

FAMILY CARE PLAN PRELIMINARY SCREENING

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To emphasize to Soldiers the significance of their responsibilities to the military service and their family members while performing military duties. For additional information see the System of Records Notice(s) A0600-8-104b AHRC; Official Military Personnel Record (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).

ROUTINE USES: There is no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntary. However, failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

PART I - COUNSELING

INITIALS

I have been counseled that:

1. The Family Care Plan is not a legal document that can change a court mandated custodial arrangement, nor can it interfere with a parent's right to custody of his/her child. Its sole purpose is to document for Army purposes the plan by which Soldiers provide for the care of their Family Members when military duties prevent the Soldier from doing so.
2. The best way to plan and care for my minor child/children is to obtain a court order identifying who will have temporary custody of my minor child/children in the event that I am unable or unavailable to care for them.
3. If I have an existing court order, removal of the child from the state or modification of the provisions of the order without the courts review and consent may be a violation of the court order and could result in civil action or criminal charges against me.
4. If inconsistencies exist between this Plan and any court order or decree, the court order will have greater legal effect.

Soldier will
initial ALL
blocks

PART II - SCREENING CHECKLIST

YES

NO

STOP

1. a. Is the other parent of the child/children alive?
b. If Yes, does your Family Care Plan designate this person as the guardian of the child/children?
2. a. Is there a court order or separation agreement concerning the custody of your child/children?
b. If Yes, does the order or agreement provide for an alternate custody arrangement if you are unable to exercise your custody rights?
c. If Yes, does the designation of the guardian of the child/children under the Family Care Plan comply with the provisions of the court order or marital separation agreement?
3. If the other parent is not designated as the guardian of the child under the Family Care Plan, has that person consented to the designation of the guardian of the child/children under the Family Care Plan?

Select yes
or no,
paying
attention to
when it
states
STOP

- If no, then STOP
- If yes, then STOP
- If no, go to Question 3
- If no, go to Question 3
- If yes, then STOP
- If yes, then STOP

WARNING: If you did not reach a STOP, then your designation of a guardian under the Family Care Plan may be at risk of challenge by the other parent. Even if the other parent has consented, if your designation is inconsistent with the terms of a court order, you may be at risk of being in contempt of court. You should consult with an attorney to determine if your Family Care Plan is at risk and if so, what steps you can take to protect yourself.

PART III - SOLDIER CERTIFICATION

Soldier: I have been counseled as indicated above and have read and understand the information regarding designation of a guardian.

1. TYPED OR PRINTED NAME

Soldier's Printed Name

3. DATE (YYYYMMDD)

Date

2. SIGNATURE OF SOLDIER

Soldier's Signature

FAMILY CARE PLAN COUNSELING CHECKLIST

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PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Section 3013; Secretary of the Army; AR 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To emphasize to soldiers the significance of their responsibilities to the military service and their family members while performing required military duties.

ROUTINE USES: The "Routine Uses" set forth in the system of records notice (SORN) are applicable to this collection.

DISCLOSURE: Voluntary. However, failure to maintain a DA Form 5305, Family Care Plan could subject the Soldier to separation, administrative action or disciplinary action under the UCMJ.

SORN: A0600-8-104b AHRC; Official Military Personnel Record (August 18, 2004, 69 FR 51271).

Careful planning is required to ensure adequate care of family members while performing required military duties. Pregnant soldiers, single parents, and dual-military couples with family members will be counseled in accordance with AR 600-20. The soldier and the commanding officer (*or designated representative*) will initial each item on the checklist.

PART I - ACTIVE ARMY AND RESERVE COMPONENT	SOLDIER	COMMANDER
A. I am receiving Family Care Plan counseling by my commander (<i>or designated representative</i>) because my current family status is:	MUST BE INITIALED BY SOLDIER AND COMMANDER	
1. A pregnant soldier who:	SOLDIER AND COMMANDER INITIAL THE ONE BLOCK THAT APPLIES	
a. Has no spouse; is divorced; widowed, or separated; or is residing without her spouse.		
b. Is married to another service member of RA or USAR/ARNG of any service (<i>Army, Air Force, Navy, Marines, Coast Guard</i>).		
2. A soldier who has no spouse; is divorced, widowed, or separated or is residing apart from his/her spouse; who has joint or full legal and physical custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
3. A soldier who is divorced (<i>not remarried</i>) and who has liberal or extended visitation rights by court decree which would allow family members to be solely in the soldier's care in excess of 30 consecutive days.		
4. A soldier whose spouse is incapable of self-care or is otherwise physically, mentally, or emotionally disabled so as to require special care or assistance.		
5. A soldier categorized as half of a dual-military couple of RA or USAR/ARNG of any service (<i>Army, Air Force, Navy, Marines, Coast Guard</i>) who has joint or full legal custody of one or more family members under age 18 or who has adult family members incapable of self-care regardless of age.		
B. I understand that I must arrange for the care of my family member(s) so as to be: (1) Available for duty when and where the needs of the Army dictate; (2) Able to perform my assigned military duties without interference of family responsibilities.	BOXES B-M MUST BE INITIALED BY SOLDIER AND COMMANDER	
C. I have been counseled on the importance of:		
1. Selecting qualified, reliable, and stable guardians (<i>temporary and long-term</i>), whom I would have no reservations about entrusting the sole care of my family members, and who are both capable and willing to care for them in my absence.		
2. Providing maximum information to guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family member(s).		
3. Providing all necessary documentation and financial support so that the designated guardians have everything necessary to act in that capacity.		
D. I understand that designated guardians must be able to assume responsibility for my family member(s) during any periods of absence to include: during duty hours, alerts, field duty, roster duty, TDY, deployments, AT, MUTAs, ADT, or in the event of hospitalization, or other periods of absence for military duty, emergencies or unexpected circumstances.		
E. I understand that I am fully responsible for making all necessary arrangements (<i>housing, educational, legal, transportation, financial, religious, special, etc.</i>) to ensure a smooth, rapid turnover of family member care responsibilities in case the plan is implemented.		
F. I understand that I must initiate legal documentation such as the power of attorney for guardianship (<i>DA Form 5841, Powers of Attorney</i>) which will authorize guardian(s) to act in loco parentis; to perform any and all acts as fully to all intents and purposes as I might or could if personally present; to authorize for the care and treatment of my family member(s) regardless of whether on an emergency basis, or for routine care, including all major surgery deemed necessary by a duly licensed staff physician at any military or civilian hospital; to register my child(<i>ren</i>) in school, and to grant or to withhold permissions as my attorney shall deem appropriate.		
G. I understand that designated guardians must submit notarized certificates of acceptance (<i>DA Form 5840, Certificate of Acceptance as Guardian or Escort</i>) agreeing to accept full responsibility for my family member(s); attesting that they have received all necessary and essential documents; and attesting to the fact that they have been provided information on how to gain access to military/civilian facilities, services, entitlements and benefits on behalf of my family member(s).		

PART I - ACTIVE ARMY AND RESERVE COMPONENT (Continued)	SOLDIER	COMMANDER
H. I understand that I must maintain in my Family Care Plan, a DD Form 1172-2, Application for Identification Card/ DEERS Enrollment for each family member to ensure the issue/renewal of Uniformed Services Identification Cards in my absence.	BOXES B-M MUST BE INITIALED BY SOLDIER AND COMMANDER	
I. I understand that my DA Form 5305, Family Care Plan must be updated and recertified by my commander at least annually (<i>more often if required by my commander or mission of my unit</i>), or in the event of any change in my family status, guardians, legal custody, duty station, etc.		
J. I understand that it is strongly encouraged (<i>though not mandatory</i>) that I ensure that I have an updated will which specifies my desires concerning custody of my family member(s) in the event of my death.		
K. I understand that there are voluntary and involuntary procedures for my separation from military service when my parental responsibilities interfere with the performance of my military duties.		
L. I understand that I will receive no special consideration in duty assignments or duty stations based on my responsibility for my family member(s) unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 608-75.		
M. I understand that I am fully responsible for all transportation arrangements and costs pertaining to transportation of family member(s) to guardian or guardian to dependent family member(s).		
N. If I am assigned OCONUS, I understand that I must identify an escort for my family member(s) in the event that Noncombatant Evacuation Operations (NEO) are put into effect.	DO NOT COMPLETE	
O. If NEO procedures are not initiated at the time I am required to implement my DA Form 5305, Family Care Plan, I understand that I may request the opportunity to personally escort my family member(s) back to CONUS if time and the nature of the military situation permits, and my commander approves. I also understand that I may request approval for the designated guardian to reside in my government quarters in my absence. I further understand that the Army will not be responsible for reimbursement of any travel costs incurred by the guardian or escort unless they are otherwise eligible under their own military family member status.		
P. I understand that members of a dual-military couple may submit the same basic DA Form 5305, Family Care Plan to both commanders, provided that neither military member is identified as the long-term guardian in the plan. The original DA Form 5305, Family Care Plan will be maintained by the commander of the military member least likely to deploy, with a copy of the DA Form 5305, Family Care Plan forwarded to the spouse's commander. If both military members are equally likely to deploy, the original will be filed with the Army member's commander and a copy with the commander of the other service. If both are Army members and equally likely to deploy, it is inconsequential which commander has the original, so long as both commanders have copies in the unit files.	BOXES P-T MUST BE INITIALED BY SOLDIER AND COMMANDER	
Q. I understand that I should provide letters of instruction outlining all special arrangements and instructions the guardians or escort should be aware of.		
R. I have received copies of all the required forms and documentation, and know whom to contact in the event I have additional questions or need additional assistance in preparing the DA Form 5305, Family Care Plan.		
S. I understand that I must submit the complete DA Form 5305, Family Care Plan with all attendant documents to my commander within the time limits specified by my commander (<i>or designated representative</i>): <input type="checkbox"/> RA 30 days from date of this counseling session. <input checked="" type="checkbox"/> USAR/ARNG 60 days from date of this counseling session.		
T. I understand that it is my responsibility to notify my commander in advance if I am aware of any circumstances beyond my control that might prevent me from meeting the submission deadlines. The commander is authorized to grant a one-time extension of 30 days based on extenuating circumstances.		
PART II - ACTIVE ARMY AND RC SERVING ON ACTIVE DUTY		
Policies, Provisions, Entitlements, Benefits, and Services:	BOXES A-E MUST BE INITIALED BY SOLDIER AND COMMANDER	
A. Policies governing deletion or deferment from assignment instructions because of personal reasons. See AR 600-8-11 (<i>RA enlisted</i>), AR 614-100 (<i>RA officers</i>) or AR 135-91 (<i>USAR/ARNG</i>).		
B. Policies governing reassignment eligibility. All soldiers are expected to serve CONUS and OCONUS tours (<i>including unaccompanied tours</i>). The needs of the Service provide the basis for selecting a soldier for reassignment in accordance with AR 614-30, AR 614-200, and AR 614-100.		
C. Entitlements to assignment of government or pay of basic allowances for quarters. See AR 37-104-4.		
D. Policies governing entitlement to basic allowance for subsistence, application procedures, and payment. These are contained in AR 37-104-4 and DoD Financial Management Regulation Volume 7A.		
E. Provisions for applying for concurrent travel of family members when alerted for overseas movement Approved joint domicile assignments do not constitute authority to move family members to the overseas command at government expense. Application for family member travel must be made in accordance with AR 55-46.		

PART II - ACTIVE ARMY		SOLDIER	COMMANDER
F. Eligibility requirements for shipment of household goods to the next permanent duty station at government expense. See Joint Travel Regulation (JTR).		DO NOT COMPLETE	
G. The entitlement to government paid transportation of family members to the next permanent duty station. See JTR. Transportation allowances for dependent family member movement will be paid for under the following conditions:			
1. If traveling in a PCS status between CONUS permanent duty stations. However, family members are not authorized to move to or from TDY stations at government expense.			
2. If traveling to, from, or between OCONUS duty stations in PCS status provided tour length requirements have been satisfied. See Section III of AR 55-46 regarding tour length requirements to qualify for family member movement to, from and between overseas areas.			
H. The status of noncommand sponsored family members in the overseas command. See paragraph 1-17, AR 55-46.			
I. Services provided by the Army Community Services (ACS) regarding financial planning. See, AR 608-1.			
J. Services available from Personal Assistance Points at major points of embarkation in the CONUS.			
K. Maternity counseling for pregnant single soldiers on the costs of child bearing and raising.			
L. Provisions of TRICARE.			
PART III - MILITARY SPOUSE AND SPOUSE'S COMMANDER CERTIFICATION			
A. Military spouse: <i>We have been co</i>		and our family member (s.)	
1. SIGNATURE OF SPOUSE		ONLY COMPLETE PART III IF THE OTHER PARENT OF THE CHILD IS IN THE MILITARY.	
3. TYPED OR PRINTED NAME OF SPOUSE			
B. Spouse's commander: <i>I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).</i>		unit concerning Family Care Plan	
1. SIGNATURE OF SPOUSE'S COMMANDER		a. UNIT ADDRESS	
4. TYPED OR PRINTED NAME OF SPOUSE'S COMMANDER		. E-MAIL ADDRESS	
PART IV - SOLDIER AND COMMANDER CERTIFICATION			
A. Soldier: <i>I have been counseled on my responsibilities to the Army and to my family member(s).</i>			
1. SIGNATURE OF SOLDIER		2. DATE (YYYYMMDD)	
Soldier's Signature		Date	
3. TYPED OR PRINTED NAME OF SOLDIER			
Soldier's Printed Name			
B. Soldier's commander: <i>I have provided counseling to the soldier on his/her responsibilities to the military service and to his/her family member(s).</i>			
1. SIGNATURE OF SOLDIER'S COMMANDER		2. DATE (YYYYMMDD)	
Commander's Signature		Date	
4. TYPED OR PRINTED NAME OF SOLDIER'S COMMANDER		3a. UNIT ADDRESS	
Commander's Printed Name and Rank		Unit Name Address City, State Zip Code	
		b. E-MAIL ADDRESS	
		Commander's E-mail	

FAMILY CARE PLAN

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To document for Army purposes the plan by which Soldier's provide for the care of their family when military duties prevent the Soldier from doing so.

ROUTINE USES: The "Routine Uses" set forth in the system of records notice (SORN) are applicable to this collection.

DISCLOSURE: Voluntary. Failure to maintain a Family Care Plan could subject the soldier to separation, administrative action, or disciplinary action under the UCMJ.

SORN: A0600-8-104b AHRC; Official Military Personnel Record (August 18, 2004, 69 FR 51271).

PART I - SOLDIER'S FAMILY CARE

A. I was counseled on <u>Date of Counseling</u> _____ (date), and fully understand the policy on family member care responsibilities. I understand that I must arrange for care of my family members, remain available for deployment and training, and report for duty as required without interference of responsibility for family members. I assume responsibility for all obligations for such things as child care, food, adequate housing, transportation, and emergency needs of my family members regardless of age.	INITIALS
B. I have made and will maintain arrangements for the care of my family members during all the following: 1. Duty 2. Exercises/field duty 3. Permanent Change of Station 4. Alerts 5. Annual Training 6. Temporary Duty 7. Unit Training Assembly 8. Active Duty Training 9. Unaccompanied Tours 10. Mobilization 11. Deployment 12. Other Military Duty 13. Emergencies 14. Leave/non-duty Time	Soldier initials ALL blocks
C. I understand the importance of ensuring the proper care for my family members, and ensuring my own readiness and deployability as well. I further understand that in light of the critical nature of both these requirements: 1. Failure to make and maintain adequate family member care arrangements in accordance with the Army's policy is grounds for disciplinary action or separation. 2. Nonavailability for worldwide assignment and/or unit deployment may lead to my separation from the Army. 3. If arrangements for the care of my family members fail to work, I am not automatically excused from prescribed duties, unit deployment, or reassignment. 4. If I fail to maintain a Family Care Plan or provide false information regarding my plan, I am subject to separation, administrative action, or disciplinary action under UCMJ. 5. I must maintain an up-to-date Family Care Plan and revise my Plan when circumstances change. I understand that Family Care Plans may be tested at the discretion of the commander. 6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my family members unless enrolled in the Exceptional Family Member Program (EFMP) in accordance with AR 600-75.	
D. I have made all necessary arrangements (legal, educational, financial, religious, special, etc.) to ensure a smooth, rapid turnover of family member care responsibilities in case this plan is implemented.	
E. I have arranged for necessary travel required to transfer my family members to a designated person. If my principal designee is not in the local area, I have arranged with a nonmilitary person in the local area to assume temporary guardianship of my family members until they are transferred to my principal care designee, or that designee arrives to assume responsibility for their care.	
F. A copy of DA Form 5841 (Power of Attorney) or equivalent documents and a copy of DA Form 5840 (Certificate of Acceptance as Guardian or Escort) for each escort or guardian whether temporary or long-term is attached to this plan.	
G. The following additional required documents are completed, included in this plan, and will be put into effect as part of my Family Care Plan. 1. DD Form 1172 (Application for Uniformed Services Identification Card - DEERS Enrollment) for each family member whether they have a currently valid ID card or not. 2. DD Form 2558 (Authorization to Start, Stop or Change an Allotment) or other proof of financial support for expenses incurred by guardian and family members. 3. Copies of Letters of Instruction (which have been forwarded to designated escorts or guardians along with powers of attorney and other pertinent documents), outlining all special instructions concerning the care of my family members have also been included in my Family Care Plan.	
H. I have thoroughly briefed escorts and guardians on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, entitlements and benefits on behalf of my family members.	
I. I am confident that my Family Care Plan is workable, and to the best of my knowledge, the guardian (s) and escort (s) I have designated will be both willing and able to carry out the responsibilities of caring for my family members.	

PART II - DESIGNATION OF GUARDIANS/ESCORTS

A. I (We) have designated the following temporary guardian to care for my (our) family member (s) until responsibility is transferred to escort or principal (long-term) guardian.	
1. TYPED OR PRINTED NAME <u>Temporary Guardian Printed Name</u>	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable) <u>Temporary Guardian Address</u>
3. TELEPHONE NUMBER (Include Area Code) <u>Temporary Guardian Phone Number</u>	2b. E-MAIL ADDRESS <u>Temporary Guardian E-mail</u>

Temporary guardian is optional. If used DA Form 5831 and DA Form 5840 MUST be completed.

B. I (We) have designated the following individual(s) as principal long-term guardian(s) for my(our) family member(s). The designated guardian(s) reside in the continental United States or United States territories.

1. TYPED OR PRINTED NAME Long-term Guardian Printed Name	2a. COMPLETE ADDRESS (Including Street, Apartment Number, P.O. Box Number, Rural Route Number, City, State, and ZIP + 4 where applicable) Long-term Guardian Address
3. TELEPHONE NUMBER (Include Area Code) Long-term Guardian Phone Number	2b. E-MAIL ADDRESS Long-term Guardian Email

C. I (We) have designated the following individual(s) as escort for my(our) family member(s) if evacuation from OCONUS becomes necessary (applies only to persons assigned OCONUS):

1.	DO NOT COMPLETE
3.	

**PART III - DUAL MILITARY COUPLES ONLY
MILITARY SPOUSE AND COMMANDER CERTIFICATION**

A. **Spouse:** We have made arrangements and will maintain arrangements for the care of our family member(s) in all circumstances required by our commitment to the military and our family.

1. SIGNATURE OF SPOUSE	ONLY COMPLETE PART III IF THE OTHER PARENT OF THE CHILD IS IN THE MILITARY.	2. DATE (YYYY/MM/DD)
3. TYPED OR PRINTED NAME OF SPOUSE		
4. Recertification		
a. INIT. DATE		T. DATE e. INIT. DATE
B. Commander: I have counseled the military made adequate family care arrangements.		and I am satisfied that the members have
1. SIGNATURE OF COMMANDER		
4. TYPED OR PRINTED NAME OF COMMANDER		
5. Recertification		
a. INIT. DATE	T. DATE e. INIT. DATE	

PART IV - SOLDIER AND COMMANDER CERTIFICATION

A. **Soldier:** I (We) have made arrangements and will maintain arrangements for the care of my(our) family member(s) in all circumstances required by my(our) commitment to the military and my(our) family.

1. SIGNATURE OF SOLDIER Soldier's Signature	2. DATE (YYYY/MM/DD) Date
3. TYPED OR PRINTED NAME OF SOLDIER Soldier's Printed Name	
4. Recertification	
a. INIT. DATE b. INIT. DATE c. INIT. DATE d. INIT. DATE e. INIT. DATE	

B. **Commander:** I have reviewed the Family Care Plan, and I am satisfied that the members have made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

1. SIGNATURE OF COMMANDER Commander's Signature	2. DATE Date	3. UNIT ADDRESS Unit Name Address City, State Zip Code
4. TYPED OR PRINTED NAME OF COMMANDER Commander's Printed Name and Rank		
5. Recertification		
a. INIT. DATE b. INIT. DATE c. INIT. DATE d. INIT. DATE e. INIT. DATE		

POWER OF ATTORNEY

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

SPECIAL INSTRUCTIONS RELATED TO EXECUTION OF POWERS OF ATTORNEY

The DA Form 5841 is a special power of attorney (POA) that may be used to authorize a person to take care of your child(ren) in your absence. It is important that you understand that you are not required to use **this** POA for your Family Care Plan. You may seek legal assistance to have a different POA drafted that better provides for your family members if you so desire. You must also understand that depending on the law or other requirements where your child(ren) will be living, a POA may not always be effective for your designated guardian to care for your child(ren) under any or all circumstances. You may seek legal assistance to advise you about the effectiveness of DA Form 5841, other POAs or any other matters in your Family Care Plan.

It is very important that the following persons be shown the POA or other appropriate documentation for the purpose of determining whether they will honor it:

Doctors, dentists, and hospital officials or other health care providers who may be called upon to treat your child(ren).

Any school officials or other officials who may need your permission to provide services for your child (ren) or register your child(ren) in school.

If the persons identified above will not honor the POA, you must ask to be provided powers of attorney or other documents that will be honored. You should show this POA or other documentation to all facilities, institutions, and individuals to ensure they will recognize it for the purposes you have intended.

You must understand that a POA will **not** prevent another person, such as a non-custodial parent or relative of your child(ren), from petitioning a court of competent jurisdiction to obtain temporary or permanent custody of your children

POWER OF ATTORNEY

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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

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ROUTINE USES: There is no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

DISCLOSURE: Voluntray. However, failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, Soldier's Printed Name,
of the state of State that Soldier resides in, a
member of the United States Armed Forces, currently residing in Soldier's Street Address
Soldier's City, State Zip code, pursuant to Military Orders, do hereby appoint
Long-term Guardian's Name, presently residing at Guardian's Street Address
Guardian's City, State Zip code, my true and lawful attorney-in-fact to do the
following acts or things in my name and in my behalf:

To assume and maintain guardianship of my child (ren),

Child(ren)'s Name

to do all acts necessary or desirable for maintaining health, education, and welfare; and to maintain customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any of them by qualified medical or dental personnel.

I hereby give and grant individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto. I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZED MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I authorize by attorney-in-fact to hire legal counsel in order to carry out the provisions of this document or determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

POWER OF ATTORNEY

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on

Input the date that comes FIRST: Soldier's ETS, 4 years from TODAY, or Child's 18th birthday

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be in a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date Date Signed, State of State that document was signed, County of County that document was signed.

Soldier's Signature

GRANTOR'S SIGNATURE

ACKNOWLEDGMENT

I, the undersigned, certify that I am a fully commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared

Soldier's Printed Name, who is known by me to be the person who is

described herein, whose name is subscribed to, and who signed the Power of Attorney as grantor, and who, having been duly sworn, acknowledged that this instrument was executed after its contents were read and duly explained, and that such execution was a free and voluntary act and deed for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my seal this DAY day of MONTH, YEAR

STATE OF State that document was signed

COUNTY OF County that document was signed

Acknowledged before me this DAY day of MONTH, YEAR.

Notary's Signature

(NOTARY PUBLIC)

Notary Stamp and Seal

My commission expires: Expiration Date of Notary's commission

CERTIFICATE OF ACCEPTANCE AS GUARDIAN OR ESCORT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.
PRINCIPAL PURPOSE: Guardian's agreement to care for a soldier's child(ren) in his or her absence.
ROUTINE USES: The "Routine Uses" set forth in the system of records notice (SORN) are applicable to this collection.
DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of a Soldier's Family Care Plan.
SORN: A0600-8-104b AHRC; Official Military Personnel Record (August 18, 2004, 69 FR 51271).

I Guardian's Name was provided an original DA Form 5841
(Power of Attorney) or other legally sufficient authority naming me as guardian/escort for:

NAME (s) / AGE (s) OF FAMILY MEMBERS

<u>Child(ren)'s Name and Date of Birth</u>	

family members of:

NAME (s)

Father of Child(ren)'s Name

Mother of Child(ren)'s Name

I agree to accept responsibility for these family members. I have received all necessary documents required to provide financial, medical, educational, quarters, and subsistence support for these family members. I have been briefed on procedures for accessing military/civilian facilities, services, benefits, and entitlements on behalf of these family members.

TYPED OR PRINTED NAME OF GUARDIAN <u>Long-term Guardian's Name</u>		ADDRESS (Include ZIP Code)
SIGNATURE <u>Guardian's Signature</u>	DATE (YYYY/MM/DD) <u>Date</u>	

TELEPHONE NUMBER (Include Area Code) <u>Guardian's Phone Number</u>	E-MAIL ADDRESS <u>Guardian's E-mail</u>
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NOTARY:

STATE OF State that document was signed

COUNTY OF County that document was signed

Acknowledged before me this DAY day of MONTH, YEAR.

Notary's Signature

(Notary Public)



My commission expires: Expiration Date of Notary's commission

This form is ONLY required when the Soldier is designating a guardian who is NOT the legal parent. Both legal parents signatures must be notarized showing they agree to the designated guardian.

PARENTAL CONSENT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

- AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.
- PRINCIPAL PURPOSE:** To record the agreement of both parents with their child's custodial arrangement as documented in the Family Care Plan. For additional information see the System of Records Notice(s) A0600-8-104b AHRC; Official Military Personnel Record (<https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>).
- ROUTINE USES:** There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.
- DISCLOSURE:** Voluntary. However, failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

In accordance with this agreement the parties confirm the following stipulations of fact and terms of agreement: Soldier's Name, a member of the United States Army, (hereinafter "the Soldier"), and Other Parent's Name are the parents of Child(ren)'s Name (hereinafter "the child"), date of birth Child(ren)'s DOB, born in City, State.

The child currently resides primarily with Name of Parent that child(ren) primarily reside with at Street Address, City, State Zip code.

Soldier's Initials

As a function of performing military duties, the Soldier may have to perform temporary duty, be deployed, or otherwise not be available to care for the minor child.

b. The Soldier has been notified that he or she is to be temporarily deployed. The time period of deployment has been estimated to be _____ in length. As a matter of military necessity, the minor child will not be able to reside with, or exercise access to the Soldier during this time. *(Initial appropriate paragraph)*

The parties agree that each has reviewed the attached Family Care Plan as set forth in Form DA Form 5305, which indicates that for the time period that the Soldier is absent, Long-term Guardian's Name is to serve as the minor child's temporary physical guardian.

The parties agree that during this period the minor child will reside at Street Address, City, State Zip code.

The parties agree that each will cooperate with the execution of any additional documentation as may be necessary to facilitate the designation of physical custody to the temporary guardian and effectuate this consent.

By the signatures below, each party indicates their consent to the arrangements outlined in the attached Family Care Plan and this agreement.

Soldier's Signature

(SOLDIER'S SIGNATURE)

STATE OF State that document was signed COUNTY OF County that document was signed

Acknowledged before me this DAY day of MONTH, YEAR

Notary's Signature

(NOTARY PUBLIC)

My commission expires: Expiration Date of Notary's commission

Notary Stamp and Seal

Other Parent's Signature

(OTHER PARENT'S SIGNATURE)

STATE OF State that document was signed COUNTY OF County that document was signed

Acknowledged before me this DAY day of MONTH, YEAR

Notary's Signature

(NOTARY PUBLIC)

My commission expires: Expiration Date of Notary's commission

Notary Stamp and Seal

Family Care Plan Letter of Instruction

The Letter of Instruction (LOI) is required for all family care plans per AR 600-20 to ensure the designated guardians understand the needs of the Soldier's dependent family members.

1. I (**SOLDIER'S NAME**) parent of (**DEPENDENT(S) NAME**) have arranged care for my dependent family members in the event I am not available due to my military obligations. This includes deployments, annual training, drill weekend, additional training, emergencies, and other unexpected circumstances.
2. (**TEMPORARY GUARDIAN**) has been given the necessary legal authority to care for my dependents until the designated long-term guardian can care for them. They can be contacted at (**PHONE NUMBER**). (N/A if there is not short-term guardian)
3. (**LONG-TERM GUARDIAN**) has been given the necessary legal authority to care for my dependents until I return from my temporary military obligation. They can be contacted at (**PHONE NUMBER**). My dependent(s) will be returned to my care and custody upon completion of my duties.
4. Upon my departure all designated guardians will immediately receive pertinent documents related to my dependents (medical records, school records, ID Cards, copies of certificate of acceptance.) They will also receive instructions to access military facilities, entitlements, and benefits that directly relate to my dependents.
5. I have established the following financial arrangements with the designated guardians to cover the expenses of my dependents: (**COURT ORDERED CHILD SUPPORT, VERBAL AGREEMENT, SPECIAL ACCOUNT, ETC.**)
6. (**DEPENDENT NAME**) attends (**SCHOOL OR CHILDCARE CENTER**), located at (**ADDRESS**). They can be contacted at (**PHONE NUMBER**).
7. A Red Cross message will immediately be communicated to my Commander if for any reason the guardians designated to care for my dependents are unable to maintain their responsibilities after my departure.
 - a. Unit Contact: (**UNIT NAME, PHONE NUMBER, ADDRESS**)
 - b. Family Assistance Center: (**PHONE NUMBER, ADDRESS**)

Confirmation of Agreement:

Soldier's Name:

Soldier's Signature:

Long-term Guardian's Name:

Long-term Guardian's Signature: