



# Exceptional Family Member Program Respite Child Care Verification Statement

I am an Active Duty Airman or Activated Guard or Reserve Member who has a family member with special needs. I understand EFMP respite child care is based on the severity of the disability. I understand I am required to be enrolled in the Air Force Exceptional Family Member Program and provide verification of disability category. I am aware there will be no fee charged to me for this service until further notice.

EFMP CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(MM/DD/YYYY)

SPONSOR'S NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

STATUS: AD (requires Q-code verification)    Guard/Reserve (requires a copy of Active Duty Orders)

INSTALLATION: \_\_\_\_\_ UNIT: \_\_\_\_\_

### PARENT'S EMAIL/TELEPHONE NUMBERS

PRIMARY EMAIL: \_\_\_\_\_ SECONDARY EMAIL: \_\_\_\_\_

WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

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PARENT SIGNATURE	DATE	PRINT NAME
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The verification below must be filled out and signed by a licensed medical provider familiar with the family member for which respite care is being requested.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Intellectual Disability        | <input type="checkbox"/> Hearing impairment                       | <input type="checkbox"/> Vision impairment      |
| <input type="checkbox"/> Deaf/blindness                 | <input type="checkbox"/> Speech-language impairment               | <input type="checkbox"/> Emotional Disturbance  |
| <input type="checkbox"/> Autism Spectrum Disorders      | <input type="checkbox"/> Traumatic Brain Injury                   | <input type="checkbox"/> Orthopedic Impairments |
| <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Developmental Delays                     |   |
| <input type="checkbox"/> Multiple Disabilities          | <input type="checkbox"/> Other Health Impairments, specify: _____ |   |

SEVERITY OF SPECIAL NEED: (select only one)     SEVERE     MODERATE     MILD

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MEDICAL PROVIDER'S SIGNATURE	DATE
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PRINTED NAME AND TITLE OR OFFICIAL STAMP