DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
PSC 817 BOX 1
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NAVSUPPACT NAPLES INST 1740.1C
N1
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NAVSUPPACT NAPLES INSTRUCTION 1740.1C

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: FAMILY CARE PLAN (FCP) POLICY

Ref: (a) OPNAVINST 1740.4 (Series)
(b) MILPERSMAN Article 1754-030

Encl: (1) NAVPERS 1740/6 (Sample)
(2) NAVPERS 1740/7 (Sample)
(3) Family Care Plan Checklist

1. Purpose. To assist service members in developing workable Family Care Plans (FCP), and establish procedural requirements for the implementation and management of the FCP per references (a) and (b).

2. Cancellation. NAVSUPPACT NAPLES INST 1740.1B.

3. Applicability and Scope. This instruction applies to all single service members or members of dual military couples that have custodial responsibility for family members or other dependents that are assigned to NAVSUPPACT Naples.

4. Background. The nature of naval service dictates that 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 directly related to the degree of prior family care planning. Thorough planning benefits both the Navy and the member by ensuring proper care for dependents, reduced stress on the member and a deployable asset for the command. Planning to ensure the care of family members and dependents is of great value and is required for every member. However, it is especially crucial for single members with dependents and members of dual military couples with dependents.

5. Requirements

a. The member has the responsibility of ensuring family members are cared for during deployments, reserve mobilizations, and temporary duty, as well as at all other times. The primary responsibility for initiating and developing a workable FCP rests with the individual member. It is the responsibility of the member to provide the caregiver all information and documentation needed to execute the plan and provide for the member's dependents. Formal documentation of a member's FCP is required under any of the following conditions:

(1) a single parent with custody of children under 18 years of age; or

(2) both members of a dual military couple with custody of children under 18 years of age; or

(3) family circumstances or other personal status changes in which the member becomes solely responsible for the care (housing, medical, logistical, financial, food, clothing, or transportation) of another person. Such circumstances are delineated in reference (a).

b. The FCP should designate one or more caregivers who will agree to provide for the affected members of the family or dependents. Enclosures (1) and (2) will be used to document the plan. By signing these forms, the caregiver acknowledges and accepts responsibility for the care of the member's family and understands the provisions contained in the plan for short and long-term separations.

6. Action

a. Program Administrator. The Administration Officer is the Family Care Plan Coordinator and is responsible for:

(1) ensuring members receive counseling and complete enclosures (1) and (2) during the check-in process through the Administration Department. Affords members sufficient time (60 days) for the completion of all required FCP documents; and

(2) monitoring an annual review of dependent care certificates and maintaining command copies of enclosure (1); and

(3) maintaining a copy of enclosure (1) for each service member in a composite file to serve as a ready reference in the event of mobilization, planned or unplanned operations requiring a member's absence.

b. Members. Members who meet criteria as defined in paragraph 5.a. will:

(1) submit a new or updated FCP to the FCP Coordinator upon arrival to the command and within 60 days of the following:

(a) upon change in caregiver circumstances;

(b) upon the birth or adoption of a child, or assumption of sole care for an elderly or disabled family member;

(c) upon change in personal or family circumstances.

(2) verify the FCP 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 orders, especially to training (advanced, "A" or "C" schools, graduate education, scholarship/commissioning/out-service education programs, etc.).

(3) when being screened for overseas assignment, submit or update their FCP to cover any period of absence by the member (i.e., between the departure of the member for, and the arrival of the family members at, the overseas assignment, or in the event of an unaccompanied tour);

(4) ensure the FCP is in accordance with the minimum requirements outlined in reference (a);

(5) request, as necessary, information and assistance in developing family care plans from the command. A checklist is provided as enclosure (3) to assist in developing and reviewing the adequacy of plans;

(6) provide the caregiver(s) with all necessary legal documents, including power(s) of attorney;

(7) provide the caregiver with reasonably available information on existing military and private sector community support resources where a caregiver can receive assistance. This should include locations and points of contact of the member's command;

(8) discuss with and provide information to the caregiver on the parental goals desired during a long-term separation.

NOTE: Failure to maintain an up-to-date FCP can subject a service member to separation from the Navy.

c. Dual Military Couples. Dual military couples who are required under this instruction to have a FCP must develop a single plan which will be signed by both members. Additional requirements are:

(1) both members shall maintain a copy of their FCP with their respective commands;

(2) in the event that a FCP is not or cannot be established, Navy Military Personnel Command (Pers-2) will determine which member may be separated based on the needs of the Navy;

(3) in the instance of a Navy member married to a member of another military service, the Navy member shall complete a FCP per this instruction;

(4) a copy of the Navy's FCP, signed by both members, will be forwarded to the spouse's unit. The Navy member will also provide his/her command with a copy of the equivalent plan for the spouse's service;

(5) the details described in each FCP should be reviewed for consistency. In this manner, both member's commands and services can remain fully informed concerning the members' Family Care Plan.

d. Fleet and Family Support Center (FFSC). The FFSC, upon request of the member or the Commanding Officer, will provide information and assistance, as well as individual counseling to members as required for the development of a Family Care Plan.

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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 and OPNAVINST 1740.4D

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 1740.4D paragraph 7.d.(6)).

PART I. SERVICEMEMBERS ACKNOWLEDGEMENT

	INITIALS
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. BLOCK (NOT USED)
14. DATE (YYYYMMDD):	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 OF SPOUSE:	19D. SPOUSE'S SIGNATURE:

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 (YYYYMMDD):

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 (YYYYMMDD):

FAMILY CARE PLAN ARRANGEMENTS
NAVPERS 1740/7 (Rev. 02-2011) Supporting Directive OPNAVINST 1740.4

PRIVACY ACT

AUTHORITY: 10 U.S.C. Section 5013, Secretary of the Navy; OPNAVINST 1740.4D.

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 1740.4D 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.

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)*

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FAMILY CARE PLAN ARRANGEMENTS
NAVPERS 1740/7 (Rev. 02-2011) Supporting Directive OPNAVINST 1740.4

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

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FAMILY CARE PLAN ARRANGEMENTS
NAVPERS 1740/7 (Rev. 02-2011) Supporting Directive OPNAVINST 1740.4

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, POWER 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 (YYYYMMDD):

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FAMILY CARE PLAN CHECKLIST

Items to consider in developing a Family Care Plan in conjunction with Staff Judge Advocates, Community Services, Commanding Officers and Officers in Charge

	YES	NO
CAREGIVER/GUARDIAN		
Caregiver/guardian designated *	___	___
Agreement signed by caregiver/guardian *	___	___
Caregiver/guardian counseled by MCCS Personal Services	___	___
Temporary custody agreement	___	___
Authority to Assist Letter *	___	___
Guardian or Escort Certificate	___	___
Family contacts *	___	___
Special instructions for caregiver	___	___
Guidance on health care access	___	___
LEGAL		
ID Card for each dependent (all ages)* (not applicable for Reserves until 31st day of continuous active duty)	___	___
Wills *	___	___
Special Power of Attorney *	___	___
FINANCIAL		
Allotments for care of Family Member(s)	___	___
Bank accounts: access/arrangements	___	___
LOGISTICAL		
Transportation arrangements	___	___
Escort for travel to location of caregiver	___	___
Use of personal property agreements (e.g., car)	___	___
Care of home/quarters	___	___
RECORD KEEPING		
Copy of Plan in service records *	___	___
Copy of Plan to caregiver *	___	___
Copy of Plan to children & youth program provider(s) when appropriate	___	___
Copy of required documents to school authorities as required by law(s)*	___	___

*Required