

FAMILY CARE PLAN

AR 600-20, Section 5-5



DPER

**Directorate of Personnel
& Family Readiness**

**Mobilization and Deployment Readiness Program
(253) 966-3679 (SRP SITE)
(253) 967-3397/8430**

FAMILY CARE PLAN TABLE OF CONTENTS
(EXPLANATION OF DOCUMENTS ALSO INCLUDED)

- 1 **DA Form 5304 Family Care Plan Counseling Checklist** - Takes AR 600-20 and looks at it in pieces; going over why Soldiers need a Family Care Plan. Not all regulation aspects will apply to all Soldiers. Simply initial the boxes to show you understand AR 600-20. Sign with your Command. If you are dual military and initiating the Family Care Plan your spouse signs on the top portion. You, sign on the bottom where it denotes Soldier and Commander Certification. The 5304 does not need annual recertification.
- 2 **DA Form 5305 Family Care Plan**- Examines all Family Care Plan paperwork to insure all steps have been taken to establish appropriate guardianship over the Soldier's dependents. The Soldier must initial the form's boxes and place the LOCAL guardian's name and contact information on the bottom of the first page.
- 3 -The name and contact information for the long-term guardian goes atop the second page. Soldiers and respective Commanders must sign and annually recertify that the Family Care Plan remains valid. Recertification slots for the Soldier and Commander are below the initial full signature block.
- 4 **DA Form 5840 Certificate of Acceptance as Guardian or Escort:** Make copies of this document only one is provided. - This is the GUARDIANS' responsibility upon receiving a Power of Attorney. GUARDIANS must SIGN the certificate in the NOTARY'S PRESENCE. Signing prior to notarizing will VOID the form's validity. Every guardian issued a Power of Attorney must also have a certificate with their signature and a notary.
- 5 **DA Form 5841 Power of Attorney:** Make copies of this document only one is provided.
 - a. A notarized Power of Attorney is required for every guardian the Soldier selects.
 - b. Fill in the blanks and follow the steps provided on the instructions page
 - c. A Soldier must have notarized original power of attorney for each guardian.
 - d. IF BIOLOGICAL PARENTS ARE THE ASSIGNED GUARDIAN, SOLDIERS CAN CONSULT AN ATTORNEY; HAVING THEIR OWN SPECIAL POWER OF ATTONERY FOR FAMILY CARE PLAN USE. THE OTHER PARENT MUST SIGN A CERTIFICATE SHOWING THEY POSESS DOCUMENTS NEEDED FOR GUARDIANSHIP DURING THE SOLDIER'S ABSENCE
- 6 **DD Form 1172 DEERS Enrollment /Application for Uniformed Services Identification Card:** a copy of the dependent's ID card is not acceptable and it is against regulations to copy such. The DEERS office will print a copy of the form.
- 7 **DD Form 2558 Allotment for Financial Support:** Shows money is being provided to the LONG TERM GUARDIAN to support the Soldier's dependents. The Soldier SHOULD NOT sign the allotment until departure is emanate. The Allotment is not a requirement if the Soldier can prove funds are being allocated. (For example, Soldiers can explain financial support in the Letter of Instruction [Item #2]).
- 8 **Letter of Instruction:** This is an information sheet the Soldier drafts pertaining to the specific care instructions for the children. It is for the guardians.
SINGLE PARENTS and DUAL MILITARY WITH CHILDREN OF OTHER PARENTS THAN CURRENT MILITARY SPOUSE MUST COMPLETE DA FORM 7667 FAMILY CARE PLAN PRELIMINARY SCREENING. IF A SOLDIER'S FAMILY CARE PLAN DOES NOT COMPLY WITH AN ESTABLISHED LEGAL CUSTODY AGREEMENT, BOTH THE SOLDIER AND THE OTHER PARENT MUST SIGN AND NOTARIZE DA FORM 7666 PARENTAL CONSTENT.
****If you have special circumstances not covered in D.A. Form 7667, consult your Command ****

Basic Requirements for a Family Care Plan

- 1 Family Care Plan Counseling Checklist _____
 - a. DA Form 5304

- 2 Family Care Plan _____
 - a. DA Form 5305

- 3 Letter of Instruction 2 Copies

- 4 Certificate Of Acceptance as Guardian or Escort _____
 - a. DA Form 5840 (Short Term)*

- 5 Power of Attorney _____
 - a. DA Form 5841 (Short Term)*

- 6 Certificate of Acceptance as Guardian or Escort 2 Copies
 - a. DA Form 5840 (Long Term)*

- 7 Power of Attorney 2 Copies
 - a. DA Form 5841 (Long Term)*

- 8 Application for Uniformed Services 2 Copies
 - a. Identification Card – DEERS Enrollment

- 9 Allotment or Financial Support – as stated in AR 600-20 _____

- 10 Parental Consent (If appropriate) _____
 - a. DA Form 7666

- 11 Family Care Plan Preliminary Screening (If appropriate) _____
 - a. DA Form 7667

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 <i>(Continued)</i>	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 <i>(more often if required by my commander or mission of my unit)</i> , 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 <i>(though not mandatory)</i> that I ensure that I have an updated will which specifies my desires concerning custody of my family member <i>(s)</i> 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 <i>(s)</i> unless enrolled in the Exceptional Family Member Program <i>(EFMP)</i> 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 <i>(s)</i> to guardian or guardian to dependent family member <i>(s)</i> .		
N. If I am assigned OCONUS, I understand that I must identify an escort for my family member <i>(s)</i> in the event that Noncombatant Evacuation Operations <i>(NEO)</i> 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 member <i>(s)</i> 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 <i>(See Figure 5-4, AR 600-20)</i> .		
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 <i>(or designated representative)</i> : <input type="checkbox"/> AA 30 days from date of this counseling session. <input type="checkbox"/> 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 <i>(AA enlisted)</i> or Chapter 6, AR 614-100 <i>(AA officers)</i> or AR 135-91 <i>(RC)</i> .		
B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours <i>(including unaccompanied tours)</i> . 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 55-48 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 55-48.			
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: <i>We have been counseled on our responsibilities to the military service and our family member (s.)</i>			
1. SIGNATURE OF SPOUSE		2. DATE (YYYYMMDD)	
3. TYPED OR PRINTED NAME OF SPOUSE			
B. Spouse's commander: <i>I have provided counseling for the military spouse assigned to my unit concerning Family Care Plan requirements.</i>			
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>I have been counseled on my responsibilities to the Army and to my family member(s) .</i>			
1. SIGNATURE OF SOLDIER		2. DATE (YYYYMMDD)	
3. TYPED OR PRINTED NAME OF SOLDIER			
B. Soldier's commander: <i>I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).</i>			
1. SIGNATURE OF SOLDIER'S COMMANDER		2. DATE (YYYYMMDD)	3a. UNITED ADDRESS
4. TYPED OR PRINTED NAME OF SOLDIER'S COMMANDER		b. E-MAIL ADDRESS	

CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.
PRINCIPAL PURPOSE: Guardian's agreement to care for a soldier's child(ren) in his or her absence.
ROUTINE USES: None.
DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of a soldier's Family Care Plan.

I _____ was provided an original DA Form 5841
(Power of Attorney) or other legally sufficient authority naming me as guardian/escort for:

NAME (s) / AGE (s) OF FAMILY MEMBERS

family members of:

NAME (s)

I agree to accept responsibility for these family members. I have received all necessary documents required to provide financial, medical, educational, quarters, and subsistence support for these family members. I have been briefed on procedures for accessing military/civilian facilities, services, benefits, and entitlements on behalf of these family members.

TYPED OR PRINTED NAME OF GUARDIAN		ADDRESS (Include ZIP Code)
SIGNATURE	DATE (YYYY/MM/DD)	
TELEPHONE NUMBER (Include Area Code)		

NOTARY:

STATE OF _____
COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(Notary Public)

My commission expires:

Letter of Instruction Guidelines

The Letter of Instruction meets a regulatory requirement under AR 600-20 as it is used to inform and educate selected guardians regarding the Service Member's wishes for care of their loved ones. (Please note: not all individuals requiring guardianship are presumed to be minor dependents but this document will serve to address the basic needs of a minor whose parent's military service requires a Family Care Plan or FCP.) Soldiers in the process of composing or revalidating a required FCP will write a letter addressing multiple factors crucial to their child's general well-being. The following is a list of suggestions for composing an effective, easily understood letter.

- 1.) State who you are and explain your relationship to your dependent. Also, explain the reason the letter is being written. For example, I, Spc. Jane Doe parent of Jon Doe, Jr. have made arrangements for Jon's care in the event I am unavailable. Feel free to use appropriate wording when explaining your relationship like legal guardian if you are not the parent to the child being discussed.
- 2.) List the names and all relevant contact information for each guardian listed on the DA Form 5305. Remember, there is a good chance that your guardians may need to communicate with one another in order to arrange necessary transportation, transferring of guardianship, etc.
- 3.) Explain how you plan to financially provide for your child's basic needs. Examples of questions to ask yourself when considering financial support are: Does the long term-guardian have shared account access? Can or would you prefer to set up an allotment? Once you have decided, outline your basic financial support plan within the letter. You can say simply, "My long-term guardian has been given a debit card to access a special account."
- 4.) If your child requires local, short-term childcare list the name and address of the provider or child development center and the times and days your child attends. If your child does not require childcare perhaps they typically participate in after school functions such as sports or clubs. Let your guardians know this information as after school extracurricular activities may affect overall schedules and planning.
- 5.) If your child is school age list the school's name, location and phone number. It may also be beneficial to list the school hours and appropriate points of contact such as your child's teachers, coaches or other individuals involved in their daily care.
- 6.) Consider or address necessary documents the guardian may need if your child will relocate during the deployment such as medical records and transcripts.
- 7.) Is your child enrolled in the Exceptional Family Member Program? If so, consider how to best educate and provide information to the guardian regarding your child's needs and the assistance available throughout your deployment
- 8.) List your child's healthcare provider and physician's name, address and phone number.

In your absence, the Letter of Instruction can also serve to remind the guardians of various issues, concerns and wishes you may have regarding your child's care. Here are a few suggestions to complete the letter: basic household rules like bedtimes and curfews –allergies or dietary restrictions –child's hobbies/chores –Additional special or unique needs unknown to the guardian.

POWER OF ATTORNEY

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

SPECIAL INSTRUCTIONS RELATED TO EXECUTION OF POWERS OF ATTORNEY

The DA Form 5841 is a special power of attorney (POA) that may be used to authorize a person to take care of your child(ren) in your absence. It is important that you understand that you are not required to use this POA for your Family Care Plan. You may seek legal assistance to have a different POA drafted that better provides for your family members if you so desire. You must also understand that depending on the law or other requirements where your child (ren) will be living, a POA may not always be effective for your designated guardian to care for your child (ren) under any or all circumstances. You may seek legal assistance to advise you about the effectiveness of DA Form 5841, other POAs or any other matters in your Family Care Plan.

It is very important that the following persons be shown the POA or other appropriate documentation for the purpose of determining whether they will honor it:

Doctors, dentists, and hospital officials or other health care providers who may be called upon to treat your child(ren).

Any school officials or other officials who may need your permission to provide services for your child(ren) or register your child(ren) in school.

If the persons identified above will not honor the POA, you must ask to be provided powers of attorney or other documents that will be honored. You should show this POA or other documentation to all facilities, institutions, and individuals to ensure they will recognize it for the purposes you have intended.

You must understand that a POA will not prevent another person, such as a non-custodial parent or relative of your child(ren), from petitioning a court of competent jurisdiction to obtain temporary or permanent custody of your children

SPECIAL POWER OF ATTORNEY and VOLUNTARY APPOINTMENT OF GUARDIAN

This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney under the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, do hereby appoint

_____, residing at _____

_____ (city and state) as my true and lawful attorney-in-fact and as Guardian of my child(ren) to do the following acts or things in my name and in my behalf:

To take and maintain custody of my child(ren),

NAME AGE NAME AGE

NAME AGE NAME AGE

SPONSOR'S NAME, GRADE, SSN: _____

to do all acts necessary for maintaining my child's/children's health, education, and welfare, including the registration and enrollment of my child(ren) in educational programs and schools; and to maintain my child(ren)'s customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care; entertainment and other customary matters; and specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any child(ren) by qualified medical personnel; to act in loco parentis to my child(ren). Giving and granting individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING THE SUBJECT OF THIS DOCUMENT AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT. I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on (Minimum 1 day, Maximum 3 years) _____.

(Day, Month, Year)

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, _____.

(Day, Month, Year)

Signature

STATE OF _____
COUNTY OF _____

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the limits of my warrant of authority, appeared the above named grantor, who is known to me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who acknowledged that this instrument was executed as a free and voluntary act and deed for the uses and purposes herein set forth.

GIVEN UNDER MY HAND AND OFFICIAL SEAL on _____.

(SIGN) _____)
)
(PRINT) _____) Notary Public for the State of _____
)
RANK/COMPONENT _____)
) My Commission Expires: _____
OFFICIAL CAPACITY _____)
)
This acknowledgment is executed in my)
official capacity under the Authority)
granted by Title 10, United States)
Code, Section 1044a, Which also states)
that no seal is Required.)

HAVE YOU CONSIDERED THE FOLLOWING????

- _____ Failure of all providers listed in the plans?
- _____ Failure of one or several of the providers in the plan?
- _____ Your death, injury, capture or incapacitation while deployed?
- _____ No notice, odd hour alerts / EDREs? (2 a.m. etc...)
- _____ Injury / illness of your child while in the care of a provider other than daycare?
- _____ What bills to pay and when and with what money?
- _____ Allotments to long term care providers with instructions?
- _____ Money to give to your provider to bridge the time between when the allotment is submitted and the date it takes effect? (usually at least 30 days)
- _____ Special powers of attorney for providers to manage your affairs while you are deployed?
- _____ The location of family papers, will, etc....?
- _____ The possibility that: your ex could attempt to gain custody of your child while you are deployed?
- _____ Educating your provider(s) of any legal requirements or your parenting plan?
- _____ Educating your provider(s) of any restraining orders on your ex?
- _____ Furnished all critical phone numbers to include your lawyer, commander, immediate supervisor, executor of your will, other backup providers...?
- _____ Loss of communication with you while deployed?
- _____ Strip map to *all* critical support areas such as daycare's, hospitals, home, workplace, providers, shopping areas?

Amendment to the Family Care Plan

AR 600-20

Army Command Policy

This rapid action revision, dated 30 November 2009---

- Provides policy guidance for the legality of the Family Care Plan (para 5-5).
- Establishes DA Form 7666 for parental consent.
- Establishes DA Form 7667 for Family Care Plan preliminary Screening.

5-5. Family care plans

a. The DCS, G-1 is responsible for policy on Family care plans as follows:

(1) The Army assists the Soldier in providing for the care of his or her Family members. Mission, readiness, and deployability needs especially as it affects Active Army (AA), Army National Guard (ARNG), and Reserve Component (RC) single parents, parents with custody pursuant to a court order or separation agreement, and dual military couples with Family members. Plans must be made to ensure Family members are properly and adequately cared for when the Soldier is deployed, on temporary duty (TDY), or otherwise not available due to military requirements. ARNG and RC Soldiers are subject to those policies and regulations, and will implement plans during any period of absence for annual training, regularly scheduled unit training assemblies, emergency mobilization and deployment, or other type of active duty. Emergency-essential civilians who meet the criteria set forth in paragraph 5-5*a* are encouraged to have a Family Care Plan that follows the guidelines set forth in this regulation.

(2) DA Form 5305 (Family Care Plan) is not a legal document that can change a court-mandated custodial arrangement, nor can it interfere with a natural parent's right to custody of his/her child. Its sole purpose is to document for Army purposes the plan by which Soldiers provide for the care of their Family members when military duties prevent the Soldier from doing so. It will include proof that guardians and escorts have been thoroughly briefed on the responsibilities they will assume for the spouse/Soldier and the procedures for accessing military and civilian facilities and services on behalf of the Family members of the sponsor/Soldier. It will attest that the guardian and escort agreed to provide care and have been provided all necessary legal authority and means to do so. It will include proof that the Soldier has obtained consent to the planned designation of guardianship from all parties with a legal interest in the custody and care of the minor child, or proof that reasonable efforts have been made to obtain consent to such designation.

(3) As a minimum, proof will consist of the following attachments to DA Form 5305:

- (*a*) DA Form 5841 (Power of Attorney) or equivalent delegation of legal control (unsigned until deployment).
 - (*b*) DA Form 5840 (Certificate of Acceptance as Guardian or Escort).
 - (*c*) DD Form 1172 (Application for Uniformed Services Identification Card—DEERS Enrollment) for each Family member (Note: AR 600-8-14 directs that ID cards will be issued for children under age 10 who reside with a single parent or dual military couple).
 - (*d*) DD Form 2558 (Authorization to Start, Stop, or Change an Allotment) for active duty or retired personnel, unsigned until deployment, or other proof of financial support arrangements.
 - (*e*) A letter of instruction to guardian/escort (see DA Form 5304 (Family Care Plan Counseling Checklist)).
 - (*f*) If appropriate, DA Form 766 (Parental Consent) as evidence of consent to the Family Care Plan from all parties with a legal interest in the custody of the minor child.
- (4) Soldier are responsible for implementing the Family Care Plan and thus ensuring the care of their Family

FAMILY CARE PLAN PRELIMINARY SCREENING

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

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 you to separation, administrative action, or disciplinary action under the UCMJ.

PART I - COUNSELING

INITIALS

I have been counseled that:

1. The Family Care Plan is not a legal document that can change a court mandated custodial arrangement, nor can it interfere with a parent's right to custody of his/her child. Its sole purpose is to document for Army purposes the plan by which Soldiers provide for the care of their Family Members when military duties prevent the Soldier from doing so.
2. The best way to plan and care for my minor child/children is to obtain a court order identifying who will have temporary custody of my minor child/children in the event that I am unable or unavailable to care for them.
3. If I have an existing court order, removal of the child from the state or modification of the provisions of the order without the courts review and consent may be a violation of the court order and could result in civil action or criminal charges against me.
4. If inconsistencies exist between this Plan and any court order or decree, the court order will have greater legal effect.

PART II - SCREENING CHECKLIST

YES

NO

STOP

- | | | | |
|--|--------------------------|--------------------------|-------------------------|
| 1. a. Is the other parent of the child/children alive? | <input type="checkbox"/> | <input type="checkbox"/> | If no, then STOP |
| b. If Yes, does your Family Care Plan designate this person as the guardian of the child/children? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, then STOP |
| 2. a. Is there a court order or separation agreement concerning the custody of your child/children? | <input type="checkbox"/> | <input type="checkbox"/> | If no, go to Question 3 |
| b. If Yes, does the order or agreement provide for an alternate custody arrangement if you are unable to exercise your custody rights? | <input type="checkbox"/> | <input type="checkbox"/> | If no, go to Question 3 |
| c. If Yes, does the designation of the guardian of the child/children under the Family Care Plan comply with the provisions of the court order or marital separation agreement? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, then STOP |
| 3. If the other parent is not designated as the guardian of the child under the Family Care Plan, has that person consented to the designation of the guardian of the child/children under the Family Care Plan? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, then STOP |

WARNING: If you did not reach a STOP, then your designation of a guardian under the Family Care Plan may be at risk of challenge by the other parent. Even if the other parent has consented, if your designation is inconsistent with the terms of a court order, you may be at risk of being in contempt of court. You should consult with an attorney to determine if your Family Care Plan is at risk and if so, what steps you can take to protect yourself.

PART III - SOLDIER CERTIFICATION

Soldier: I have been counseled as indicated above and have read and understand the information regarding designation of a guardian.

1. TYPED OR PRINTED NAME

3. DATE (YYYYMMDD)

2. SIGNATURE OF SOLDIER

PARENTAL CONSENT

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To record the agreement of both parents with their child's custodial arrangement as documented in the Family Care Plan.

ROUTINE USES: None.

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

In accordance with this agreement the parties confirm the following stipulations of fact and terms of agreement: _____, a member of the United States Army, (hereinafter "the Soldier"), and _____ are the parents of _____ (hereinafter "the child"), date of birth _____, born in _____.

The child currently resides primarily with _____ at _____.

a. As a function of performing military duties, the Soldier may have to perform temporary duty, be deployed, or otherwise not be available to care for the minor child.

b. The Soldier has been notified that he or she is to be temporarily deployed. The time period of deployment has been estimated to be _____ in length. As a matter of military necessity, the minor child will not be able to reside with, or exercise access to the Soldier during this time. *(Initial appropriate paragraph)*

The parties agree that each has reviewed the attached Family Care Plan as set forth in Form DA 5305, which indicates that for the time period that the Soldier is absent, _____ is to serve as the minor child's temporary physical guardian.

The parties agree that during this period the minor child will reside at _____.

The parties agree that each will cooperate with the execution of any additional documentation as may be necessary to facilitate the designation of physical custody to the temporary guardian and effectuate this consent.

By the signatures below, each party indicates their consent to the arrangements outlined in the attached Family Care Plan and this agreement.

(SOLDIER'S SIGNATURE)

STATE OF _____ COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(NOTARY PUBLIC)

My commission expires: _____

(OTHER PARENT'S SIGNATURE)

STATE OF _____ COUNTY OF _____

Acknowledged before me this _____ day of _____, _____.

(NOTARY PUBLIC)

My commission expires: _____