 **MILITARY FAMILY SERVICES**

**Veteran Family Program**

**Emergency Family Care Plan**

**Year: 2017-2018**

**PROTECTED “A” WHEN COMPLETED**

One of the most important considerations of family readiness is to ensure that your family is taken care of during times of emergencies and long-term absence. A Family Care Plan (FCP) is very important for all families, and is especially critical for single parents. This form is for the confidential use of your Military Family Services Coordinator.

A **Family Care Plan** should be developed whether you expect to be absent for a long period of time or not, because there could always be an emergency. Taking care of these considerations now will ensure your family members are adequately cared for in these situations.

The preparation of a FCP is highly recommended. You may be required to have a FCP on file if you are requesting Emergency Childcare for a particular situation.

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| **Background History** | | | |
| **Family Name:** | | **Date Filled Out:** | |
| **Primary Address:** | | | |
| **Insurance for Children / Parent(s)** | | | |
| **Primary Insurance:** | | **Cert#** | |
| **Secondary Insurance:** | **Group#:** | | **Cert#:** |
| **Child(ren) / Parent(s)** | | | |
| **Name** | | **DOB** | |
|  | |  | |
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**This document will be used in case of an emergency and you and your spouse are unavailable due to this emergency.**

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| --- | --- | --- |
| **Information:** | | |
| **Local Provider:** | | |
| **Name:** | **Address:** | **Phone:** |
| **Primary Care Information:** | | |
| **Name:** | **Address:** | **Phone:** |
| **Long Term Care Information:** | | |
| **Name:** | **Address:** | **Phone:** |
| **School Information:** | | |
| **If your child attends school, provide: Name, Location/Address, Phone number, Contact person and Bus route information:** | | |
| **#1.** | | |
| **#2.** | | |
| **Activities Information:** | | |
| **If your child or parent attends regularly scheduled extracurricular activities list: Name, Days of activities, Location/Address, Phone number, Contact Person and how they normally get to and from:** | | |
|  | | |

Please have a list of all the information you would want the childcare provider to know in case you were not available. Things such as health concerns, diet concerns, comfort measures, nighttime routines, and any other day-to-day things that you feel would aid in making a stressful situation for your child(ren) a bit more manageable. \* Please submit this list to the MFRC to keep on file for your family.

Have you completed this list?  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Pets** | | | |
| **Name** | | **Type** | |
|  | |  | |
|  | |  | |
| **Veterinarian/Pet Daycare** | | | |
| **Name:** | **Address:** | | **Phone:** |

Please have a list of any special needs your pet(s) may have, please include the type of food they eat, where they sleep, etc. This will help the person who cares for your pet(s).

Have you completed this list?  Yes  No

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| **Additional information for you to consider:** |

Yes  No: I have created a Will with a Power of Attorney.

Yes  No: I have assigned a guardian for my family in a special Power of Attorney.

Yes  No: I have provided someone with the location of all Important Documents (Insurance,

Wills, Bank accounts, birth certificates, etc.).

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| **Acknowledgments:** |

Yes  No I have thoroughly briefed all designated parties listed in this plan on the full extent of their responsibilities and information regarding my family.

Yes  No I agree to submit additional required plans in such scenarios as my spouse is pregnant or going to be away to handle a family emergency, which may require Emergency/Respite Childcare Benefits.

Yes  No I understand that Emergency Childcare Benefits requests will need to be sent to the Regional Representative for consideration and approval; therefore, not guaranteed.

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| **Consent for Medical Treatment of Child(ren)** |

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Primary Parent/Guardian) (Secondary Parent/Guardian)

Hereby authorize the individuals listed in this family care plan to act on my/our behalf to consent to any medical treatment or diagnostic procedures, which may in his/her best judgement be in the best interest of the child(ren) / parent(s) listed above. This permission may include any medical care that may be considered necessary with the advice of the attending physician, surgeon, dentist or hospital staff.

Signature of Primary Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Secondary Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Statement Of Understanding** |

By signing below, you are stating that the information on this form is accurate to the best of your knowledge, you will update information as necessary to keep the information current and you have read and understand the contents.

You understand that all parties listed on this form will have access to your personal information that has been laid out in your Family Care Plan and may be shared with outside parties in the event of an emergency where your family members may need care or medical attention.

I/we have read and understand the Statement of Understanding, and all that it applies to within my Family Care Plan.

Signature of Primary Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Secondary Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_