DEPARTMENT OF THE NAVY
COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

IN REPLY REFER TO
COMTRAWINGFIVEINST 1740.1D
Code N1
17 Nov 08

COMTRAWING FIVE INSTRUCTION 1740.1D

From: Commander, Training Air Wing FIVE

Subj: U.S. NAVY FAMILY CARE PLAN POLICY

Ref: (a) DODINST 1342.19
(b) OPNAVINST 1740.4C

Encl: (1) Department of Navy Family Care Plan Certificate, NAVPERS 1740/6 (Rev 7-03)
(2) Family Care Plan Arrangements, NAVPERS 1740/7 (Rev 7-03)
(3) Family Care Plan Checklist
(4) Sample Power of Attorney for Family Care Plan Special Power of Attorney

1. Purpose. To promulgate policy per references (a) and (b) on family member care responsibilities as they affect the accomplishments of prescribed military duties, and to provide assistance in developing a workable family care plan. This instruction applies to all Navy personnel who are single service members or dual military couples having custodial responsibility for family members.

2. Cancellation. COMTRAWINGFIVEINST 1740.1C.

3. Background. The nature of naval service dictates that service members must be ready to deploy throughout the world on short notice, and be able to fully execute their military and professional duties. For members with dependents, the ability to meet this requirement is indicative of a comprehensive family care plan. Thorough planning benefits the Navy and the member by ensuring proper care for dependents, reducing stress on the member, and providing a deployable asset for the command.

4. Action

a. The Commander, Training Air Wing FIVE and squadron Commanding Officers shall:

(1) Ensure all members of their commands are informed of the requirements of references (a) and (b), and this instruction.

(2) Designate a Family Care Plan Coordinator.

b. Family Care Plan Coordinator shall:

(1) Manage the command's Family Care Plan Program per references (a) and (b), and this instruction.

(2) Coordinate with the Fleet and Family Support Center to provide information and points of contact to the member.

(3) Maintain the service member's Family Care Plan on file.

(4) Ensure all Family Care Plans:

(a) Are submitted in accordance with this instruction.

(b) Meet the requirements delineated in references (a) and (b) and this instruction.

(c) Include all reasonable contingencies.

c. The service member affected by this instruction will:

(1) Ensure the family members are cared for during deployments and temporary duty, as well as all other times.

(2) Develop a workable Family Care Plan using enclosures (1) and (2) (PDF fillable forms available online) and submit to the Chain of Command for approval. This plan must be submitted for approval within 60 days (90 days for Ready Reservists) of the following:

(a) Upon reporting for duty.

(b) When the designated caregiver or the condition under which the caregiver will provide care has changed.

(c) Upon birth or adoption of a child or assumption of sole care for an elderly or disabled family member.

(d) Upon change in personal or family circumstances.

(3) Review/update the Family Care Plan for currency under the following conditions:

(a) Annually

(b) Prior to reenlistment or extension of obligated service.

(c) Prior to executing permanent change of station (PCS) orders, especially to training (advanced, "A" or "C" schools, graduate education, scholarship/commissioning, outservice education programs, etc.)

(d) Prior to affiliation, enlistment, or broken service reenlistment in the Selected Reserve.

(4) Seek, as necessary, information and assistance from the Chain of Command and Fleet and Family Support Center in the development and verification of the Family Care Plan. Enclosure (3) is provided as a checklist to ensure the adequacy of the Family Care Plan.

(5) Provide your designated caregiver with all necessary legal documents, including Power(s) of Attorney. (See Enclosure (4))

d. Dual military couples must provide a copy of their Family Care Plan to each member's respective chain of command.

J. S. WALSH

Distribution:
COMTRAWINGFIVEINST 5216.1Q
List II, III (a-d)

REQUIRING DIRECTIVE OPNAVINST 1740.4

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE

PRIVACY ACT

AUTHORITY: 10 U.S.C. Section 5013, Secretary of the Navy; E.O. 9397; and OPNAVINST 1740.4C

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements. To ensure the member is world-wide assignable. To ensure combat readiness and document a plan for the care of family members in the event of a medium or long term absence. To evaluate compliance with DOD and Navy programs requiring Family Care Plans. To ensure family members are cared for during deployments, reserve mobilizations, temporary duty, etc. and that arrangements are in place for the financial well being of family members covered by the Family Care Plan during separations.

ROUTINE USES: Used by the Commanding Officer or his/her representative to ensure Family Dependent Care Program is in place.

DISCLOSURE: Individuals who fail to maintain a current Family Care Plan may be subject to separation from the Navy (OPNAVINST 1740.4C paragraph 7.d.(6)).

PART I. SERVICEMEMBERS ACKNOWLEDGEMENT

	INITITIALS
1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty without dependents, as required.	
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.	
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.	
4. I understand that I am subject to deployments on short notice and that I will not be given special privileges because I have dependents.	
5. My normal working hours are from to . I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless I have been excused by my commanding officer.	
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.	
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 60 days (90 days for Ready Reserve) of any change in my family or caregiver status.	
8. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents by the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.	
9. In the event of my death or incapacity, (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.	
10. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.	

11. TYPED OR PRINTED NAME OF MEMBER:	12. RANK/RATE:	13. SSN	14. DATE

15. MEMBER'S SIGNATURE:

REQUIRING DIRECTIVE OPNAVINST 1740.4

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE *(CONTINUED)*	
PART II. CAREGIVER ACKNOWLEDGEMENT	
16. Member's absence is for a duration of less than 30 days.	
16A. TYPED OR PRINTED NAME OF CAREGIVER:	16B. ADDRESS OF CAREGIVER:
16C. SIGNATURE OF CAREGIVER:	
16D. TELEPHONE NUMBER OF CAREGIVER (INCLUDE AREA CODE):	
16E. TYPED OR PRINTED NAME OF WITNESS:	16F. WITNESS' SIGNATURE:
17. Member's absence is for a duration of greater than 30 days.	
17A. TYPED OR PRINTED NAME OF CAREGIVER:	17B. ADDRESS OF CAREGIVER:
17C. SIGNATURE OF CAREGIVER:	
17D. TELEPHONE NUMBER OF CAREGIVER (INCLUDE AREA CODE):	
17E. TYPED OR PRINTED NAME OF WITNESS:	17F. WITNESS' SIGNATURE:
18. Applies to single servicemember sponsors & dual military couples with dependents serving overseas and accompanied by dependents.	
18A. I agree to be responsible for accompanying and caring for the family members of as an escort if evacuation from an overseas area becomes necessary.	
18B. TYPED OR PRINTED NAME OF ESCORT:	18C. SIGNATURE OF ESCORT:
18D. TYPED OR PRINTED NAME OF WITNESS:	18E. WITNESS' SIGNATURE:
PART III. FOR DUAL MILITARY COUPLES ONLY	
19. Statement of Military Spouse: I have read my spouse's plan and concur.	
19A. SPOUSE'S COMMAND:	19B. COMMAND'S FAMILY CARE PLAN COORDINATOR AND TELEPHONE NUMBER:
19C. TYPED OR PRINTED NAME AND SSN OF SPOUSE:	19D. SPOUSE'S SIGNATURE:

REQUIRING DIRECTIVE OPNAVINST 1740.4

DEPARTMENT OF THE NAVY FAMILY CARE CERTIFICATE *(CONTINUED)*

20. ADDITIONAL COMMENTS:

PART IV. CONSENTING NATURAL OR ADOPTIVE PARENT

21. I have reviewed this Family Care Plan and concur.

21A. TYPED OR PRINTED NAME:	21B. SIGNATURE:	21C. DATE:

PART V. COMMAND CERTIFICATION

22. I have reviewed this Family Care Plan and (I am/I am not) satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

22A. TYPED OR PRINTED NAME OF COMMANDING OFFICER	22B. SIGNATURE OF COMMANDING OFFICER:	22C. DATE:

REQUIRING DIRECTIVE OPNAVINST 1740.4

FAMILY CARE PLAN ARRANGEMENTS

PRIVACY ACT

AUTHORITY: 10 U.S.C. Section 5013, Secretary of the Navy; E.O. 9397; and OPNAVINST 1740.4C

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements. To ensure the member is world-wide assignable. To ensure combat readiness and document a plan for the care of family members in the event of a medium or long term absence. To evaluate compliance with DOD and Navy programs requiring Family Care Plans. To ensure family members are cared for during deployments, reserve mobilizations, temporary duty, etc. and that arrangements are in place for the financial well being of family members covered by the Family Care Plan during separations.

ROUTINE USES: Used by the Commanding Officer or his/her representative to ensure Family Dependent Care Program is in place.

DISCLOSURE: Individuals who fail to maintain a current Family Care Plan may be subject to separation from the Navy (OPNAVINST 1740.4C paragraph 7.d.(6)).

CHECK THE ITEMS THAT YOU HAVE COMPLETED FOR YOUR FAMILY CARE PLAN. PLEASE PROVIDE THE PERSONAL CONTACTS AND LOCATION OF INFORMATION. ATTACH COPIES OF IMPORTANT DOCUMENTS.

1. FINANCIAL ARRANGEMENTS:

- ☐ ALLOTMENTS TO CAREGIVER
- ☐ IDENTIFICATION OF ACCOUNTS WITH ACCESS FOR CAREGIVER
- ☐ ACCESS TO FUNDS WITH ACCOUNTABILITY
- ☐ AUTO-PAYMENT OF OBLIGATIONS
- ☐ MODIFICATION OF SUPPORT AGREEMENTS/ORDERS

ADDITIONAL COMMENTS:

2. LOGISTICAL ARRANGEMENTS:

- ☐ MOVEMENT OF FAMILY MEMBERS AND/OR CAREGIVER(S)
  - ☐ EXISTING CUSTODY/VISITATION ORDERS
  - ☐ MODIFICATIONS OF EXISTING CUSTODY/VISITATIONS ORDERS
  - ☐ NOTIFICATION TO OTHER NATURAL OR ADOPTIVE PARENT
  - ☐ COURT ORDER GRANTING PERMISSION TO RELOCATE
  - ☐ WRITTEN CONSENT TO RELOCATE FROM OTHER NATURAL OR ADOPTIVE PARENT
- ☐ METHOD OF RELOCATION
  - ☐ AIR AIRLINES: _____ DATE DEPARTURE: _____
  - ☐ GROUND VEHICLE: _____
  - ☐ ITINERARY AND MAPS PROVIDED
- ☐ FINANCIAL SUPPORT AT THE NEW LOCATION
- ☐ CARE OR MAINTENANCE OF HOME/QUARTERS
- ☐ LANGUAGE TRANSLATOR *(IF REQUIRED)*

FAMILY CARE PLAN ARRANGEMENTS *(CONTINUED)*

2. LOGISTICAL ARRANGEMENTS *(CONTINUED)*:

- ☐ SCHOOL ARRANGEMENTS *(MAY NOT BE ABLE TO ENROLL CHILD IN SCHOOL WITHOUT COURT ORDER)*
- ☐ ACCESS TO AND USE OF GOVERNMENT SERVICES *(COMMISSARY, EXCHANGE, ETC.)*
- ☐ NON-MILITARY ESCORT FOR FAMILY MEMBERS NEEDING ASSISTANCE *(CHILDREN, ELDERLY, DISABLED)*

NAME:: _____ PHONE: _____ CELL PHONE: _____

ADDRESS: _____

E-MAIL: _____

ADDITIONAL COMMENTS:

3. MEDICAL/HEALTH CARE SERVICES:

- ☐ IN LOCO PARENTIS POWER OF ATTORNEY TO ALLOW TREATMENT OF CHILDREN
- ☐ EXPLAINED INSURANCE AND MEDICAL PAYMENT METHODS
- ☐ IDENTIFIED CURRENT HEALTH CARE CONCERNS AND ON-GOING TREATMENTS
- ☐ PROVIDED LOCATION OF MEDICAL FACILITIES

NAME OF FACILITY: _____ PHONE: _____

ADDRESS: _____

- ☐ PROVIDED NAME OF MEDICAL, DENTAL AND OTHER HEALTH CARE PROVIDERS

DOCTOR: _____ DENTIST:: _____

ADDITIONAL COMMENTS:

4. EDUCATIONAL FACILITIES LOCATION:

- ☐ IDENTIFIED EDUCATIONAL FACILITIES

NAME OF SCHOOL: _____ PHONE: _____

ADDRESS: _____ PRINCIPAL: _____

- ☐ CONTACTED SCHOOLS AND LOCAL BOARD OF EDUCATION FOR ENROLLMENT INFORMATION
- ☐ EDUCATIONAL/CHILDCARE FACILITIES WILL ACCEPT CHILDREN

FAMILY CARE PLAN ARRANGEMENTS *(CONTINUED)*

4. EDUCATIONAL FACILITIES LOCATION *(CONTINUED)*:

- ☐ POWER OF ATTORNEY
- ☐ COURT ORDER FOR CAREGIVER

ADDITIONAL COMMENTS:

5. LEGAL:

- ☐ PROVIDED COPIES OF EXISTING COURT ORDERS FOR CUSTODY/VISITATION/SUPPORT/OTHER
- ☐ DISCUSSED PENDING COURT CASES FOR CUSTODY/VISITATION/SUPPORT/OTHER

NAME OF COURT: _____ LOCATION: _____

- ☐ PENDING CIVIL MATTERS FOR OTHER ISSUES: _____

_____

- ☐ PROVIDED LOCATION OF LEGAL DOCUMENTS *(WILLS, POER OF ATTORNEY, COURT ORDERS)*
- ☐ IDENTITY OF PERSONS/AGENTS TO MANAGE YOUR AFFAIRS IN THE EVENT OF INCAPACITY

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

- ☐ LEGAL POINTS OF CONTACT FOR THE CAREGIVER

ATTORNEY: _____ PHONE: _____

LEGAL SERVICE OFFICE: _____ PHONE: _____

- ☐ EXPLAINED WHAT THE CAREGIVER SHOULD DO IN THE EVENT THEY ARE NO LONGER ABLE TO CARE FOR FAMILY MEMBERS

ADDITIONAL COMMENTS:

6. TYPED OR PRINTED NAME OF MEMBER:	7. MEMBER'S SIGNATURE:	8. DATE:

FAMILY CARE PLAN CHECKLIST

1. The following checklist is designed to assist members in developing and updating Family Care Plans. The checklist should not be considered all inclusive and should be modified as the circumstances of each individual dictate. Additional information and assistance is available from the command Family Care Plan Coordinator, Fleet and Family Support Center, Legal Assistance Office, Navy-Marine Corps Relief Society counselors, Child Care Centers, Naval Reserve activities, and civilian social services organizations.

2. Checklist

__ Qualified caregiver(s) designated and Family Care Plan established for:

- __ Short-term absences (TAD, pre-deployment workups, training exercises)
- __ Long-term absences (deployments)

__ Family Care Plan contains provisions for:

- __ Financial well-being of family members
  - __ Allotments
  - __ Bank accounts and access
- __ Logistical arrangements:
  - __ Movement of family members and/or caregiver(s) to include financial, medical, and legal support arrangements which may be required
  - __ Non-military escort for family members needing assistance (children, elderly, disabled)
  - __ Care of home/quarters
  - __ Family contacts
  - __ Language translator (if required)
  - __ School arrangements
  - __ Usage of government services (commissary, exchange, etc.)
- __ Medical/Dental arrangements:
  - __ Location of medical/dental/immunization records
  - __ Special or unusual needs or therapy
  - __ Medication requirements and prescriptions
  - __ Names/location of medical/dental providers
  - __ Desires/directions in the event of a medical emergency
  - __ Access to military medical treatment (use of military hospitals and clinics, PRIMUS, CHAMPUS, TRICARE, etc.)
  - __ Private insurance (CHAMPUS Supplement, MEDICARE/MEDICAID, etc.)

__ Legal arrangements:

- __ Name/location of attorney
- __ Will
- __ Power of attorney
- __ Person who will assume temporary responsibility for minor child(ren) in the event of death or incapacity of the service member (recorded on page 2 remarks section of service record)
- __ Use of personal property agreements
- __ Tax arrangements
- __ Family member military IDs/social security numbers
- __ Insurance policies (life, medical, property, fire, etc.)

__ Caregiver(s) briefed by member on:

- __ Responsibilities under the Family Care Plan
- __ Logistical, financial, medical, and legal arrangements
- __ Child care/behavioral changes
- __ Location of important documents
- __ Locations, points of contact, and types of support available from Fleet and Family Support Center, Navy-Marine Corps Relief Society, Child Development Centers, Navy Reserve Center, community and family support groups, and civilian social service organizations
- __ Information available through Family Service Center Outreach Program (if required)
- __ Command points of contact

__ NAVPERS 1740/6 signed by caregiver(s) and member acknowledging responsibilities of the caregiver under the Family Care Plan and the receipt of a thorough briefing by the member on available military facilities, services, benefits, entitlements of family members, as well as financial and logistical arrangements in the plan, documented on NAVPERS 1740/7. New forms are not required when updating the Family Care Plan unless there is a change in the caregiver or the status under which the caregiver will provide care.

__ Caregiver provided necessary legal documents required for care of family members and access to military facilities.

__ Contingency plans and alternate caregivers(s) identified in the event a primary caregiver is unable to perform his/her responsibilities.

__ Escort and dependent care arrangements in the event of a Noncombatant Evacuation Operation (NEO) or if other evacuation is implemented (as required for overseas assignments.)

__ Completed Family Care Plan package on file with command.

SAMPLE POWER OF ATTORNEY FOR FAMILY CARE PLAN
SPECIAL POWER OF ATTORNEY

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

PREAMBLE: *This is a military power of attorney prepared pursuant to Title 10, United States Code, §1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a State, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed per the laws of the jurisdiction where it is presented.*

KNOW ALL PERSONS BY THESE PRESENTS:

That I, (**GRANTOR**), Social Security Number (**SSN**), currently residing in the (**STATE of RESIDENCE**), and now in the military service of the United States of America as a member of the United States Navy, by this document do make and appoint (**GRANTEE**), whose present address is (**GRANTEE ADDRESS**), as my true and lawful attorney-in-fact to do and execute (or to act with persons jointly interested with myself therein in the doing or execution of) any or all of the following acts or things:

I, (**GRANTOR**), the parent of the following minor (**CHILD OR CHILDREN: CHILD OR CHILDRENS' NAMES(S), CHILD'S AGE**), do hereby state that it is necessary to leave said (**CHILD OR CHILDREN**) in the care of (**GRANTEE of GRANTEE ADDRESS, TELEPHONE NUMBER**), from (**THE DATE OF EXECUTION OF THIS INSTRUMENT**). The said (**GRANTEE**) shall have my full permission and consent: To perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and consent to any and all medical care and treatment, including hospitalization and surgery, that is considered necessary and appropriate by (**GRANTEE, GRANTEE ADDRESS**) and a duly licensed physician, for the general health and welfare of said (**CHILD OR CHILDREN**).

SAMPLE POWER OF ATTORNEY FOR FAMILY CARE PLAN
SPECIAL POWER OF ATTORNEY

FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE

I HEREBY GIVE AND GRANT TO my said attorney-in-fact full power and authority to perform every act and thing whatsoever that is necessary or appropriate to accomplish the purposes for which this Power of Attorney is granted, as fully and effectually as I could do if I were present; and I hereby ratify all that my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

PROVIDED, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney-in-fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney-in-fact and the designation "attorney-in-fact."

I FURTHER DECLARE that any act or thing lawfully done hereunder by my said attorney-in-fact shall be binding on myself and my heirs, legal and personal representatives and assigns, whether the same shall have been done either before or after my death, or other revocation of this instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorney-in-fact; and whether or not I, the grantor of this instrument, shall have been reported or listed, either officially or otherwise, as "missing in action" as that phrase is used in military parlance, or as "captured," it being my intent that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted and that such report of "missing in action" or "captured" shall neither constitute nor be interpreted as constituting notice of my death nor operate to revoke this instrument.

FURTHER, this power of attorney shall remain in full force and effect indefinitely, and provided further, that in the event that I should be reported or listed "missing" or "missing in action," as those phrases are used in military parlance, prior to the expiration or revocation of this power of attorney, it

SAMPLE POWER OF ATTORNEY FOR FAMILY CARE PLAN
SPECIAL POWER OF ATTORNEY

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shall not terminate but shall be extended as long as I remain in that status. It is my intention that such status designation shall not bar my attorney-in-fact from fully and completely exercising and continuing to exercise any and all powers and rights herein granted, and that such report of "missing" or "missing in action" shall neither constitute nor be interpreted as constituting notice of my death, nor operate to revoke this instrument.

FURTHER, this power of attorney is a durable power of attorney, and it shall not be affected by my becoming disabled, incompetent, incapacitated or the lapse of time. It is my intent that the authority conferred herein shall be exercisable notwithstanding my physical disability or mental incompetence, and notwithstanding any expiration date set forth herein.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day, _____.

_____
(GRANTOR)