FAMILY CARE PLAN COUNSELING CHECKLIST

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: None.

DISCLOSURE: Mandatory; failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

Careful planning is required to ensure adequate care of family members while performing required military duties. Pregnant soldiers, single parents, and dual-military couples with family members will be counseled in accordance with AR 600-20. The soldier and the commanding officer *(or designated representative)* will initial each item on the checklist.

PART I - ACTIVE ARMY AND RESERVE COMPONENT	SOLDIER	COMMANDER
A. I am receiving Family Care Plan counseling by my commander *(or designated representative)* because my current family status is:		
1. A pregnant soldier who: a. Has no spouse; is divorced; widowed, or separated; or is residing without her spouse.		
b. Is married to another service member of AC or RC of any service *(Army, Air Force, Navy, Marines, Coast Guard).*		
2. A soldier who has no spouse; is divorced, widowed, or separated or is residing apart from his/her spouse; who has joint or full legal and physical custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
3. A soldier who is divorced *(not remarried)* and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the soldier's care in excess of 30 consecutive days.		
4. A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.		
5. A soldier categorized as half of a dual-military couple of the AC or RC of any service *(Army, Air Force, Navy, Marines, Coast Guard)* who has joint or full legal custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
B. I understand that I must arrange for the care of my family member *(s)* so as to be: (1) Available for duty when and where the needs of the Army dictate; (2) Able to perform my assigned military duties without interference of family responsibilities.		
C. I have been counseled on the importance of: 1. Selecting qualified, reliable, and stable guardians *(temporary and long-term),* whom I would have no reservations about entrusting the sole care of my family members, and who are both capable and willing to care for them in my absence.		
2. Providing maximum information to guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family member *(s).*		
3. Providing all necessary documentation and financial support so that the designated guardians have everything necessary to act in that capacity.		
D. I understand that designated guardians must be able to assume responsibility for my family member *(s)* during any periods of absence to include: during duty hours, alerts, field duty, roster duty, TDY, deployments, AT, MUTAs, ADT, or in the event of hospitalization, or other periods of absence for military duty, emergencies or unexpected circumstances.		
E. I understand that I am fully responsible for making all necessary arrangements *(housing, educational, legal, transportation, financial, religious, special, etc.)* to ensure a smooth, rapid turnover of family member care responsibilities in case the plan is implemented.		
F. I understand that I must initiate legal documentation such as the power of attorney for guardianship *(DA Form 5841)* which will authorize guardian *(s)* to act in loco parentis; to perform any and all acts as fully to all intents and purposes as I might or could if personally present; to authorize for the care and treatment of my family member *(s)* regardless of whether on an emergency basis, or for routine care, including all major surgery deemed necessary by a duly licensed staff physician at any military or civilian hospital; to register my child *(ren)* in school, and to grant or to withhold permissions as my attorney shall deem appropriate.		
G. I understand that designated guardians must submit notarized certificates of acceptance *(DA Form 5840)* agreeing to accept full responsibility for my family member *(s);* attesting that they have received all necessary and essential documents; and attesting to the fact that they have been provided information on how to gain access to military/civilian facilities, services, entitlements and benefits on behalf of my family member *(s).*		

PART I - ACTIVE ARMY AND RESERVE COMPONENT *(Continued)*	SOLDIER	COMMANDER
H. I understand that I must maintain in my Family Care Plan, a DD Form 1172 for each family member to ensure the issue/renewal of Uniformed Services Identification Cards in my absence.		
I. I understand that my Family Care Plan must be updated and recertified by my commander at least annually *(more often if required by my commander or mission of my unit)*, or in the event of any change in my family status, guardians, legal custody, duty station, etc.		
J. I understand that it is strongly encouraged *(though not mandatory)* that I ensure that I have an updated will which specifies my desires concerning custody of my family member*(s)* in the event of my death.		
K. I understand that there are voluntary and involuntary procedures for my separation from military service when my parental responsibilities interfere with the performance of my military duties.		
L. I understand that I will receive no special consideration in duty assignments or duty stations based on my responsibility for my family member*(s)* unless enrolled in the Exceptional Family Member Program *(EFMP)* in accordance with AR 608-75.		
M. I understand that I am fully responsible for all transportation arrangements and costs pertaining to transportation of family member*(s)* to guardian or guardian to dependent family member (s).		
N. If I am assigned OCONUS, I understand that I must identify an escort for my family member*(s)* in the event that Noncombatant Evacuation Operations *(NEO)* are put into effect.		
O. If NEO procedures are not initiated at the time I am required to implement my Family Care Plan, I understand that I may request the opportunity to personally escort my family membe r(s) back to CONUS if time and the nature of the military situation permits, and my commander approves. I also understand that I may request approval for the designated guardian to reside in my government quarters in my absence. I further understand that the Army will not be responsible for reimbursement of any travel costs incurred by the guardian or escort unless they are otherwise eligible under their own military family member status.		
P. I understand that members of a dual-military couple may submit the same basic Family Care Plan to both commanders, provided that neither military member is identified as the long-term guardian in the plan. The original Family Care Plan will be maintained by the commander of the military member least likely to deploy, with a copy of the DA Form 5305 forwarded to the spouse's commander. If both military members are equally likely to deploy, the original will be filed with the Army member's commander and a copy with the commander of the other service. If both are Army members and equally likely to deploy, it is inconsequential which commander has the original, so long as both commanders have copies in the unit files.		
Q. I understand that I should provide letters of instruction outlining all special arrangements and instructions the guardians or escort should be aware of *(See Figure 5-4, AR 600-20).*		
R. I have received copies of all the required forms and documentation, and know whom to contact in the event I have additional questions or need additional assistance in preparing the Family Care Plan.		
S. I understand that I must submit the complete Family Care Plan with all attendant documents to my commander within the time limits specified by my commander *(or designated representative):* ☐ AA 30 days from date of this counseling session. ☐ RC 60 days from date of this counseling session.		
T. I understand that it is my responsibility to notify my commander in advance if I am aware of any circumstances beyond my control that might prevent me from meeting the submission deadlines. The commander is authorized to grant a one-time extension of 30 days based on extenuating circumstances.		
PART II - ACTIVE ARMY AND RC SERVING ON ACTIVE DUTY		
Policies, Provisions, Entitlements, Benefits, and Services: A. Policies governing deletion or deferment from assignment instructions because of personal reasons. See Chapter 3, AR 614-200*(AA enlisted)* or Chapter 6, AR 614-100 *(AA officers)* or AR 135-91*(RC).*		
B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours *(including unaccompanied tours)*. The needs of the Service provide the basis for selecting a soldier for reassignment in accordance with AR 614-30, AR 614-200, and AR 614-100.		
C. Entitlements to assignment of government or pay of basic allowances for quarters. See Chapter 10, AR 210-50.		
D. Policies governing entitlement to basic allowance for subsistence, application procedures, and payment. These are contained in Chapter 1, part 3, AR 37-104-3; and Chapter 20, DoD Military Pay and Allowances Entitlements Manual.		
E. Provisions for applying for concurrent travel of family members when alerted for overseas movement Approved joint domicile assignments do not constitute authority to move family members to the overseas command at government expense. Application for family member travel must be made in accordance with AR 55-46.		

PART II - ACTIVE ARMY	SOLDIER	COMMANDER
F. Eligibility requirements for shipment of household goods to the next permanent duty station at government expense. See Chapter 4, AR 55-71 and Part D, Chapter 5, Volume 1, Joint Federal Travel Regulation *(JFTR).*		
G. The entitlement to government paid transportation of family members to the next permanent duty station. See Chapter 9, AR 37-106 and Part C, JFTR. Transportation allowances for dependent family member movement will be paid for under the following conditions: 1. If traveling in a PCS status between CONUS permanent duty stations. However, family members are not authorized to move to or from TDY stations at government expense.		
2. If traveling to, from, or between OCONUS duty stations in PCS status provided tour length requirements have been satisfied. See Section III, Chapter 1, AR 55-46 regarding tour length requirements to qualify for family member movement to, from and between overseas areas.		
H. The status of noncommand sponsored family members in the overseas command. See paragraph 1-17, AR 55-46.		
I. Services provided by the Army Community Services *(ACS)* regarding financial planning. See chapter 9, AR 608-1.		
J. Services available from Personal Assistance Points at major points of embarkation in the CONUS.		
K. Maternity counseling for pregnant single soldiers on the costs of child bearing and raising.		
L. Provisions of CHAMPUS.		

PART III - MILITARY SPOUSE AND SPOUSE'S COMMANDER CERTIFICATION

A. **Military spouse:** *We have been counseled on our responsibilities to the military service and our family member (s.)*

1. SIGNATURE OF SPOUSE	2. DATE *(YYYYMMDD)*	
3. TYPED OR PRINTED NAME OF SPOUSE		

B. **Spouse's commander:** *I have provided counseling for the military spouse assigned to my unit concerning Family Care Plan requirements.*

1. SIGNATURE OF SPOUSE'S COMMANDER	2. DATE *(YYYYMMDD)*	3a. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF SPOUSE'S COMMANDER		b. E-MAIL ADDRESS

PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. **Soldier:** *I have been counseled on my responsibilities to the Army and to my family member(s)* **.**

1. SIGNATURE OF SOLDIER	2. DATE *(YYYYMMDD)*	
3. TYPED OR PRINTED NAME OF SOLDIER		

B. **Soldier's commander:** *I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).*

1. SIGNATURE OF SOLDIER'S COMMANDER	2. DATE *(YYYYMMDD)*	3a. UNIT ADDRESS
4. TYPED OR PRINTED NAME OF SOLDIER'S COMMANDER		b. E-MAIL ADDRESS