

Sailor or Spouse Signature

NAVY EXCEPTIONAL FAMILY MEMBER (EFM) RESPITE CARE WAITING LIST CERTIFICATION OF ELIGIBILITY FORM



After creating your MCC account and household profile, return the completed form to

<u>NavyEFMPrespite@usa.childcareaware.org</u>. You <u>are not</u> required to send in your EFMP Enrollment Letter. *Sailor's information listed below must match what was used to create the MCC account.

*Active Duty Sailor's Name (First Last):	
Spouse Full Name (First Last):	
(If other than spouse, please indicate status)	
Sailor's Contact Information *Primary Phone #:	
*Primary Email:	
Military Email (if not primary email):	
If Reservist, check here:	
EFM child(ren) Information (EFM child category information is found in the Navy Accountability and Asse	essment System [NFAAS])
EFM Child #1 Full Name:	EFM Category:
DoB (<i>MM/DD/YYYY</i>):	
EFM Child #2 Full Name:	EFM Category:
DoB (MM/DD/YYYY):	
Eligibility for CYP EFM Respite Care • Sailor MUST be Active Duty or Reservist on Active Duty Orders • Sailor MUST be enrolled in the Navy Exceptional Family Member assigned a Category 4 or 5 and residing with him/her in the same • Eligible EFM child(ren) must be age birth through 18 years • Respite Care is authorized for the eligible EFM child(ren) only By completing and submitting this form, I certify that my family meets the Navy EFM Respite Care. I further understand that if my location/address of will update MCC as well as CCAoA. I acknowledge and understand my EFM MUST BE CURRENT (HQ EFMP requires every 3 years) to accept enrollment space and the EFMP Enrollment Letter must be submitted at that time.	er Program with a child(ren) ne household eligibility requirements for r child's EFM status changes, I child's category and update

Date