

**FAMILY CARE PLAN ARRANGEMENTS**

NAVPERS 1740/7 (Rev. 02-2011)

Supporting Directive OPNAVINST 1740.4

PRIVACY ACT

**AUTHORITY:** 10 U.S.C. Section 5013, Secretary of the Navy; OPNAVINST 1740.4D.

**PRINCIPAL PURPOSE:** To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements. To ensure the member is world-wide assignable. To ensure combat readiness and document a plan for the care of family members in the event of a medium or long term absence. To evaluate compliance with DOD and Navy programs requiring Family Care Plans. To ensure family members are cared for during deployments, reserve mobilizations, temporary duty, etc. and that arrangements are in place for the financial well being of family members covered by the Family Care Plan during separations.

**ROUTINE USES:** Used by the Commanding Officer or his/her representative to ensure Family Dependent Care Program is in place.

**DISCLOSURE:** Individuals who fail to maintain a current Family Care Plan may be subject to separation from the Navy (OPNAVINST 1740.4D paragraph 7.d.(6)).

CHECK THE ITEMS THAT YOU HAVE COMPLETED FOR YOUR FAMILY CARE PLAN. PLEASE PROVIDE THE PERSONAL CONTACTS AND LOCATION OF INFORMATION.

1. FINANCIAL ARRANGEMENTS:

- ALLOTMENTS TO CAREGIVER
- IDENTIFICATION OF ACCOUNTS WITH ACCESS FOR CAREGIVER
- ACCESS TO FUNDS WITH ACCOUNTABILITY
- AUTO-PAYMENT OF OBLIGATIONS
- MODIFICATION OF SUPPORT AGREEMENTS/ORDERS

ADDITIONAL COMMENTS:

2. LOGISTICAL ARRANGEMENTS:

- MOVEMENT OF FAMILY MEMBERS AND/OR CAREGIVER(S)
  - EXISTING CUSTODY/VISITATION ORDERS
  - MODIFICATIONS OF EXISTING CUSTODY/VISITATIONS ORDERS
  - NOTIFICATION TO OTHER NATURAL OR ADOPTIVE PARENT
  - COURT ORDER GRANTING PERMISSION TO RELOCATE
  - WRITTEN CONSENT TO RELOCATE FROM OTHER NATURAL OR ADOPTIVE PARENT
- METHOD OF RELOCATION
  - AIR                      AIRLINES: \_\_\_\_\_ DATE DEPARTURE: \_\_\_\_\_
  - GROUND                VEHICLE: \_\_\_\_\_
  - ITINERARY AND MAPS PROVIDED
- FINANCIAL SUPPORT AT THE NEW LOCATION
- CARE OR MAINTENANCE OF HOME/QUARTERS
- LANGUAGE TRANSLATOR (IF REQUIRED)

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2. LOGISTICAL ARRANGEMENTS (CONTINUED):

- SCHOOL ARRANGEMENTS (MAY NOT BE ABLE TO ENROLL CHILD IN SCHOOL WITHOUT COURT ORDER)
- ACCESS TO AND USE OF GOVERNMENT SERVICES (COMMISSARY, EXCHANGE, ETC.)
- NON-MILITARY ESCORT FOR FAMILY MEMBERS NEEDING ASSISTANCE (CHILDREN, ELDERLY, DISABLED)

NAME:: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDITIONAL COMMENTS:

3. MEDICAL/HEALTH CARE SERVICES:

- IN LOCO PARENTIS POWER OF ATTORNEY TO ALLOW TREATMENT OF CHILDREN
- EXPLAINED INSURANCE AND MEDICAL PAYMENT METHODS
- IDENTIFIED CURRENT HEALTH CARE CONCERNS AND ON-GOING TREATMENTS
- PROVIDED LOCATION OF MEDICAL FACILITIES

NAME OF FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- PROVIDED NAME OF MEDICAL, DENTAL AND OTHER HEALTH CARE PROVIDERS

DOCTOR: \_\_\_\_\_ DENTIST:: \_\_\_\_\_

ADDITIONAL COMMENTS:

4. EDUCATIONAL FACILITIES LOCATION:

- IDENTIFIED EDUCATIONAL FACILITIES

NAME OF SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

- CONTACTED SCHOOLS AND LOCAL BOARD OF EDUCATION FOR ENROLLMENT INFORMATION
- EDUCATIONAL/CHILDCARE FACILITIES WILL ACCEPT CHILDREN

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4. EDUCATIONAL FACILITIES LOCATION (*CONTINUED*):

POWER OF ATTORNEY

COURT ORDER FOR CAREGIVER

ADDITIONAL COMMENTS:

5. LEGAL:

PROVIDED COPIES OF EXISTING COURT ORDERS FOR CUSTODY/VISITATION/SUPPORT/OTHER

DISCUSSED PENDING COURT CASES FOR CUSTODY/VISITATION/SUPPORT/OTHER

NAME OF COURT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

PENDING CIVIL MATTERS FOR OTHER ISSUES: \_\_\_\_\_  
\_\_\_\_\_

PROVIDED LOCATION OF LEGAL DOCUMENTS (*WILLS, POWER OF ATTORNEY, COURT ORDERS*)

IDENTITY OF PERSONS/AGENTS TO MANAGE YOUR AFFAIRS IN THE EVENT OF INCAPACITY

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LEGAL POINTS OF CONTACT FOR THE CAREGIVER

ATTORNEY: \_\_\_\_\_ PHONE: \_\_\_\_\_

LEGAL SERVICE OFFICE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EXPLAINED WHAT THE CAREGIVER SHOULD DO IN THE EVENT THEY ARE NO LONGER ABLE TO CARE FOR FAMILY MEMBERS

ADDITIONAL COMMENTS:

6. TYPED OR PRINTED NAME OF MEMBER:

7. MEMBER'S SIGNATURE:

8. DATE (YYYYMMDD):