

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

Respite Care Eligibility Review

OTSG APPROVED (Date)
(YYYYMMDD) 20090204

The Army, through its Family and Morale, Welfare and Recreation Command (FMWRC), is offering respite care to exceptional family members (EFMs) who meet one or more of the eligibility criteria listed below. A medical provider must indicate whether the EFM meets one or more of the following criteria.

- 1. Little or no age appropriate self-help skills.
 - 2. Severe continuous seizures activity.
 - 3. Ambulation with neurological impairment that requires assistance with activities of daily living.
 - 4. Tube feeding.
 - 5. Tracheotomy with frequent suctioning.
 - 6. Apnea monitoring during hours of sleep, if another family member must remain awake during monitoring.
 - 7. Inability to control behavior with safety issues requiring constant supervision.
 - 8. Life threatening or chronic condition requiring frequent hospitalizations or treatment encounters, which require extensive family involvement in care giving.
- The limitation is permanent.
or
- The limitation may not be permanent, and the checked criteria are valid for 2 years at your current installation.
- The Individual does NOT meet any of the above eight eligibility criteria.

Provide a copy of this form to the family for submission to the installation Exceptional Family Member Program Manager.

"Exception revision approved by APD, 23 Feb 2009"

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE (YYYYMMDD)
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> HISTORY/PHYSICAL</td> <td><input type="checkbox"/> FLOW CHART</td> </tr> <tr> <td><input type="checkbox"/> OTHER EXAMINATION OR EVALUATION</td> <td><input type="checkbox"/> OTHER (Specify)</td> </tr> <tr> <td><input type="checkbox"/> DIAGNOSTIC STUDIES</td> <td></td> </tr> <tr> <td><input type="checkbox"/> TREATMENT</td> <td></td> </tr> </table>	<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> DIAGNOSTIC STUDIES		<input type="checkbox"/> TREATMENT	
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