



Army Community Services  
Exceptional Family Member Program  
5450 Strom Thurmond Blvd., Room 120  
Fort Jackson, SC 29207



**Assignment of EFMP Family**

1. The following Soldier and Family Member(s) have been reassigned to your installation:

Service Member Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Report Date: \_\_\_\_\_ Sponsor reassigned to: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Rank: \_\_\_\_\_

2. Request support of the sponsor and exceptional family member during their designated tour.

Name: \_\_\_\_\_ EFMP relation to Sponsor: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Disability/Disorder: \_\_\_\_\_

Name: \_\_\_\_\_ EFMP relation to Sponsor: \_\_\_\_\_

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Name: \_\_\_\_\_ EFMP relation to Sponsor: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Disability/Disorder: \_\_\_\_\_

3. This family would like special assistance in:

Housing Modification  EFMP Respite Care Services  
 Child, Youth, & School Services  Support Groups  
 School Liaison (School Information)  Medical and/or Educational Service  
 Community Recreation  Other  
 No support requested at this time

4. Check one: PCS \_\_\_\_\_ ETS \_\_\_\_\_ Retiring \_\_\_\_\_

5. The sponsor has been instructed to hand carry all pertinent records (IEP, IFSP, shot records, etc.).

I, the undersigned, hereby authorize release of my Exceptional Family Member information to the gaining installation.

\_\_\_\_\_  
(Sponsor's signature and date)

6. The point of contact is the undersigned at COM 803-751-5256, or DSN 734-5256. E-mail address: [cheryl.f.jackson4.civ@mail.mil](mailto:cheryl.f.jackson4.civ@mail.mil)

Cheryl F. Jackson  
EFMP Manager  
Army Community Services