members know about it and are aware of the option of leaving money or contributing to the trust.

Relative's Name:			
Address:			
Phone:		Email:	
Notified: ◯ Yes ◯ No	Date Notified:	Method of Notification:	

Relative's Name:			
Address:			
Phone:		Email:	
Notified: ◯ Yes ◯ No	Date Notified:	Method of Notification:	

Relative's Name:			
Address:			
Phone:		Email:	
Notified: ◯ Yes ◯ No	Date Notified:	Method of Notification:	

Relative's Name:			
Address:			
Phone:		Email:	
Notified: ◯ Yes ◯ No	Date Notified:	Method of Notification:	

Planning Ahead: Living Arrangements for Your Family Member in the Future

Where and in what type of situation would your family member prefer to live? Alone or with roommates? What neighborhood? How much supervision will be necessary?

First Choice of Future Residential Provider:

Name:

Phone Number:

Second Choice of Future Residential Provider:

Name:

Phone Number:

If currently in a supported living environment, list the following information:

Home Manager Name:

Phone Number:

Case Manager Name:

Phone Number:

Planning Ahead: Financial Information

Bank		
Bank Name:	Phone:	
Branch Location:		
Checking Account Number:	Savings Account Number:	Safe Deposit Box:
Contact Person/Title:		
Phone:	Email:	

Bank		
Bank Name:	Phone:	
Branch Location:		
Checking Account Number:	Savings Account Number:	Safe Deposit Box:
Contact Person/Title:		
Phone:	Email:	

Life Insurance	
Company:	Phone:
Policy Number:	
Location of Policy (include copy):	
Insurance Company Location:	
Contact Person/Title:	
Phone:	Email:

Life Insurance	
Company:	Phone:
Policy Number:	
Location of Policy (include copy):	
Insurance Company Location:	
Contact Person/Title:	
Phone:	Email:

Burial Policy	
Funeral Home:	Phone:
Cemetery:	Phone:
Policy Number:	
Location of Policy (include copy):	
Contact Person/Title:	
Phone:	Email:
Specific Instructions:	

Planning Ahead: Guardianship

Letters of Guardianship have been approved by:	
Judge:	Date:
Approved Guardian's Name:	
Relationship:	
Address:	
Phone:	

Approved Successor Guardian's Name:
Relationship:
Address:
Phone:

Approved Successor Guardian's Name:
Relationship:
Address:
Phone:

Note: Keep a copy of all relevant court documents in this section.

Estate/Future Plan: Guardianship

Guardian Ad Litem's Name:
Email:
Address:
Phone:

If a guardian has not yet been appointed, list in order of preference the person/s who you would like to serve as guardian/s, should guardianship prove necessary in the future. Include name, address, phone number and the person's relationship to the family member with special needs.

Name	Address	Phone Number	Relationship

Note: Keep a copy of all relevant court documents in this section.

Planning Ahead: Advance Directive Considerations

This is not an advance directive and should not be used as a legally binding document. Rather, this page provides you with some things to consider when developing an advance directive. Be sure to include a copy of the official advance directive with this sheet in the SCOR.

Have you spoken about your wishes with your:

- ☐ **Family**
- ☐ **Clergy**
- ☐ **Physician(s)**
- ☐ **Attorney**
- ☐ **Friends**
- ☐ **Case manager**

Does the person(s) you have appointed to make decisions on your child's behalf understand your wishes?

○ **Yes** ○ **No**

Have you spoken to this person about your child's current and future medical care?

○ **Yes** ○ **No**

Is the person(s) you have appointed to make decisions on your child's behalf aware of your "Do Not Resuscitate Order" if you have one?

○ **Yes** ○ **No**

Have you given a copy of your completed and signed advance directive to the person(s) you have appointed to make decisions on your child's behalf?

○ **Yes** ○ **No**

Contact Information

The Person You Have Appointed to Make Decisions On Your Child's Behalf:

Name:
Address:
Email:
All Telephone Numbers:

Alternate Person's Contact Information (if applicable):

Name:
Address:
Email:
All Telephone Numbers:

Contact Information

Attending Physician's Contact Information:

Name:
Address:
Email:
All Telephone Numbers:

Secondary Physician's Contact Information (If available):

Name:
Address:
Email:
All Telephone Numbers:

Additional Resource:

U.S. Living Will Registry (http://www.uslivingwillregistry.com): This website provides advance directive information for each state.

Other Resources

EFMP & Me tool: https://efmpandme.militaryonesource.mil/. Stay organized and up to date with 24/7 access to the latest information and resources by creating an EFMP & Me account and building your customized checklist.

Acronym Index

Use the table below to list any acronyms that you may need to remember.

Acronym	Meaning

Notes

Notes

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Military OneSource is your 24/7 connection to information, resources and support — your one source for your best MilLife.