

PROGRAM INTAKE FORM

DATE _____ UNIT NAME & ADDRESS _____ BRANCH OF SERVICE _____ MCC _____

YOUR NAME _____ SPONSOR'S NAME _____ RANK _____ SSN _____

HOME ADDRESS _____ SPOUSE'S ADDRESS IF DIFFERENT FROM SERVICE MEMBER _____

() _____ () _____ () _____ / _____
 HOME PHONE CELL PHONE WORK PHONE HOME EMAIL / WORK EMAIL

(What is your preferred method of contact? _____ Or do you wish not to be contacted other than official business? Please circle: Yes or No Initial: _____

EXCEPTIONAL FAMILY MEMBER ENROLLMENT INFORMATION
 Are you enrolled in DEERS?
 Are you currently enrolled in the EFMP?
 Do you have child (ren) receiving Special Education Services?
 Are you currently utilizing Respite Care Services?
 Number of Dependents _____
 # Boys & Age _____ # Girls & age _____

YES NO

FINANCIAL COUNSELING ENROLLMENT INFORMATION
 Do you have a security clearance? YES NO
 Is your security clearance at risk due to financial concern? YES NO
 Would you like assistance with budgeting and cash management? YES NO
 Would you like assistance with major purchase planning? saving for retirement? YES NO
 Would you like to have more information on TSP? YES NO
 Would you like to schedule a budgeting class for your unit? YES NO

RESOURCES AVAILABLE
 Would you like assistance with housing?
 (i.e. Medically Required Single Level, Pets, or Wheelchair Accessibility).
 Would you like assistance with Respite Care?
 Would you like assistance in accessing medical equipment?
 Would you like assistance in accessing Community Services?
 Would you like assistance in accessing other Social Services?
 Would you like information on Special Education laws and regulations?
 Would you be interested in special needs groups?
 If yes, for what type of special needs? _____).
 Would you be interested in participating in any EFMP recreational activities?
 Would you like to be kept abreast of EFMP training briefs and events?
 Would you be interested in a special needs support group?

YES NO

New Parent Support Program
 Are you interested in play mornings? YES NO
 Are you interested in Mom's Basic Training/Daddy's Baby Bootcamp? YES NO
 Are you interested in Time Out for Mom's? YES NO
 Are you interested in home visitation services? YES NO
 *Families need to have at least one child under the age of 6 to qualify for these services. YES NO

CLIENT INFORMATION
 Are you familiar with the various programs and services offered by Marine & Family Services?
 Did you feel the Coordinator explain the EFMP clearly?
 Did you feel that the Coordinator was sincerely interested in you and the EFM?

YES NO