



Assignment of EFMP Family

1. The following Soldier and family members have been reassigned to your installation:

Name: _____ SSN: _____
Report Date: _____ Sponsor reassigned to: _____
Email Address: _____

2. Request support of the sponsor and the family during their designated tour.

Name: _____ EFMP relation to Sponsor: _____

D.O.B: _____ Disability/Disorder: _____

Name: _____ EFMP relation to Sponsor: _____

D. O. B: _____ Disability/Disorder: _____

3. This family would like special assistance in:

4. Check one: PCS _____ Date departing _____ ETS _____ Date _____ Retiring _____ Date _____

I, the undersigned, hereby authorize release of my Exceptional Family Member information to the gaining installation.

(Sponsor's signature and date)

5. The point of contact is the undersigned at DSN 734-5256.
E-mail: jacksoncf@jackson.army.mil

Cheryl F. Jackson
EFMP Manager
Army Community Service