FAMILY CARE PLAN ARRANGEMENTS

1. Financial - (Describe how you will provide support for your family members while they are under someone else's care. This may include an allotment, powers of attorney or bank accounts and access.)

2. Logistical - (Describe how your family members will get to the designated caregiver. This is especially important if geographically separated. Describe how financial support necessary to effect transportation will be provided. Also discuss provisions for minor children if they have to travel to a caregiver and cannot go unaccompanied. Include any details concerning care of your home, school arrangements for children, points of contact for your caregiver in case of emergency, and use of government services, specifically, what directions have you given for access to the exchange, commissary, recreation, etc. Include all other arrangements that pertain to your situation). Don't forget to provide all prospective caregivers names to your child's school or day care center as persons authorized to pick-up child(ren) (this is particularly important in the event of your death or incapacity while the child(ren) is at school/day care.)

3. Medical - (Explain where your family member is to go for routine and emergency medical treatment. Does your caregiver know where medical/immunization records are? Do they have names and addresses of medical providers? Have you discussed with your caregiver any medical conditions or allergies that your family members have? Any special directions in case of a medical emergency? Don't forget special powers of attorney (SPOA) for medical treatment. A separate SPOA for medical treatment is not necessary if the Sample POA for Family Care Plan (enclosure (2)) is utilized.)

4. Legal - (Provide name, address and telephone number of your attorney (if you have one); any legal documents your caregiver should have copies of such as your will, insurance policies, family members military ID cards and your social security number. Also discuss what you have told your caregiver to do in the event they are no longer able to care for your family members. Who is your alternate caregiver? Add any other legal information that would be necessary.)

TYPED OR PRINTED NAME OF MEMBER	SIGNATURE OF MEMBER	DATE

CLEAR FORM