

NAVY EXCEPTIONAL FAMILY MEMBER (EFM) RESPITE CARE WAITING LIST CERTIFICATION OF ELIGIBILITY FORM



After creating your MCC account and household profile, return the completed form to

NavyEFMPrespite@usa.childcareaware.org. You are not required to send in your EFMP Enrollment Letter. *Sailor's information listed below must match what was used to create the MCC account.

*Active Duty Sailor's Name (First Last): Spouse Full Name (First Last):			
		(If other than spouse, please indicate status)	
Sailor's Contact Information			
Primary Phone #: *Primary Email:			
		If Reservist, check here:	
		EFM child(ren) Information (EFM child category information is found in the Navy Acco	ountability and Assessment System [NFAAS])
EFM Child #1 Full Name:	EFM Category:		
DoB (<i>MM/DD/YYYY</i>):			
EFM Child #2 Full Name:	EFM Category:		
DoB (MM/DD/YYYY):			
EFM Child #3 Full Name:	EFM Category:		
DoB (MM/DD/YYYY):			
•	ough 18 years		
By completing and submitting this form, I certify that me Navy EFM Respite Care. I further understand that if my will update MCC as well as CCAoA. I acknowledge and update MUST BE CURRENT (HQ EFMP requires every 3 years) to space and the EFMP Enrollment Letter must be submitted.	location/address or child's EFM status changes, nderstand my EFM child's category and update accept enrollment once my family is offered a		
Sailor or Spouse Signature	 Date		