

**Exceptional Family Member Program  
Installation Reimbursement Respite Care Program-Request Application**

Name:		Rank:	SSN: xxx-xx-_____	EAS:
Unit Address:		Home E-Mail address:		
Home Address:		Unit Telephone:		
		Home Telephone:		
		Alternate Telephone:		
Number of Dependents: Children: Spouse: Parents:	EFM Name/Age			
Number of EFMs enrolled:	1. _____			
EFMP Enrollment Date: (DD/MM/YEAR)	2. _____			
	3. _____			
	4. _____			
	5. _____			
	USMC	NAVY	OTHER	
Need For Skilled Nursing? Yes or No				
Enrolled in Medicaid Program? Yes or No				
Enrolled in the state's Developmental Disability Services? Yes or No				
<i>EFMP Families may receive up to 40 hours per month, per family. This includes age-typical siblings if needed. Hour Counts do not vary if more than one child is supported at the same time.</i>				
<i>EFMP enrollment and/or update must be current and the EFM must legally reside full time with the sponsor.</i>				
<i>The Marine Corps Installation Respite Care formula is determined by CMC (MRY-1) using the Installation CDC hourly rate. In some cases, this may not cover costs expended by the family and therefore should be considered as a subsidy for care and not an entitlement.</i>				
<i>Families must provide the medical necessity and the provider documentation of qualifications for level three or level four reimbursements. Level three and level four providers must be at least 18 years of age.</i>				
"I undersigned, understand the intended purpose of respite care support and that these funds are not intended for related childcare expenses. I also understand that requesting use of respite funds for other than the intended purpose constitutes fraud and may result, at a minimum, ineligibility for future use of respite care funds up to prosecution."				
Signature:				Date: (DD/MM/YEAR)

\*\*\*\*\* Official Use Only\*\*\*\*\*

1. Current EFMP Enrollment Verification		4. Respite Provider Care Level	
2. Medicaid Eligibility		5. Hold Harmless Agreement	
3. Copy of DD Form 2792/2792-1			

EFMP administrative signature upon request:	Date:
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