

**Levy Briefing Information Sheet Overseas
TAKING DEPENDENTS
(OCONUS)**

_____ was given a levy briefing for his/her PCS move and briefed on the following documents below.

- _____ **DA Form 5118**
- _____ **DA Form 5121** Overseas Tour Election statement (“All Others” or “With Dependents” tours)
- _____ **DA Form 4787** Reassignment Processing
- _____ **DA Form 4036** Medical and Dental Preparation for Overseas Movement. This form is required for all Soldiers going OCONUS.
- _____ **TDY Options for Schooling in Conjunction with PCS – (TDY enroute or TDY in return) (IF APPLICABLE)**
- _____ **KOREAN CERTIFICATE *KOREA ONLY***
- _____ **MEMO – FAMILY MEMBER DECLARATION **KOREA ONLY****
- _____ **HOUSING ENTITLEMENTS ***KOREA ONLY*****
- _____ **FAMILY MEMBER OVERSEAS SCREENING PACKET (DA Form 5888** Family member deployment screening sheet, **DA Form 7246** Exceptional Family Member Program (EFMP) Screening Questionnaire, **DD Form 2792** Exceptional Family Member Summary (If applicable) and DD 2792-1 (if applicable)

TDY FUNDING: Any Soldier traveling Temporary Duty (TDY) enroute or returning, Soldiers must obtain a Defense Travel System Order (DTS) or a DD Form 1610, prior to departing losing Command.

*****ONCE LEVY AND DEPENDENT OVERSCREENING PACKET IS COMPLETED, TAKE ALL FORMS TO YOUR S1 AND YOUR S1 WILL FORWARD TO THE MPD FOR PROCESSING. IF YOU HAVE ANY QUESTIONS CONTACT YOUR S1.**

Soldier's Signature

Date of Levy Briefing

**LEVY BRIEF INFORMATION SHEET
(CONUS/OCONUS)**

NAME: _____ **SSN:** _____ **DATE:** _____

WORK PHONE# _____ **HOME PHONE#** _____ - _____
CELL# _____

EMAIL ADDRESS: _____

FAMILY MEMBER(S): YES/NO (circle one)

List full (including middle) names of **AUTHORIZED dependents** below who will or will not be accompanying you at your gaining PCS location. Please print clearly.

| First Name | Middle Name | Last Name | Date of Birth (mm/dd/yyyy) | Relationship (Son or Daughter) |
|------------|-------------|-----------|-------------------------------|-----------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

A. UNACCOMPANIED TOUR: List **CITY, STATE** and **ZIP** where family member(s) will (circle one) **RESIDE** in or **RELOCATE** to:

B. If you currently have a HAAP - (Circle one): I will **ACCEPT/DECLINE** my current HAAP of:

submit a DA FORM 4187 to your Branch Manager.

C. Are you a first term soldier: **YES/NO**

D. ALL DELETIONS/DEFERMENTS MUST BE SUBMITTED THROUGH YOUR S1 **NLT 30 DAYS FROM TODAY'S LEVY BRIEF**

SERVICE MEMBER'S SIGNATURE: _____ **DATE:** _____

S1 NAME: Ms. Jennifer Chance / HR Specialist (Mil)

UNIT NAME, WMAIL ADDRESS AND PHONE #:

Office of Special Trial Counsel / jennifer.m.chance.civ@army.mil / (703) 545-6034

PART II - BATTALION STATUS

INSTRUCTIONS: The Battalion S1 will answer all the questions in Part II (*Sections D and E*). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. The Battalion S1 must sign the completed statement and return it to the MPD/Personnel Service Company with the completed *Soldier Status and Election Statement* attached.

| | | | | |
|-----------------------------|-----------------|--------------------|---------|-----------------------------|
| 1. NAME | 2. SSN | 3. GRADE | 4. PMOS | 5. ASI |
| 6. CONTROL LANGUAGE | 7. CURRENT UNIT | | | 8. CURRENT UPC |
| 9. GAINING UNIT | | 10. EDAS CYCLE NO. | | 11. TODAY'S DATE (YYYYMMDD) |
| 12. ARRIVAL DATE (YYYYMMDD) | 13. AI MOS | 14. AI ASI | | 15. AI LANGUAGE |

Section D - Duty Status

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 37. Is the Soldier currently attached to another installation for the purpose of processing a personnel action? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Is the Soldier currently assigned to another unit? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Is the Soldier currently assigned to a unit scheduled for permanent overseas deployment (<i>other than unit TDY movement such as a REFORGER</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Is the Soldier in an AWOL status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Is the Soldier presently confined? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Is the Soldier currently TDY from his/her home station and not scheduled to return at least 60 days prior to the first day of the arrival month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Is the Soldier presently undergoing any medical or dental treatment that would prevent this reassignment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Is the Soldier awaiting court or trial appearance as a defendant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section E - Pending Action Status

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| 45. Is the Soldier pending an early release from active duty? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Is the Soldier pending a Medical Evaluation Board (MMRB/PEB)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Is the Soldier pending a PMOS reclassification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Is the Soldier under suspension of favorable personnel actions (<i>FLAGGED</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Is the Soldier enrolled in phase III of the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Is the Soldier scheduled for any schooling not in conjunction with this assignment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Has the Soldier applied for specialized training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Is the Soldier being delayed from complying with these assignment instructions due to administrative processing errors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Are there any circumstances not listed above that would preclude the Soldier from complying with these assignment instructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

54. Medical Readiness Code (MRC):

55a. I am ☐ I am not ☐ aware of any medical conditions that would prevent me from worldwide deployability.

Initials: _____ 55b. Date (YYYYMMDD): _____

56a. DEPLOYABILITY CERTIFICATION: I certify that this Soldier's deployable status is: ☐ Ready ☐ Not Ready

56b. Physician's Name and title or position:

| | |
|-----------------------------|----------------------|
| 56c. Physician's Signature: | 56d. DATE (YYYYMMDD) |
|-----------------------------|----------------------|

57. REMARKS (Annotate any additional information or discrepancies):

| | |
|--------------------------------------|----------------------|
| 58a. BATTALION COMMANDER'S SIGNATURE | 58b. DATE (YYYYMMDD) |
|--------------------------------------|----------------------|

PART III - SOLDIER STATUS AND ELECTION STATEMENT

INSTRUCTIONS: You will answer all the questions in Part III (*Sections F and G*). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

| | | | | |
|-----------------------------|-----------------|--------------------|---------|-----------------------------|
| 1. NAME | 2. SSN | 3. GRADE | 4. PMOS | 5. ASI |
| 6. CONTROL LANGUAGE | 7. CURRENT UNIT | | | 8. CURRENT UPC |
| 9. GAINING UNIT | | 10. EDAS CYCLE NO. | | 11. TODAY'S DATE (YYYYMMDD) |
| 12. ARRIVAL DATE (YYYYMMDD) | 13. AI MOS | 14. AI ASI | | 15. AI LANGUAGE |

Section F - Personal Status

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 59. Do you have an approved retirement date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. If you are being assigned to an airborne position, do you wish to terminate your airborne status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Are you being assigned to a duty or an area for which you have a reassignment restriction for the reason of prior sensitive duty assignment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Do you have an enlistment or reenlistment commitment for other than the areas of this assignment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Are you a pregnant Soldier? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Are you a sole parent or married to an Army Soldier? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Is your spouse pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Do you have an extreme Family situation that meets the requirements outlined in table 2-1, AR 600-8-11? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section G - To and From OCONUS Status

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| 67. Do you have any Family members with a physical, emotional, developmental or intellectual disorder who are not enrolled in the Exceptional Family Member Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Have you failed to complete initial entry training (12 weeks military training or its equivalent) required before your overseas movement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. If you have received assignment instructions to Turkey, are you or your spouse a Turkish or dual U.S.-Turkish national? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Are you being assigned overseas to a country where you committed a crime that resulted in civil or military imprisonment or conviction by a foreign tribunal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Are you being involuntarily reassigned to an unaccompanied short tour area following 12 cumulative months TDY during a 24-month period? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Do you desire to report in early to the gaining oversea command? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Homebase Assignment Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Advanced Assignment Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. REMARKS (Annotate any additional information or discrepancies.) | | | |

76a. SOLDIER'S SIGNATURE

76b. DATE (YYYYMMDD)

PART IV - WARTIME STATUS

INSTRUCTIONS: You will answer all the questions in Part IV (Section H). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

| | | | | |
|-----------------------------|-----------------|--------------------|---------|-----------------------------|
| 1. NAME | 2. SSN | 3. GRADE | 4. PMOS | 5. ASI |
| 6. CONTROL LANGUAGE | 7. CURRENT UNIT | | | 8. CURRENT UPC |
| 9. GAINING UNIT | | 10. EDAS CYCLE NO. | | 11. TODAY'S DATE (YYYYMMDD) |
| 12. ARRIVAL DATE (YYYYMMDD) | 13. AI MOS | 14. AI ASI | | 15. AI LANGUAGE |

Section H - Personal Status

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 77. Have you applied for Conscientious Objector status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Are you a sole surviving son or daughter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Are you being reassigned to a hostile fire area and have immediate Family members whose service in that area resulted in death, disability, missing in action, or prisoner of war status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Are you a former Peace Corps member being reassigned to the country in which you have served? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Are you a former Prisoner of War or Hostage being reassigned to the country where you were held captive? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Have you been hospitalized at least 30 days outside a hostile fire area due to a wound received in that area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. REMARKS (Annotate any additional information or discrepancies.) | | | |

84a. SOLDIER'S SIGNATURE

84b. DATE (YYYYMMDD)

OVERSEAS TOUR ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principal Purpose: For personnel service support.
Routine Uses: (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).
Disclosure: Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

INSTRUCTIONS: Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

| | | |
|---------|--------|---------------|
| 1. NAME | 2. SSN | 3. GRADE/RANK |
|---------|--------|---------------|

4. FOR ALL SOLDIERS

Having been advised that I am scheduled for a permanent change of station assignment to _____

_____, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (*except for a visit for a period not exceeding 3 continuous months*), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

5. FOR INVOLUNTARY EXTENSION

I further understand that I will be involuntarily extended in the overseas command if:

I am an obligated volunteer officer (OBV) and do not wish to extend my Active Duty Service Obligation (ADSO) and the end date of my ADSO follows my date eligible for return from overseas (DEROS) within 11 months (*long tour area*) or six months (*short tour area*).

I will be returned to the continental U.S. (CONUS) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal DEROS, I must be eligible for and take action to acquire sufficient service to have the required months remaining at DEROS.

6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

I have been briefed and understand the joint domicile requirements.

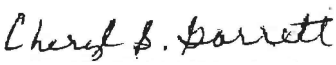
7. FOR USAR OBV OFFICERS

I understand that if I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my ADSO until completion of the prescribed tour.

8. FOR ALL SOLDIERS

Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a. ☐ I elect to serve a tour for a period of _____ months in an "all others" status.
b. ☐ I elect to serve a tour for a period of _____ months in an "with dependents" status.

| | | |
|-------------------------|---|--------------------|
| 9. SIGNATURE OF SOLDIER | 10A. SIGNATURE OF WITNESS  | B. DATE (YYYYMMDD) |
|-------------------------|---|--------------------|

REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012, and 5031; Title 5, USC, Section 301; and EO 9397 (SSN).
Principal Purpose: To make assignment decisions, evaluate family member travel to overseas commands and assign family housing.
Routine Uses: General disclosures permitted by the Privacy Act and the Army's systems of records notices apply.
Disclosure: Disclosure of information is voluntary. If the information is not provided, commanders will not be aware of family member travel and housing requests, and will result in no government travel and housing for family members.

PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA (To be Completed by Losing MPD/PSC)

| | | | |
|---|-------------------|--|----------------------------|
| 1. TO Military Personnel Division Fort Belvoir, VA 22060 | | 2. FROM Office of Special Trial Counsel Fort Belvoir, VA 22060 | |
| 3. NAME (Last, Middle, First) | 4. SSN | 5. GRADE | 6. PMOS |
| 6A. CURRENT UNIT/STATION | | 7A. REASSIGNED TO (Unit/UIC/APO/Country) | |
| 6B. TELEPHONE NO. (Include Area Code) | 7B. RSG AUTH | 7C. PERS CON NO. | 7D. REPORT DATE (YYYYMMDD) |
| 6C. AKA EMAIL ADDRESS | | | |
| 8. TDY Enroute (Complete only if applicable) | | | |
| A. MOS/SSI/SQI/ASI. | B. PURPOSE OF TDY | C. GRAD/TERM. DATE (YYYYMMDD) | |
| 9. Married Army Couples Program (Complete only if joint domicile will be requested) | | | |
| 9A. NAME OF MILITARY SPOUSE | 9B. SSN | 9C. GRADE | 9D. PMOS |
| 9E. CURRENT UNIT/STATION | | 9F. TELEPHONE NO. (Include Area Code) | |

PART B - HOUSING AND FAMILY TRAVEL DATA

| | | | | |
|--|---|--------|-----------------------------|----------------|
| 10. I do <input type="checkbox"/> do not <input checked="" type="checkbox"/> | have family members with physical, emotional, developmental or intellectual problems. | | | |
| 11. <input type="checkbox"/> | I am a sole parent. (Check only if applicable) | | | |
| 12. Application for Family Member Travel to Overseas Command (Check only one) | | | | |
| a. <input type="checkbox"/> | I desire concurrent travel and will accept economy quarters if government quarters are not available. | | | |
| b. <input type="checkbox"/> | I desire concurrent travel but will not accept economy quarters. | | | |
| 13. Family Members Who Will Travel to Next Permanent Duty Station (If more space is needed, continue on a separate sheet.) | | | | |
| A. NAME (Last, First, MI) | B. RELATIONSHIP | C. SEX | D. DATE OF BIRTH (YYYYMMDD) | E. CITIZENSHIP |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION (Include name, relationship, address and phone number).

| | | | |
|---|--|---|----------------------|
| 15A. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED | | 16A. ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE | |
| 15B. TELEPHONE NO. (Include Area Code) | | 16B. TELEPHONE NO. (Include Area Code) | |
| 17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation (or their equivalents) have been completed. A request for deletion or deferment is <input type="checkbox"/> anticipated <input type="checkbox"/> not anticipated. | | | |
| 17A. SOLDIER'S SIGNATURE | 17B. MPD/PSC OFFICIAL'S SIGNATURE Cheryl S. Garrett | 17C. REASSIGNMENT WORK CENTER EMAIL ADDRESS (Agency Specific) cheryl.s.garret.civ@army.mil | 17D. DATE (YYYYMMDD) |

FOR MEDICAL READINESS APPOINTMENTS:

RIVER PAVILLION, 1ST FLOOR, RECEPTION 2

PHONE NUMBER: (571) 231-1018/1021

HOURS: 0700-1100

* MEDICAL and DENTAL PREPARATIONS
for OVERSEAS MOVEMENT
DA 4036

MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principal Purpose: Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment.
Routine Uses: (1) For personnel service support; and (2) Information is primarily obtained from review of records unless assignment is to be an isolated area which requires evaluation and personal interview.
Disclosure: Disclosure of information is voluntary. If family members are required to complete medical and dental evaluation and personal interview, but refuse to do so, they will not be permitted to accompany the soldier to the overseas assignment.

| | | | |
|---|--------|---|---|
| 1. TO Military Personnel Division Fort Belvoir, VA 22060 | | 2. FROM Office of Special Trial Counsel Fort Belvoir, VA 22060 | |
| 3. NAME (Last, Middle, First) | 4. SSN | 5A. GRADE OR RANK | 5B. PMOS OR AOC |
| 6. PRESENT UNIT OF ASSIGNMENT | | 7. PROJECTED UNIT OF ASSIGNMENT (Include location/country) | |
| 8. PROJECTED DUTY MOS OR AOC (9 Position Code) | | 9. ANTICIPATED DATE OF LOSS | 10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DEFINED BY AR 40-501, PARA 5-13C? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. IF ANSWER TO ITEM 10 IS "YES" AND IF MEMBER IS REQUESTING FAMILY TRAVEL, ALL FAMILY MEMBERS WILL BE SCREENED BY THE LOCAL MEDICAL TREATMENT FACILITY FOR SPECIAL MEDICAL AND FUNCTIONAL NEEDS. ENTER NAMES OF ALL ACCOMPANYING FAMILY MEMBERS, OTHERWISE ENTER N/A. | | | |
| NAME | | NAME | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 12. LIST ANY OTHER SPECIAL MEDICAL OR DENTAL INSTRUCTIONS CONTAINED IN THE ASSIGNMENT INSTRUCTIONS | | | |

| | | | |
|---|-------------------|--|--|
| 13A. NAME OF MPD/PSC REPRESENTATIVE CHERYL S. GARRETT & CHERRON MCDANIEL | | B. TITLE HUMAN RESOURCE SPECIALIST (MILITARY) | |
| C. SIGNATURE <i>Cheryl S. Garrett</i> | D. GRADE GS-09 | E. DATE (YYYYMMDD) | |

Complete the medical and dental status portions below, return the original and one copy to the MDP/PSC within 21 calendar days of the date shown in item 13E, and forward one copy to the address in item 6.

MEDICAL STATUS

| | | | | |
|---|--------------------------|--------------------------|--|---|
| 14A. PHYSICAL PROFILE SERIAL CODE (PULHES) | | | B. PHYSICAL CATEGORY CODE | C. MEDICAL RECORDS REVEAL THE FOLLOWING ASSIGNMENT LIMITATIONS |
| YES | NO | N/A | ITEM | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15A. Does the member meet the medical fitness standards outlined in AR 40-501? (If "no" explain briefly.) | B. IF CONDITION IS TEMPORARY, EXPECTED DATE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16A. Has member completed HIV screening? | B. DATE, TIME AND LOCATION OF APPOINTMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17A. Is the member pregnant? | B. IF "YES", EXPECTED DATE OF DELIVERY |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18A. All active duty and reserve personnel of PCS assignment to Korea will be vaccinated with hepatitis B vaccine. Does the member require immunization? | B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19A. Does the member require remedial medical care? | B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20A. Is the member currently undergoing alcohol or drug abuse rehabilitation? | B. IF "YES", INDICATE DATE THE MEMBER ENTERED THE REHABILITATION PROGRAM |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21A. If item 10 is checked "yes", can the member be assigned to an area where medical facilities are limited or nonexistent? | B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME AND LOCATION OF APPOINTMENT(S) |

22. Medical Records Indicate the Member Requires the Following (Check those appropriate)

| REQUIRES | HAS | MISSING | ITEM | DATE, TIME AND LOCATION OF APPOINTMENT, IF NEEDED |
|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Two pairs of spectacles | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Protective mask spectacle insert | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Two hearing aids | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Medical warning tag | |

| | |
|------------------------------|--------------------|
| 23A. NAME OF MEDICAL OFFICER | B. TITLE |
| C. SIGNATURE | D. GRADE |
| | E. DATE (YYYYMMDD) |

DENTAL STATUS (Complete only if Item 10 is checked "Yes" or if required by item 12.)

| | | | |
|-----------------------------|--------------------------|---|--|
| YES | NO | 24A. Is the member dentally qualified? | B. IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 25A. Does the member require remedial dental care? | B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 26A. If item 10 is checked "yes", can the member be assigned to an area where dental facilities are limited or nonexistent? | B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT(S) |
| <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27A. NAME OF DENTAL OFFICER | | | B. TITLE |
| C. SIGNATURE | | | D. GRADE |
| | | | E. DATE (YYYYMMDD) |

Army - Family Member Overseas Screening (OSS) Information
To schedule an appointment contact: 571-231-1054 or email
[**dha.belvoir.fbch.mbx.efmp1@mail.mil**](mailto:dha.belvoir.fbch.mbx.efmp1@mail.mil)

Your family member screening is a scheduled appointment with an EFMP designated physician. This process includes a thorough medical record review of all family members who will accompany you overseas. Patients will report to the **Sunrise Pavilion, 3rd Floor, Neurology Clinic, Reception Desk 1.**

| | |
|--|---|
| Army Fort Belvoir Community Hospital 571-231-1054 <u>dha.belvoir.fbch.mbx.efmp1@mail.mil</u> | Forms <ul style="list-style-type: none"> ○ DA 5888 ○ DA 7246 ○ DD 2792 (if applicable) ○ DD 2792-1 (if applicable) |
| Instructions | |
| <ul style="list-style-type: none"> • DA 5888 with Part A. The MPD or PSB representative will enter and authenticate Soldier and/or Family member data in consultation with the Soldier. Family members will not be screened unless Part A has been completed and authenticated by the MPD or PSB representative. • DA form 7246 (EFMP Screening Questionnaire) to be completed by sponsor or spouse on ALL dependent family members requesting travel. Responses must match the family member's medical history/record. Please sign and date. • A copy of the recent physical exam (for all family members requesting travel) within the last year is required and medical records (5 years of history) for review at the time of appointment request. (obtain records from civilian providers, if applicable) **Virtual physicals are not acceptable. Physicals must be conducted in person, by appointment. • Any issued medical referrals must be completed (not cancelled) prior to overseas screening. • Enrollment Forms (if applicable): DD For 2792 (EFMP Medical Summary), Asthma and Mental Health Addendums to be completed by the Health Care Provider (PCM) if you mark yes to any questions on the DA7246. Adult family members must review and sign if completed. • School-age children (if applicable): DD Form 2792-1 (EFMP Educational Summary) for each child that is in school and completed by school personnel. The adult family member must review and sign. • Preschool children (if applicable): An age appropriate Denver Prescreening Developmental Questionnaire, or Ages and Stages Questionnaire (ASQ) from Birth to Age 5. To be done during the physical exam by your health care provider or PCM. • (If applicable): A copy of any Individualized Education Plan (IEP) or Individualized Family Service Plans (IFSP) | |

TDY Options for Schooling in Conjunction with PCS

If you are instructed to attend a TDY school in conjunction with your new assignment, there are options open for you and your family.

OPTION 1: Your family may remain at your present duty station in government quarters until you complete the TDY. At that time you may return to your old duty station to move your family.

OPTION 2: You may take your family to the new permanent duty station and be authorized up to 10 days to get them settled prior to going to school.

OPTION 3: Your family may remain at your present duty station in economy housing until you complete the TDY. At that time you may return to your old duty station to move your family.

OPTION 4: You may move your family to the TDY location or a designated location at personal expense. This can be a very costly option since there is no reimbursement of travel or lodging expenses involved in getting your family to the TDY location.

Soldier elects TDY option: _____

Soldiers Signature: _____ Last 4 of

Social: _____

Date: _____

EUROPE ONLY!

**TO ACCOMPANY THE
MEDICAL FORMS**



DEPARTMENT OF THE ARMY
UNITED STATES ARMY REGIONAL HEALTH COMMAND EUROPE
UNIT 29421
APO AE 09136-9421

MCEU

NOV 29 2017

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: RHCE Command Policy Letter 65, Exceptional Family Member Program (EFMP) Acknowledgement of Documents Submitted for Family Travel

1. References:

- a. DD Form 2792 and DD Form 2792-1.
- b. RHCE Reconsideration Policy 28, 16 Aug 2016.
- c. Army Regulation 608-75, EFMP, 27 Jan 2017.

2. Purpose: To ensure Service Members understand the medical and/or educational documents required for Family travel requests to Europe.

3. Responsibilities:

- a. RHCE EFMP will make Family travel recommendations based on the services required and the availability of care at the assignment location.
- b. The local EFMP Office completing the OCONUS screening will: ensure all forms are accurate and complete; provide guidance in reference to a reconsideration request; update information that changed prior to a Family member's PCS move.

4. Each Family travel packet submitted to RHCE EFMP for review will require a signed and dated "Acknowledgment of documents submitted for Family travel by Service Member" memorandum (ENCL 1).

5. The proponent for this policy letter is the RHCE EFMP Director at DSN 314-590-2100.

DENNIS P. LEMASTER
Brigadier General, U.S. Army
Commanding

Encl
as

DISTRIBUTION:
A



DEPARTMENT OF THE ARMY
UNITED STATES ARMY REGIONAL HEALTH COMMAND EUROPE
UNIT 29421
APO AE 09136-9421

MCEU-CLE

29 November 2017

MEMORANDUM FOR Regional Health Command Europe, Exceptional Family Member Program (EFMP), APO AE 09042

SUBJECT: Acknowledgement of Documents submitted for Family travel by Service Member (SM)

1. The EFMP Office completing the documents is the originating OCONUS Screening (OSS) office, RHCE EFMP is the gaining EFMP office. All information in both the OSS and Family Member medical records will be used in the family travel review process to make recommendations on the availability of care in assignment locations. SM and Family is responsible for reviewing the completeness and accuracy of the information and recommendations in the Family members file. _____ (SM Initials).
2. If there are any changes to medical or educational information it is the SM responsibility to inform originating OSS office. _____ (SM Initials).
3. If Family travel is approved, medical care may be provided by host nation providers. Local provider(s) may revise the beneficiary's treatment plan, so the current treatment may not be continued in the overseas environment. Additionally, there may be some cultural and language barriers associated with receiving care on the local economy that could impact the sponsor/patient's expectation of care. _____ (SM Initials).
4. The EFMP Office that completes the OSS holds the responsibility of reviewing all the forms with the Family/SM, for providing guidance in reference to a reconsideration, and/or updating medical information. _____ (SM Initials)
5. If a SM receives a Family travel denial message they should contact their personnel office and branch manager for assignment options. Medical information questions will be referred to, the point of contact in the office that completed the OSS. _____ (SM Initials)
6. I have read and understand these instructions and the instructions for DD Form 2792. In accordance with AR 608-75, Soldiers who knowingly and willfully disregard or provide false information might be subject to Uniform Code of Military Justice (UCMJ, Art. 92 and Art 107).

Service Member Printed Name

Signature

Date

7. Point of contact for this memorandum is the EFMP Office that completed the OSS.

Regional Health Command Europe
EFMP Family Travel Office

KOREA CERTIFICATE

KOREAN ASSIGNMENTS ONLY

Department of Defense (DoD) - Joint Knowledge Online (JKO)

JKO provides joint training resources including training courses, seminars, video library, and communities of interest. Training is tracked and reported so that you can manage your unique training requirements.

- ✓ Soldiers must complete mandatory JKO 350-2 training requirements prior to arrival to theater.
- ✓ To start training, visit the Joint Knowledge Online home page at <http://jko.jten.mil>.
- ✓ Click on DoD Common Access Card (CAC).
- ✓ Click on I've been directed to take required training on JKO
- ✓ Click on USFK. I am going to the U.S. Forces Korea and I need to take required training (PDF file 495 KB)
- ✓ You are now directed to the JKO Tip Sheet - U.S. Forces Korea Required Training on JKO – follow important directions on the Tip Sheet

****A copy of the Korean certificate is REQUIRED and MANDATORY prior to receiving PCS orders. Provide a copy to your S1 along with your completed Levy Packet.**



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT BELVOIR
9820 FLAGLER ROAD, SUITE 213
FORT BELVOIR, VIRGINIA 22060-5928

IMBV-HRM

8 January 2018

MEMORANDUM FOR USAG-Y, MPD Team CSP, APO AP 96205

SUBJECT: Soldier Declaration (**Korea**)

1. In accordance with Army Regulation 614-30 Para 3-5a(5), I make the following declaration:

The following Family Member(s) listed on the DA 5888, for whom I am requesting command sponsorship does/do not have any qualifying convictions for offenses listed under 41 USC 16911, or Army Regulation 27-10. I understand that if I am granted command sponsorship and my Family Member(s) is/are convicted of a qualifying offense at any time during the overseas tour, the command sponsorship will be revoked. Furthermore, I understand that the identified Family member(s) will be processed for early return from the overseas location.

Service Member _____

Service Member's Printed Name

Signature and Date

2. The point of contact for this action is Cheronn McDaniel (ENLISTED), cheronn.k.mcdaniel.civ@mail.mil; commercial 703-806-0791, (DSN: 656); or Cheryl Garrett (OFFICERS), cheryl.s.garrett.civ@mail.mil; at commercial 703-806-4950 (DSN 656).


KENNETH J. JOHNSON
Chief, Welcome Center
Military Personnel Division

“LEADERS IN EXCELLENCE”