DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

MCO 1740.13B
MFZ
26 MAR 2012

MARINE CORPS ORDER 1740.13B

From: Commandant of the Marine Corps
To: Distribution List

Subj: FAMILY CARE PLANS

Ref: (a) MCO P1900.16F
(b) 10 U.S.C. 47
(c) DOD Instruction 1342.19, "Family Care Plans," May 7, 2010
(d) MCO 5000.14D
(e) MCO 5512.11D
(f) MCO 1754.9A
(g) SECNAV M-5210.1
(h) SECNAV M-5214.1

Encl: (1) United States Marine Corps Family Care Plan (FCP) (SAMPLE NAVMC 11800(11-11)
(2) Sample Agent Letter

Report Required: United States Marine Corps Family Care Plan Checklist (Report Control Symbol EXEMPT), par. 4a(1)(b) and encl (1)

1. Situation. To publish policy, assign responsibilities and establish specific procedures for Total Force and applicable DoD Civilian Expeditionary Workforce (CEW) employees or personnel for the implementation of specific requirements contained in references (a) through (h). For military personnel, failure to comply with this Order may result in disciplinary action and/or adverse administrative action, including administrative separation in accordance with references (a) and (b).

2. Cancellation. MCO 1740.13A.

3. Mission. This Order provides policy for the requirement, preparation, validation, and maintenance of specific instructions for the care of dependent family members.

DISTRIBUTION STATEMENT A: Approved for public release;

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) The Marine Corps shall comply with reference (c) and shall establish implementation policy to standardize guidance and procedures for the Total Force and CEW employees and personnel in support of Marine Corps units (hereinafter referred to collectively as "Marines").

(b) All Marines, with the exception of those with no dependent(s), shall have a validated Family Care Plan (FCP) initiated as part of the check-in process for their first permanent duty station or within one year from the date this Order is signed. This reporting requirement is exempt from reports control per reference (h), Part IV, paragraph 7p. For the purposes of this Order, The Basic School shall not be considered a "first permanent duty station" but shall be required to include training on FCP as part of the standard readiness curriculum for Marines and spouses.

(c) Contractors serving in officially designated contingency operations are encouraged to have a FCP.

(d) The FCP template in enclosure (1) shall be the standard template for the Total Force. Reference (e) provides additional definitions for the utilization of this document.

(2) Concept of Operations

(a) Individual Marines shall plan for contingencies in the care and support of dependent(s) and development of an adequate FCP.

(b) Commanders are responsible to ensure that Marines with dependents have an up-to-date, adequate FCP.

(c) Commanders shall use the FCP in enclosure (1) as the template to review the Marine's FCP to validate that the plan is adequate and complete.

(d) Failure to produce a FCP in accordance with this Order may result in disciplinary or adverse administrative action, to include administrative separation, or termination. Reserve Marines who fail to produce an adequate FCP may be

subject to transfer to an inactive status, discharge, or separation.

(e) The original FCP shall become part of, and be filed with, the individual Marine's Officer Qualification Record (OQR) or Service Record Book (SRB). In the case of the CEW, the original FCP shall be filed within their personnel file.

(f) Within one year of this Order being signed, the Total Force shall replace all local unit FCP with the FCP in enclosure (1). Any additional information a Marine determines necessary to include with his/her FCP may be attached to the FCP as a separate document.

b. Subordinate Element Missions

(1) Deputy Commandant for Manpower and Reserve Affairs (DC, M&RA). The DC, M&RA provides oversight for all issues pertaining to unit, personal and family readiness and has responsibility for the implementation of policy pertaining to family care plans in compliance with reference (c).

(2) Director, Judge Advocate Division (JA). Coordinate with DC, M&RA and serve as subject matter expert for legal counsel and advice.

(3) Marine and Family Programs Division (MF). CMC (MF) maintains functional control of the implementation of policy pertaining to FCP as the program and resource sponsor for unit, personal and family readiness, and serves as the Marine Corps subject matter expert on topics not related to legal counsel and advice. CMC (MF) shall:

(a) Develop and implement policy to ensure that the Marine Corps is in compliance with reference (c).

(b) Coordinate with JA to facilitate an appropriate level of support for training to ensure commanders are equipped to take a hands-on, pro-active role in fulfilling their FCP requirements.

(c) Develop and implement guidance and training to ensure commanders are provided education and support on the requirement, preparation, and maintenance of FCP.

(d) Coordinate Marine Corps Community Services (MCCS) functions to support commanders and Marines in the

planning and development of adequate FCP in order to provide a standardized level of support, Marine Corps-wide.

(4) Commanders shall:

(a) Ensure Marines are fully informed on the purpose, importance, and limitations of a FCP and that failure to develop an adequate FCP and complete all associated tasks required for implementation may subject the Marine to disciplinary action and/or adverse administrative action.

(b) Ensure that Marines have properly recorded their dependent family members in the Marine Corps Total Force System, and Defense Enrollment Eligibility Reporting System (DEERS) per reference (e).

(c) Utilize the FCP provided in enclosure (1). Validate family care plans for accuracy, adequacy and currency, or appoint a command representative, E-7/O-3 or above, to serve as the validating official.

1. Ensure Family Readiness Officers (FROs) are not appointed as the commander's representative for endorsing the adequacy of FCP.

2. Upon the signing and release of this Order, commanders shall have one year to initiate and validate FCP for their Marines with dependent(s). It is recommended that operational units initiate required actions to ensure validated FCP are established for Marines with dependent(s) prior to scheduled deployments.

3. Simultaneously, FCP shall be validated as part of the check-in process for Marines with dependent(s) reporting to their first duty station.

4. FCP shall be validated at check-in, annually, within 60 days for Active Duty (AD)/90 days for Reserve Component (RC), or when changes in family or personal circumstances occur that result in a change to the dependent eligibility, per reference (c).

(d) Ensure Marines are provided appropriate assistance to enable them to establish a FCP within the required timelines. Encourage Marines whose family circumstances involve custodial agreements to consult with legal counsel to ensure

they are fully advised of the impact of their custodial rights in the event or their short-term and long-term absence.

(e) The command copy of the validated FCP shall be maintained at the Marine's parent command.

(f) The command copy shall be returned to the Marine at check-out.

(5) Installation Commanders shall: Establish and publish clearly-defined protocols to facilitate the process whereby designated agents (caregivers) are provided access to base facilities in support of care for dependents. A sample Agent's Letter is provided in enclosure (2).

(6) Senior Enlisted Advisors. At all levels shall be fully informed of the requirements for family care plans and shall be an additional source for guidance, information and referrals.

(7) Individual Marines

(a) Develop a FCP per this Order.

(b) Ensure that dependent family members are properly identified and enrolled in DEERS, per reference (e) and that unit diary entries are current, per reference (d).

(c) Ensure that information contained in their FCP is current and applicable.

(d) Ensure that caregiver(s) are provided with detailed instructions and necessary documentation consistent with their FCP.

(e) Ensure that the command is notified within 60 days (AD)/90 days (RC) after a change in circumstances or personal status that generates the requirement for, or update of, a family care plan.

(f) Ensure that the command copy of the validated FCP is retrieved at check-out.

5. Administration and Logistics

a. Submit all change recommendations regarding this Order via the appropriate chain of command to DC, M&RA.

Recommendations should be submitted in writing, and should include supporting rationale.

b. For the purposes of this Order, the term FRO is used to refer to both DOD Civilian and active duty personnel unless otherwise specified.

c. For the purposes of this Order, a dependent family member shall be a person meeting eligibility requirements defined in reference (e).

d. Records Management. Developers, owners, and users of all Marine Corps Information systems have the responsibility to establish and implement adequate operation and information technology controls including records management requirements to ensure the proper maintenance and use of all records, regardless of formation or medium, to promote accessibility and authorized retention per the approved records schedule and reference (g).

e. Forms Management. Enclosure (1) (NAVMC 11800 (11-11) (EF)) can be accessed from the Naval Forms On-Line Website at http://navalforms.daps.dla.mil.

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.

R. E. MILSTEAD JR
Deputy Commandant for
Manpower and Reserve Affairs

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RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

NAVMC 11800 (11-11) (EF)
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Print Form

UNITED STATES MARINE CORPS
FAMILY CARE PLAN (FCP)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing this form.

AUTHORITY: 10 U.S.C § 5013; E.O. 9397; Department of Defense Instruction 1342.19; Marine Corps Order (MCO) 1740.13B

PURPOSE: To provide documentation of a family care plan to facilitate the care and support of dependent family members and enhance unit and family readiness during planned and unplanned contingencies. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01070-6, which can be downloaded at http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice M01070-6 for the stated specifice purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at http://defenselink.mil/privacy/notices/blanket-uses.html.

DISCLOSURE: Mandatory. Failure to provide requested information may result in administrative sanctions or punishment under either Article 92 (general order violation: dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice for service members, and administrative sanctions for DoD Civilian Expeditionary Workforce personnel required to complete a Family Care Plan.

Last Name	First Name	Initial	Rank
Validated By			Validation Date

PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT

I understand that I am responsible for making, and keeping current plans and arrangements for the care of my dependent family members to permit me to be available for worldwide deployment, extended duty hours, field exercises, unaccompanied tours, temporary additional duty, permanent change of station, and other standard military obligations as determined by my command.

Initials: _____

I understand that I am responsible for making any/all necessary arrangements to ensure a smooth and rapid transfer of care for my dependent(s) and the execution of my family care plan.

Initials: _____

I am confident that my family care plan is reasonable, workable, and to the best of my knowledge, the guardian(s) and escort(s) (as necessary) that I have designated are willing and able to carry out the responsibilities of caring for my dependent(s).

Initials: _____

I have made a reasonable attempt to inform the non-custodial, biological, or adoptive parent(s) of my child(ren) of the reason for this Family Care Plan and to gain their consent for those areas related to the care of our child(ren)*. (This is especially important when the designated caregiver is a third party.)

N/A ☐ Initials: _____

* This document is not a substitute for a will or other legal documents (e.g., custody agreements). It is advised that legal counsel be consulted to ensure that the Family Care Plan is supported by necessary legal documentation, especially in those circumstances that require transport of dependent(s) across state lines. Special attention must be paid if dependent(s) will be outside the Continental United States and/or if transport to/with designated caregivers will require international travel arrangements.

I understand that I must have my Family Care Plan validated when checking in with my command and at least annually thereafter, and that it is subject to additional audits as required.

Initials: _____

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Adobe LiveCycle Designer ES2

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PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT (Cont.)
I understand that I must notify my command after a change in family status and present a revised Family Care Plan for validation no later than 60 days for Active Duty (AD) / 90 days for Reserve Component (RC). Such changes in family status may include, but are not limited to: marriage; birth of a child; adoption of a child; loss of a spouse or caregiver through death, separation or divorce; changes in custodial rights due to separation, divorce or death; absence of a spouse through career or job commitments; assumption of sole care for an elderly or disabled family member; or any like circumstance that results in responsibility for logistical, medical, or financial support of another person not part of the Family Care Plan on file in my Officer Qualification Record (OQR) / Service Record Book (SRB). Initials: _____
I understand that, once validated by my command, it is my responsibility to file my original FCP Checklist in my OQR or SRB. Initials: _____
I understand that my command will keep a copy of my validated FCP Checklist in a secure location per personnel record-keeping protocols. Initials: _____
I understand that it is my responsibility to keep my Family Care Plan current. Initials: _____
I understand that my failure to comply may result in disciplinary or administrative action by my command. Initials: _____
I hereby confirm that documents referenced in this FCP Checklist exist (e.g., Will, Power of Attorney, Custody Agreement) and are in compliance with all requirements necessary to be legal and/or complete for state purposes. Initials: _____
PART II. DEPENDENT FAMILY MEMBER INFORMATION
Spouse:
☐ I am married with dependents. ☐ I am not married, but have dependent(s). (List all dependent(s) and complete required infromation.) ☐ I am married and my spouse is my sole dependent, is over the age of 19 and is self-supporting.
List all additional dependents, indicating their relationship (e.g. child, parent, sibling, etc.,) and age. (Use additional sheets, if necessary.)

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PART II. DEPENDENT FAMILY MEMBER INFORMATION (Cont.)

Do any of your dependent(s) require a translator? ☐ YES ☐ NO

If yes, what language(s)? _____

PART III. CAREGIVERS

☐ My spouse* provides daily care for our child(ren) and/or other dependent(s) and will remain as caregiver during short- and long-term absences. If applicable, skip to PART IIIc. EMERGENCY/ALTERNATE CARE. If not applicable, complete PART III for all applicable dependent(s)**.

*If your spouse is not the biological parent of any child identified above, it is highly recommended that legal counsel be consulted on all aspects of this plan.
**It will be necessary to complete this information for each caregiver if dependent(s) will be staying with different caregivers. Use additional sheets as necessary, one for each named caregiver, with dependent(s) clearly identified.

I have examined all of the requirements for adequate care of my dependent(s) and have deemed identified caregiver(s) responsible for the short/long-term care of my dependent(s) during my absence.

Initials: _____

I have provided designated caregiver(s) with applicable documentation(e.g. Special Power of Attorney, Authorizations for Medical Treatment, Temporary Legal Custody papers, etc.) as recommended by legal counsel or other appropriate subject matter expert.

Initials: _____

PART IIIa. SHORT-TERM CAREGIVERS (STC)
(Marine's planned absence is for duration of 30 days or less)

I have designated the following individual(s) to provide short-term care for my dependent(s):

Name(s):

Address:

City: State: Zip Code:

Phone Numbers	E-mail(s):
Home: _____	
Work: _____	
Cell: _____	

Does your STC require a translator? ☐ YES ☐ NO

If yes, what language(s)? _____

☐ If applicable, I have checked on local installation housing policies to ensure my STC will have access to base housing.

☐ I have provided my STC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)

☐ I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my STC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).

☐ I have discussed with my STC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.

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PART IIIa. SHORT-TERM CAREGIVERS (Cont.)
☐ I have provided my STC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).
☐ I have provided my STC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.
☐ I have discussed with my STC the potential negative impact my absence may have on my dependent(s). I have provided my STC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.
☐ I have provided my STC with required documentation to authorize transport of my dependent(s), if applicable.
☐ I have provided my STC with access to car seat(s) for my dependent(s), if applicable.
☐ I have authorized my STC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.
CAREGIVERS' ACKNOWLEDGEMENT
I have agreed to provide short-term care for dependent(s) named above for the period specified below. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice.
Printed Name _____ Signature of Caregiver _____ Date: _____
Begin Date: End Date:
Additional comments/guidance:
PART IIIb. LONG-TERM CAREGIVER (LTC) (Marine's planned absence is for a duration of 31 days or more)
I have designated the following individual(s) to provide long-term care for my dependent(s): **Note**: It will be necessary to complete this information for each caregiver if dependent(s) are staying in different locations. Use additional sheets as necessary, one for each named caregiver, and include the name of the applicable dependent(s).
Name(s):
Address:
City: State: Zip Code:
Phone Numbers: Home: _____ Work: _____ Cell: _____ / E-mail(s):

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PART IIIb. LONG-TERM CAREGIVER (LTC) (Cont.)
Does your STC require a translator? ☐ YES ☐ NO If yes, what language(s)? _____
☐ If applicable, I have checked on local installation housing policies to ensure my LTC will have access to base housing.
☐ I have provided my LTC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)
☐ I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my LTC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).
☐ I have discussed with my LTC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.
☐ I have provided my LTC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).
☐ I have provided my LTC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.
☐ I have discussed with my LTC the potential negative impact my absence may have on my dependent(s). I have provided my STC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.
☐ I have provided my LTC with required documentation to authorize transport of my dependent(s), if applicable.
☐ I have provided my LTC with access to car seat(s) for my dependent(s), if applicable.
☐ I have authorized my LTC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.
CAREGIVERS' ACKNOWLEDGEMENT
I have agreed to provide long-term care for dependent(s) named above for the period specified below. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice. Printed Name _____ Signature of Caregiver _____ Date: _____
Begin Date: End Date:
Additional comments/guidance:

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PART IIIc. EMERGENCY/ALTERNATIVE CAREGIVER (EC)	
This designated caregiver would assume temporary responsibility for minor child(ren) and/or other dependent(s) in an emergency contingency (e.g. you are deployed and your spouse, STC, or LTC is in a car accident) until a duly-designated legal guardian assumes responsibility or other custodian is appointed by a court of competent jurisdiction). Name(s): Address: City: State: Zip Code:	
Phone Numbers Home: Work: Cell:	E-mail(s):
Does your STC require a translator? ☐ YES ☐ NO If yes, what language(s)?	
☐ If applicable, I have checked on local installation housing policies to ensure my EC will have access to base housing.	
☐ I have provided my EC with a document outlining my expectations for care of my dependent(s). (Points to clarify may include, but not be limited to, the following: Daily routine(s), discipline, religious requirements/expectations, medical/dental care, use of internet, television, gaming habits, school expectations, sports, allowances, dating, driving, friends, and other such daily routine matters.)	
☐ I have arranged for the financial support of my dependent(s), to include, but not limited to, any costs associated with transportation/relocation, and have provided my EC with all necessary documentation(s)/authorizations and instructions as required by the financial institution(s) or other source(s).	
☐ I have discussed with my EC special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations after consulting with appropriate authorities.	
☐ I have provided my EC with a validated copy of my FCP Checklist and/or other required documentation (e.g. an Agent's Letter signed by the Installation Commander) to identify them as authorized users to access installation facilities while caring for my dependent(s).	
☐ I have provided my EC with a list of available resources and supporting agencies (to include, but not limited to, Unit, Personal and Family Readiness Program, Marine Corps Community Services, Military OneSource Chaplains Care, Military HOMEFRONT, Joint Family Support Assistance Program, etc.) specializing in readiness and separation/deployment support.	
☐ I have discussed with my EC the potential negative impact my absence may have on my dependent(s). I have provided my STC with information on early warning signs (i.e., behavioral changes) as well as specific actions to take in response, to include contact information for counseling resources and support.	
☐ I have provided my EC with required documentation to authorize transport of my dependent(s), if applicable.	
☐ I have provided my EC with access to car seat(s) for my dependent(s), if applicable.	
☐ I have authorized my EC to use my personal property and have provided required documentation/authorization which has been reviewed by legal counsel.	
CAREGIVERS' ACKNOWLEDGEMENT	
I have agreed to provide emergency/alternat care for dependent(s) named above. I understand that by signing this document, I have not incurred a contractual obligation and that my agreement to care for this dependent can be withdrawn at any time without notice. Printed Name Signature of Caregiver Date:	

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PART IIIc. EMERGENCY/ALTERNATIVE CAREGIVER (EC) (Cont.)
Additional comments/guidance:

PART IV. LOGISTICAL ARRANGEMENTS		
Check the items that you have completed for your Family Care Plan. If the item does not apply to your situation, mark the box with N/A. Provide necessary contact information, if not provided previously, and location of pertinent documentation (itineraries, custody arrangements, powers of attorney, Agent's Letter(s), etc.). Original documents required for transport should be with the individual(s) who will be providing escort. (Consult with legal counsel for transport across state lines.) Indicate where your copy(ies) are filed.		
☐ N/A	☐	Not required for short-term or long-term care (My spouse is the caregiver).
☐ N/A	☐	Method of relocation for short-term care.
☐ N/A	☐	Method of relocation for long-term care.
☐ N/A	☐	Method of relocation for emergency care (provide itinerary source of funding and explanation of key components.
☐ N/A	☐	I have considered requirements for daycare and have contacted all locations to ensure proper notifications/authorizations are in place to facilitate ease of transfer and enrollment, if applicable.
☐ N/A	☐	I have considered requirements for schools (Pre-K, elementary, high school, college) and have contacted all locations to ensure proper notifications/authorizations are in place to facilitate ease of transfer and enrollment, if applicable.
☐ N/A	☐	I have considered medical/health requirements for my dependent(s) and have made necessary arrangements to ensure access to care.
☐ N/A	☐	I have consulted with legal counsel to ensure that all required documents to support relocation have been properly prepared and filled, if applicable.
☐ N/A	☐	If divorced, separated or otherwise estranged from the other natural or adoptive parent of any of my dependent(s), I have notified them of these plans and have obtained their written consent agreeing to these arrangements. (The original should be kept with the other important legal documents; a copy should be given to all caregivers affected by these arrangements.)
☐ N/A	☐	If divorced, separated or otherwise estranged from the other natural or adoptive parent of any of my dependent(s), I have made a reasonable attempt to notify them of these plans and obtain their written consent, but have been unable to do so. I understand this may result in challenges to these arrangements in my absence. I understand that I may seek legal advice, if reasonably available.
☐ N/A	☐	I have provided all pertinent documentation (copies or originals) to those individuals that must have them to ensure they have appropriate and legal authorization(s) to transport/relocate my dependent(s).

PART V. FINANCIAL ARRANGEMENTS		
Check the items that you have completed for your Family Care Plan. If the item does not apply to your situation, mark the box with N/A. Provide necessary contact information, if not provided previously, and location of pertinent documentation (itineraries, custody arrangements, powers of attorney, Agent's Letter(s), etc.). Original documents required for transport should be with the individual(s) who will be providing escort. (Consult with legal counsel for transport across state lines.) Indicate where your copy(ies) are filed.		
☐ N/A	☐	I have provided for appropriate allotments for designated caregivers to ensure the self-sufficiency and financial security of my dependent(s).
☐ N/A	☐	I have consulted with financial institution(s) and/or other source(s) to ensure my accounts are protected while providing for the self-sufficiency and financial security of my dependent(s).
☐ N/A	☐	I have provided my designated caregiver(s) with clear instructions on financial arrangements to include, but not limited to access, budget and financial institution/source point of contact.
☐ N/A	☐	I have made arrangements for my monthly (e.g., utilities, child support) or annual obligations (e.g., income taxes) to be paid.

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PART VI. LEGAL CONSIDERATIONS
It is highly recommended that legal counsel be consulted, especially in situations involving custody/visitation/support or other such circumstance.
☐ Special Power of Attorney (POA) or In Loco Parentis (ILP). A copy of all POAs or ILPs should be kept with your personal records. The original should be kept with the designee.
☐ I have an up-to-date will.
☐ I have reviewed and updated my insurance policy(ies) and beneficiaries, Record of Emergency Data, and SGLI beneficiaries.
☐ I have discussed pending court cases for custody/visitation/support/civil/other with legal counsel and took appropriate action.
☐ I have provided designee(s) contact information for the location of any vehicles that have been placed in storage and provided necessary authorization(s) should transport be necessary.
PART VII. MEDICAL CONSIDERATIONS
☐ I have provided clear guidance to my caregiver(s) on expectations for medical/dental care of my dependent(s).
☐ I have provided my caregiver(s) with access to necessary documentation/authorization(s)/identification card(s) are required for care for my dependent(s).
☐ I have provided my caregiver(s) with the location of medical facilities/providers as well as how to locate facilities.
☐ I have provided my caregiver(s) with copies of up-to-date immunization records and/or medical/dental records.
☐ I have provided my caregiver(s) with necessary documentation/authorization/ID card(s) to access medical records for my dependent(s).
☐ I have provided my caregiver(s) with the name of my Exceptional Family Program Caseworker.
☐ I have provided my caregiver(s) with a full explaination of allergies and treatments.
VII. MISCELLANEOUS
Any Additional instructions/guidance that may be pertinent to the care and support of dependent(s) (use additional sheets, if necessary):
VIII. ACKNOWLEDGEMENT
BY SIGNING THIS DOCUMENT, I FULLY UNDERSTAND THE FOLLOWING: Completion of this plan is required per MCO 1740.13B. The purpose of this Family Care Plan is to provide specific guidance for the care and support of my dependent(s) in my absence due to expected short-term or long-term separation/deployment/incapacitation of myself or my designated caregiver(s). This informations is considered FOR OFFICIAL USE ONLY and will remain protected per the Privacy Act of 1974. I am required to notify my commander no later than 60 days (Active Duty) / 90 days (Reserve Component) after a change in family circumstances or personal status that generates the requirement for, or update of, my Family Care Plan. It is my responsibility to update my FCP Checklist on file as part of my Officer Qualification Record or Service Record Book and provide my command with an updated copy within this 60 day / 90 day period. Signature _____ Date _____

SAMPLE

FOR OFFICIAL USE ONLY

Reset Form

Print Form

[COMMAND LETTERHEAD]

1754
CODE/SERIAL
DATE

FROM: [Commander]
TO: [Name of caregiver(s)]
[Address of Caregiver(s)]

Subj: AUTHORIZATION FOR MARINE CORPS EXCHANGE AND COMMISSARY STORE PRIVILEGES

Ref: (a) MCO 5512.11D, paragraph 22.3

1. [INSERT IN ALL CAPS: NAME/ADDRESS/LAST FOUR OF SPONSOR] hereby grants "Agent" authority to the above-named caregiver(s), substantiated by reference (a) and formalized by signature next under.

_____
Signature of Sponsor

2. You are authorized to purchase items for the sponsor named above and for no other persons. You are required to provide satisfactory identification whenever presenting this letter to the military commissary store or exchange facility. The officer in charge of these facilities will brief you on the special procedures to be followed when making purchases at the facility.

3. The Commanding Officer reserves the right to withdraw exchange and commissary privileges from anyone who is found to have made purchases for the benefit of another who is not entitled to the privileges.

4. This authorization will remain in effect from [INSERT START DATE] to [INSERT END DATE], unless sooner revoked or suspended. In the event that the sponsor's hardship continues to exist, the sponsor may apply for an extension of this privilege.

5. Whenever multiple Commissary and Exchange facilities exist in the local area, this letter of authorization may be recognized by all of those facilities.

/S/
COMMANDER'S NAME

Telephone # sponsor:
Telephone # agent:
Copy to:
[ACTIVITY COMMISSARY OFFICER]
[ACTIVITY EXCHANGE OFFICER]