



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY**  
US ARMY INSTALLATION MANAGEMENT COMMAND  
2511 JEFFERSON DAVIS HIGHWAY  
ARLINGTON, VA 22202-3926

IMMW-A

JUN 4 2007

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Guidelines for Use of FY 07 Global War on Terrorism (GWOT) Funds for Exceptional Family Member Program Respite Care

1. Reference:

a. Army Family Action Plan (AFAP) Issue #501, Funding for Exceptional Family Member Program (EFMP) Respite Care.

b. 10 U.S.C. 1788 (b).

2. Purpose. To provide revised guidelines for use of FY 07 GWOT respite care funds for the Installation Management Command (IMCOM). Previous guidance is rescinded.

3. Requirements.

a. Policy.

(1) Eligibility for EFMP respite care funding will be based on EFMP enrollment, exceptional Family member's medical or educational condition and deployment needs.

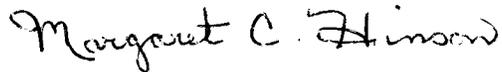
(2) Qualifying Families are eligible to receive up to 40 hours of EFMP respite care monthly for each certified exceptional Family member. Army Community Service (ACS) Directors can determine if additional care is needed on a case-by-case basis.

(3) Installation ACS staff will determine rate paid for EFMP respite care – \$25 to \$45 an hour. Any rate over \$45 an hour requires written approval of installation ACS Director. The rate should reflect the medical skill level required to provide the service and the prevailing EFMP respite care rates in the local community.

IMMW-A

SUBJECT: Guidelines for Use of FY 07 Global War on Terrorism (GWOT) Funds for Exceptional Family Member Program Respite Care

- b. EFMP respite care procedures are at enclosure 1.
- 4. EFMP respite care "*Frequently Asked Questions*" are enclosure 2.
- 5. A handout for EFMP Families "*Considerations for Finding EFMP Respite Care*" is at enclosure 3.
- 6. This memorandum will be posted to [www.myarmylifetoo.com](http://www.myarmylifetoo.com) and Army Knowledge Online.
- 7. Points of contact for this action are Ms. Carla Cary (IMCOM), DSN 332-5451, Ms. Shirley Brown (FMWRC), DSN 761-7391 and Ms. Mary Ellen Pratt (FMWRC), DSN 761-5394.



MARGARET C. HINSON  
Acting Chief, Morale, Welfare and  
Recreation Division

3 Encls  
as

DISTRIBUTION:

DIRECTOR, NORTHEAST REGION (IMNE-MW), BUILDING 5A NORTHGATE ROAD, FORT MONROE, VA 23651-1047  
DIRECTOR, SOUTHEAST REGION (IMSE-MW), 1503 HARDEE AVENUE SW, BUILDING 171, FORT MCPHERSON, GA 30330-1057  
DIRECTOR, WEST REGION (IMWE-MW), 2450 STANLEY ROAD, SUITE 101, FORT SAM HOUSTON, TX 78234-6102  
DIRECTOR, KOREA REGION (IMKO-MW), PSC 303 BOX 45, APO AP 96205  
DIRECTOR, PACIFIC REGION (IMPC-MW), 104 H PLACE, FORT SHAFTER, HI 96858-5520  
DIRECTOR, EUROPE REGION (IMEU-MW), UNIT 29353, BOX 200, APO AE 09014

## Revised EFMP Respite Care Procedures

1. Families enrolled in EFMP apply for EFMP respite care at Army Community Service (ACS) EFMP office. The installation EFMP manager:
  - Explains the EFMP respite care program to the Family and provides copy of DA Form 5189 (*Application for Respite Care for Children and Adults with Disabilities*) for completion. Families may qualify for EFMP respite care through medical or educational conditions (Atch A).
  - Verifies enrollment in the EFMP/PERNET database. If the EFMP manager cannot access data system, he or she contacts EFMP care coordinator at the MTF for verification.
    - a. Enrolled Families under **medical provisions** are given a copy of DA Form 4700 overprint (*Respite Care Eligibility Review*) (Atch B) for completion by their primary medical care provider.
    - b. Enrolled Families under **educational guidelines** verify special need through MTF EFMP verified DD Form 2792-1 (*Exceptional Family Member Special Education/Early Intervention Summary*) or a copy of the educational enrollment information printout.
2. Families not enrolled in EFMP apply for respite care at ACS EFMP office by completing DA Form 5189.
  - a. **Medical.** Provide Families with DA Form 4700 and refer to MTF EFMP. Completion of DD Form 2792 (*Exceptional Family Member Medical Summary*) constitutes enrollment for respite care.
  - b. **Education.** Families complete page two of DD Form 2792-1 and take page 3 to their local school/early intervention program. Families submit completed DD Form 2792-1 to the MTF EFMP office. Completion of DD Form 2792-1 constitutes enrollment for respite care.
3. When DA Form 4700 is completed at MTF or when the Family obtains required verification of a special education need, the Family provides the documents and the completed DA Form 5189 to ACS EFMP manager. The EFMP manager verifies the enrollment criteria listed in attachment A.
4. Enrolled Families are given options for EFMP respite care resources. EFMP respite care can be provided in many different settings – not just licensed programs.
5. Once Families select an EFMP respite care worker, they must sign the *Hold Harmless Agreement* which provides safeguards from liability (Atch C). Installations can tailor the enclosed *Hold Harmless Agreement* in coordination with their servicing judge advocate.
6. Following the provision of care, the EFMP respite care worker provides the parent an invoice (includes date of service; number of EFMP respite care hours provided; cost per hour and total cost of care; worker's address and phone number; worker's signature and date).
  - a. Families submit completed invoice to the installation EFMP manager who completes Standard Form 1034 (*Public Voucher for Services Other Than Personal*) (Atch D) and submits with invoice to the ACS Director for approval.
  - b. The ACS Director or installation EFMP manager forwards the invoice to the garrison Resource Management Office for fund cite and to servicing finance and accounting office for payment. Each garrison should develop a schedule with the Resource Management Office to determine how often paperwork is to be delivered and mailed.

## Medical and Educational Criteria

1. Eligibility of school-aged children on an Individualized Education Program (IEP) who have at least a moderate disability as recorded on DD Form 2792-1.

<b>4. ELIGIBILITY CRITERIA</b> <i>(Indicate the eligibility criteria under which the child is eligible for Early Intervention or Special Education.)</i>		
<b>a. IF THE CHILD IS FROM 3 TO 21 YEARS OF AGE:</b>		
<input type="checkbox"/> N07 AUTISTIC <input type="checkbox"/> N01 DEAF <input type="checkbox"/> N02 BLIND <input type="checkbox"/> N13 DEAF/BLIND <input type="checkbox"/> N11 VISUALLY IMPAIRED <input type="checkbox"/> N03 HEARING IMPAIRED <input type="checkbox"/> N14 PERVASIVE DEVELOPMENTAL <input type="checkbox"/> N15 DEVELOPMENTAL DELAY <input type="checkbox"/> N08 OTHER HEALTH IMPAIRED <i>(Specify)</i>	<input type="checkbox"/> N09 COMMUNICATION IMPAIRED <input type="checkbox"/> ARTICULATION <input type="checkbox"/> DYSFLUENCY <input type="checkbox"/> VOICE <input type="checkbox"/> LANGUAGE/PHONOLOGY <input type="checkbox"/> N05 TRAUMATIC BRAIN INJURY <input type="checkbox"/> N06 ORTHOPEDICALLY IMPAIRED	<input type="checkbox"/> N04 MENTAL RETARDATION <input type="checkbox"/> MILD/MODERATE <input type="checkbox"/> MODERATE/SEVERE <input type="checkbox"/> SEVERE/PROFOUND <input type="checkbox"/> N12 SPECIFIC LEARNING DISABILITY <input type="checkbox"/> N10 EMOTIONALLY IMPAIRED <input type="checkbox"/> N16 BEHAVIORAL/CONDUCT DISORDER

<b>5. SEVERITY OF THE DISABILITY</b>				
<input type="checkbox"/> MILD	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE	<input type="checkbox"/> PROFOUND	

2. Eligibility of infants and toddlers on an Individualized Family Service Plan (IFSP) who have at least a moderate disability or developmental delay (including a high probability for a developmental delay) as recorded on DD Form 2792-1.

<b>b. IF THE CHILD IS FROM BIRTH TO 3 YEARS OLD:</b>	<b>c. DISABILITY</b> <i>(Identify if known, e.g. blindness)</i>			
<input type="checkbox"/> DEVELOPMENTAL DELAY <input type="checkbox"/> HIGH PROBABILITY FOR DEVELOPMENTAL DELAY				
<b>5. SEVERITY OF THE DISABILITY</b>				
<input type="checkbox"/> MILD	<input type="checkbox"/> MODERATE	<input type="checkbox"/> SEVERE	<input type="checkbox"/> PROFOUND	

3. A medical provider must indicate whether the EFM meets one or more of the following criteria:

- a. Little or no age appropriate self-help skills.
- b. Severe continuous seizure activity.
- c. Ambulation with neurological impairment that requires assistance with activities of daily living.
- d. Tube feeding.
- e. Tracheotomy with frequent suctioning.
- f. Apnea monitoring during hours of sleep.
- g. Inability to control behavior with safety issues requiring constant supervision.

**MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

Respite Care Eligibility Review

OTSG APPROVED (Date)

(YYYYMMDD) 20070201

The Army, through its Family and Morale, Welfare and Recreation Command (FMWRC), is offering respite care to exceptional family members (EFMs) who meet one or more of the eligibility criteria listed below. A medical provider must indicate whether the EFM meets one or more of the following criteria.

- 1. Little or no age appropriate self-help skills.
- 2. Severe continuous seizures activity.
- 3. Ambulation with neurological impairment that requires assistance with activities of daily living.
- 4. Tube feeding.
- 5. Tracheotomy with frequent suctioning.
- 6. Apnea monitoring during hours of sleep.
- 7. Inability to control behavior with safety issues requiring constant supervision.

The limitation is permanent.  
or

The limitation may not be permanent, and the checked criteria are valid for 2 years at your current installation.

The Individual does NOT meet any of the above seven eligibility criteria.

Provide a copy of this form to the family for submission to the installation Exceptional Family Member Program Manager.

"Exception approved by APD, 2 Feb 2007, case number 01225."

*(Continue on reverse)*

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE (YYYYMMDD)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name –last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

Arch B

**U.S. ARMY EFMP RESPITE CARE  
HOLD HARMLESS AGREEMENT**

We (I) \_\_\_\_\_ and

\_\_\_\_\_, the legal parent(s)/custodian(s) of:

\_\_\_\_\_ DOB \_\_\_\_\_

hereby release our (my) child(ren) into the full care of \_\_\_\_\_  
(name of respite care worker) for the purpose of providing EFMP respite care.

We (I) further agree as follows:

1. While our child(ren) is/are in the full care of the above named respite care worker, said respite care worker shall have full control over them.
2. We (I) hereby authorize any licensed medical facility operated or sanctioned by the United States Government to provide our (my) child(ren) named above emergency medical care. We (I) continue to be responsible for hospital and physician costs not covered by medical insurance.
3. We (I) expressly release and discharge \_\_\_\_\_  
(name of installation), its staff and employees, the Department of the Army and the United States Government from any and all claims, demands, liability and damage of any nature whatsoever, arising from or in connection with the placement or medical/dental treatment of our (my) child(ren), other than that resulting directly from the negligence or intentional conduct of the above named persons and organizations.
4. We (I) have read this document and expressly understand and concur with the terms within this agreement. We (I) further agree that this document shall remain in full effect for as long as respite care is provided.

Signature of Parent: \_\_\_\_\_

Date \_\_\_\_\_

Atch C

Signature of Parent: \_\_\_\_\_

Date \_\_\_\_\_

Signature of ACS Representative: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness:

\_\_\_\_\_ Date \_\_\_\_\_

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000	<b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>	VOUCHER NO.				
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION	DATE VOUCHER PREPARED	SCHEDULE NO.				
	CONTRACT NUMBER AND DATE	PAID BY				
	REQUISITION NUMBER AND DATE					
PAYEE'S NAME AND ADDRESS		DATE INVOICE RECEIVED				
		DISCOUNT TERMS				
		PAYEE'S ACCOUNT NUMBER				
		GOVERNMENT B/L NUMBER				
SHIPPED FROM	TO	WEIGHT				
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i>	QUAN-TITY	UNIT PRICE COST      PER		AMOUNT <span style="float: right;">(1)</span>
(Use continuation sheet(s) if necessary)      (Payee must NOT use the space below)      TOTAL						
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY 2 TITLE	= \$	EXCHANGE RATE = \$1.00	DIFFERENCES		
<b>MEMORANDUM</b>						
ACCOUNTING CLASSIFICATION						
<b>PAID BY</b>	CHECK NUMBER	ON ACCOUNT OF U.S. TREASURY	CHECK NUMBER	ON <i>(Name of bank)</i>		
	CASH \$	DATE	PAYEE 3			

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Arch D

## Frequently Asked Questions

### Exceptional Family Member Program (EFMP) Respite Care

**Question 1:** What is EFMP respite care?

**Answer:** EFMP respite care is a program that provides temporary rest periods for Family members responsible for regular care of persons with disabilities. Care may be provided in the EFMP respite care user's home, EFMP respite care worker's home or other settings such as special needs camps and enrichment programs.

**Question 2:** Can the installation use GWOT funds for EFMP respite care throughout the deployment cycle?

**Answer:** Yes.

**Question 3:** Can spending of GWOT dollars extend beyond FY 07?

**Answer:** Yes, if an installation contracts with a local organization for these services.

**Question 4:** What date in this FY did reimbursement start?

**Answer:** The reimbursement can start at beginning of FY 07.

**Question 5:** What are the parameters for spending the GWOT dollars? Can installations be creative and use funds for staff to get the program started or for another part-time administrative person?

**Answer:** No. The parameters for spending GWOT dollars do not include staff as described. Funds are to provide EFMP respite care for Families based on EFMP enrollment, EFM's medical or educational condition and deployment needs.

**Question 6:** Do the AR 608-75 requirements for EFMP respite care users apply for execution of GWOT dollars for respite care?

**Answer:** No. The requirements in AR 608-75 do not apply for respite care users in executing GWOT dollars. Application for respite care has been streamlined for EFMP Families while maintaining the integrity of the process. Families are encouraged to select respite care from varied and flexible options. After the EFMP respite care worker is selected, Families are asked to sign a *Hold Harmless Agreement* which provides safeguards from liability.

**Question 7.** Do the AR 608-75 requirements for EFMP respite care workers apply for execution of GWOT dollars for EFMP respite care?

**Answer:** No. AR 608-75 requirements do not apply if EFMP respite care resources are available through Child and Youth Services (CYS) or civilian community. When EFMP respite care resources are not available through CYS or civilian community, AR 608-75 requirements apply.

**Question 8:** Are EFMP Families from other military Services eligible for the Army EFMP respite care program?

**Answer:** No. Other military Services are not eligible for Army EFMP respite care funds. However, they can participate in other ACS EFMP programs when on active duty.

**Question 9.** Are EFMP Families of deployed and mobilized Reservists and National Guard Soldiers eligible for EFMP respite care program?

**Answer:** No. The EFMP Families of deployed and mobilized Reservists and National Guard Soldiers are not eligible for EFMP respite care funds because they do not meet the enrollment criteria. The Army does not enroll them in EFMP because they are not making a permanent change of station move. Upon activation, they are eligible for other ACS EFMP programs.

**Question 10:** Can EFMP respite care funds be used to provide child care for siblings of an EFM or child of an adult EFM as in the examples shown below?

a. Younger sibling of an EFM child undergoing brain surgery (or chemotherapy, physical therapy, or any treatment for serious medical condition).

b. EFM mother with chronic fatigue syndrome, depression, and so forth requests respite care for her two preschoolers to relieve stress and promote healing.

**Answer:** Yes. An installation can use EFMP respite care funds to provide child care for siblings of an EFM undergoing surgery or treatment for serious medical condition. Also, they can be used to give the EFM mother a break in the situation described. CYS programs may be another source of respite care if the Family situation does not warrant the use of EFMP respite care funds. Check with the local CYS program to determine what CYS respite care options are available.

**Question 11:** Can Army CYS programs be used for EFMP respite care?

**Answer:** Yes.

a. Army Child Development Centers, School-Age Programs, certified Family Child Care (FCC) providers and Youth Centers may be used for hourly/drop in care or evening and weekend care for children 6 weeks – 18 years when EFM children/youth are enrolled in CYS programs. All CYS and ACS regulatory requirements and procedures apply.

b. In addition, EFM children 6 weeks – 18 years not enrolled in CYS programs may participate in CYS sponsored special EFMP evening and weekend care or events when accompanied by their EFMP respite care worker. Under these circumstances, CYS and ACS policies and procedures do not apply, including the requirement to be screened through the Special Needs Accommodation Process.

**Question 12:** Can CYS programs provide one-on-one respite care for EFM children?

**Answer:** No. Specialized “one-on-one care” is not provided by CYS staff. CYS programs staffed by Child and Youth Program Assistants provide care/supervision options according to prescribed child/staff ratios i.e., one staff for 10 preschoolers or 15 youth.

**Question 13:** Are there options for CYS and ACS to work together to provide EFMP respite care?

**Answer:** Yes.

- a. Group EFMP respite care can be provided in CYS settings on a space available basis, e.g. special time blocks in CYS facility classrooms, CYS multi-purpose rooms/gyms, permanent Short Term Alternative Child Care (STACC) sites using a combination of CYS staff and EFMP respite care workers.
- b. CYS programs may identify EFMP respite care FCC homes in coordination with ACS/EFMP staff.
- c. CYS programs may establish child development homes in coordination with ACS/EFMP staff.

**Question 14:** When can EFMP respite care funding be used to reduce some of the child care fees in Army operated CYS programs?

**Answer:**

- a. EFMP respite care funding may be used for hourly, evening, weekend and special openings/events care for:
  - (1) CYS enrolled EFM children.
  - (2) EFM children whose medical/behavioral conditions require them to be accompanied by their EFMP respite care worker.
- b. EFMP respite care funding may not be used to reduce/eliminate full day child care fees in Army operated CYS programs including care provided by certified Army FCC providers.

**Question 15:** Are there restrictions on the number of hours of EFMP respite care that can be provided by individuals in their government owned or leased quarters (including RCI)?

**Answer:** Yes. Individuals providing EFMP respite care or other child care more than

a. Ten child hours per week in their government owned or leased housing (including RCI) must be certified as Army FCC providers. This restriction does not apply to individuals caring for one child for ten hours per week or two children for five hours per week, etc. Multiple children from the same family count as one child.

b. If a Family uses a friend or neighbor to provide 10 hours of EFMP respite care per week in the individual's government owned or leased home, that individual can not accept children from other Families while providing such care.

c. EFMP and FCC staff must work cooperatively to ensure that individuals residing in government quarters do not establish small businesses for the purpose of providing EFMP respite care, i.e., one individual caring for 5 EFM children for 10 hours per week for a total of 50 child care hours unless they become a certified FCC provider.

**Question 16:** Can a neighbor provide EFMP respite care services in the child's government owned or leased home without being FCC certified?

**Answer:** Yes. Care provided in the EFM child's own home is not regulated by CYS when the children in care are limited to EFM child and siblings and the children of the individual providing services. However, if children other than the EFM child, siblings and the children of the individual providing the EFMP respite care are also receiving EFMP respite care or other child care, the "10 hour" rule applies.

**Question 17:** Can certified FCC providers provide respite care in their "off duty" hours?

**Answer:**

a. Certified FCC providers may provide EFMP respite care in an EFM child's home, following guidance as outlined in Question 16. Under such circumstances, these individuals are not considered to be FCC providers, and therefore, may provide care procedures authorized under EFMP respite care guidelines.

b. Certified FCC providers may provide EFMP respite care in their government quarters during evening and weekends as *Special Needs Extended Hours FCC homes*.

**Question 18:** Can a CYS Program Assistant provide EFMP respite care in their “off duty” hours?

**Answer:** Yes, when

a. EFMP respite care occurs in the EFM child’s home per guidance outlined in Question 16 and

b. CYS employees providing these services in government owned or leased housing do not exceed the “10 hour rule.”

## Considerations for Finding EFMP Respite Care

This information will help you determine the particular EFMP respite care setting (*home or community*) or type (co-op, camp, hospital) that will best suit your family circumstances.

***You may prefer that your child or adult family member be cared for in your own home because:***

- Your EFM is comfortable in your home and would not have to adjust to a new place with a different routine.
- Your home is already “safety-proofed” for your EFM ‘s safety and convenience.
- You can feel secure in the knowledge that you can remain at home as long as you like, until you feel comfortable leaving your child/adult family member with an EFMP respite care worker.
- All of the necessary equipment, food, medication and toys are within reach and do not need to be transported to another location.

***If you think that in-home EFMP respite is best for you, consider the following questions:***

- Will you feel comfortable having an EFMP respite care worker in your home?
- Will you receive the break that you need with in-home EFMP respite services?
- Would you prefer to use your EFMP respite time in your own house doing projects that aren't possible to do with your EFM around?
- Can you make arrangements for an EFMP respite care worker who doesn't drive?

### ***A quick look at EFMP respite provided in the community setting***

EFMP respite care that you arrange outside your home is considered *community* EFMP respite care. In your area, respite may occur in one or several of these places:

- in the home of a neighbor, family member, or other non-licensed respite care worker;
- in the home of another parent who has a child with special needs;
- in a respite center or residential program;
- in a recreational setting;
- In a child development center or child development home;
- In a youth program;
- in a camp setting;
- in the home of a licensed Family Child Care Provider;
- in a hospital, nursing home or hospice for children with medical needs.

***You may like community respite because:***

- it provides an opportunity for your EFM to be out with others;
- it allows you to undertake household tasks that are difficult to do when others are present;
- it may boost your EFM's self esteem because he or she was not left behind at home while you left home to "have fun."

***If you think that community respite is best for you, consider the following questions:***

- Will it be so difficult for you to leave your EFM in an unfamiliar place that you will not enjoy your respite time?
- Will your EFM have trouble getting used to another setting?
- Will you be able to arrange for transportation?
- Will packing the clothing, toys, medicine and other equipment require so much planning that your respite break will not be worth the effort?
- Will your EFM receive sufficient individual attention?