| **Name:** |  | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rank/pay grade: | | | |  | | | | | | | | |
| Branch of Service: | | | | | |  | | | | | | |
| Marital status: | | |  | | | | | | | | | |
| Age of accompanied children: | | | | | | | | | | |  | |
| Exceptional Family Member Program (EFMP) sponsor: | | | | | | | | | | | | Yes  No |
| Specific information should be provided directly to EFMP professional personnel at your Family Support Center. Please do not include any additional EFMP information on this form. | | | | | | | | | | | | |
| Current unit address: | | | | | | | | |  | | | |
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|  | | | | | | | | |  | | | |
| New duty station: | | | | | |  | | | | | | |
| Gaining command: | | | | | | |  | | | | | |
| MCC/UIC: | |  | | | | | | | | | | |
| Detachment date: | | | | | |  | | | | | | |
| Attachment date: | | | | | |  | | | | | | |
| Military email address: | | | | | | | | | |  | | |
| Civilian email address: | | | | | | | | | |  | | |
| Current work phone: | | | | | | | |  | | | | |
| Current home phone: | | | | | | | | |  | | | |
| Current cell phone: | | | | | | |  | | | | | |
| Current address: | | | | |  | | | | | | | |
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|  | | | | |  | | | | | | | |
| Leave address: | | |  | | | | | | | | | |
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|  | | |  | | | | | | | | | |
| Leave phone number: | | | | | | | | |  | | | |