

**BY ORDER OF THE COMMANDER  
CANNON AIR FORCE BASE (AFSOC)**



**AIR FORCE INSTRUCTION 40-70**

**CANNON AIR FORCE BASE  
Supplement**

**13 OCTOBER 2015**

**Medical Command**

**MEDICAL SUPPORT TO FAMILY MEMBER  
RELOCATION AND EXCEPTIONAL  
FAMILY MEMBER PROGRAM (EFMP)**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: 27 SOMDG/SGHH

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Pages: 5

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**AFI 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program (EFMP)*, 19 November 2014, is supplemented as follows:** The purpose of this supplement is to establish policy and procedures unique to Cannon Air Force Base. This supplement establishes guidelines for the purpose of identifying family members with special needs and to identify the availability of medical and educational services required for family members prior to reassignment. It also outlines procedures for processing travel clearances for those who are making a Permanent Change of Station (PCS) to an OCONUS or CONUS assignment. This publication applies to all active duty military and civilian personnel and their family members entitled to receive medical care in Military Treatment Facilities under the 27th Special Operations Wing (SOW). As per guidance in AFI 40-701, this supplement requires the handling of documents protected by the Privacy Act of 1974 and the Health Insurance Portability & Accountability Act of 1996. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s through local publications/forms managers.

2.10.3.1. **(Added)** The 27 SOFSS will have access to the EFMP SharePoint. The SNC will upload the AD members Q-code letter into SharePoint. 27 SOFSS will access EFMP SharePoint and update the AD members file to reflect the Q-code status. The Q-code letter in SharePoint will then be removed by SOFSS from the SharePoint drive.

2.10.4.1. **(Added)** The 27 SOFSS will collect all AF Form 4380, *Special Needs Screener*, during the Wing Out-processing briefing and upload them into the EFMP SharePoint. EFMP-M will remove the AF Form 4380 from SharePoint and perform a medical record review.

2.10.4.2. **(Added)** The 27 SOFSS does not issue PCS orders without an AF Form 4380, *Special Needs Screener*, signed off by EFMP-M staff or AF Form 1466, *Request for Family Member's Medical and Educational Clearance for Travel*, which was signed off by the local or gaining base SGH.

2.10.6.1. **(Added)** The 27 SOFSS provides a current Cannon AFB Gains/Loss Roster to the Cannon AFB EFMP-M office via SharePoint. The 27 SOFSS then refers all AD members who have indicated the presence of family member(s) with special needs, to contact the EFMP-M staff to schedule an appointment to determine if enrollment in to EFMP is indicated or if a Family Member Relocation Clearance is required and assistance to enroll in the EFMP.

2.13.1.1. **(Added)** Updates the Special Needs Coordinator (SNC) and other MTF members on services utilized by EFMP enrollees in the local area.

2.15.1.1.1. **(Added)** The deputy SGH will be listed as alternate on the EFMP-M appointment letter.

2.15.2.1. **(Added)** EFMP training for 27 SOMDG key medical staff is completed during in-processing and annually via mandatory Annual Training venues. Compliance is tracked by the Office of Primary Responsibility (OPR) for each function and/or the SNC.

2.15.3.1. **(Added)** FMRC appointments will be conducted on a weekly basis, unless extenuating circumstances occur in which FMRCs will be conducted on an as-needed basis.

2.16.1.1.1. **(Added)** The SNC will perform a medical record review on all dependents of an AD member that completed an outgoing AF Form 4380 within 3 business days.

2.16.1.2.1.1. **(Added)** If an adult family member is assigned to the 27 Special Operations Medical Group (27 SOMDG) and has never been seen in the MTF, a medical assessment will be required to afford an opportunity to identify any special needs. Children assigned to 27 SOMDG are required to have at a minimum an annual Well Child Exam up to age 3, to be used as part of the FMRC process. Dependents empanelled to a civilian medical provider such as those under Tricare Standard will receive a memorandum (Attachment 2) to be completed by their civilian medical provider, which may be mailed to 27 SOMDG/EFMP, 208 D.L Ingram Ave, Cannon AFB, NM, 88103 or faxed to EFMP-M at 575-784-6458.

2.16.1.2.1.2. **(Added)** If any special need is identified the AD member will be contacted by the EFMP-M staff to schedule an appointment to start EFMP enrollment and/or Family Member Relocation Clearance process.

2.17.7.1. **(Added)** The EFMP-M staff will notify the sponsor and the MPS via telephone, e-mail, MiCare, or SharePoint about any “Travel recommendation” received from the gaining base, once FDI process is complete. Any documentation sent via SharePoint will be removed upon completion of process.

BENJAMIN R. MAITRE, Colonel, USAF  
Commander

## Attachment 2 (Added)

## SAMPLE CIVILIAN MEDICAL PROVIDER MEMORANDUM

Figure A2.1. Sample Civilian Medical Provider Memorandum - Page 1.



DEPARTMENT OF THE AIR FORCE  
27TH SPECIAL OPERATIONS MEDICAL GROUP (AFSOC)  
CANNON AIR FORCE BASE NEW MEXICO

## MEMORANDUM FOR CIVILIAN MEDICAL PROVIDERS

FROM: 27 SOMDG/SGHH

SUBJECT: Physical Health Assessment Information

The Exceptional Family Member Program is designed to assist with identified medical/ educational needs of family members of Active Duty Service Members. The goal is to assess each family member for any special needs in an effort to ensure that the gaining location is able to provide the medical/ educational services required prior to their travel. The following questions can be based off of wellness checks within the past year. If they have not been seen within that time frame, please conduct a wellness exam to answer the questions below.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Sponsor's Last 4: \_\_\_\_\_

## DOES THE PATIENT HAVE/HAS HAD WITHIN THE LAST FIVE YEARS:

1. A potentially life-threatening condition that potentially puts the patient in danger of death without emergency room care, medication, treatment or surgery (such as severe allergies, epilepsy, or cardiac condition)? YES/ NO
2. A chronic medical/physical condition (such as a diagnosis of cancer within the last five (5) years, sickle cell disease, or insulin-dependent diabetes) requiring follow-up support more than once a year, or requiring ongoing support from a special care provider? YES/ NO
3. A current and chronic (duration of six (6) months or longer) mental health condition (such as bi-polar disorder, conduct disorder, major affective, or thought/personality disorders) that:
  - Requires intensive (greater than one (1) visit monthly for more than six (6) months) mental health support at the present time. This includes medical care from any provider, including a primary care provider? YES/ NO
  - Required inpatient or intensive outpatient mental health services within the last five (5) years? YES/NO
4. A diagnosis of asthma or other respiratory-related diagnosis with chronic recurring wheezing, which meets one (1) or more of the following criteria?
  - Scheduled use of inhaled anti-inflammatory agents and/or bronchodilator. YES/ NO
  - History of emergency room or clinic visits for acute asthma exacerbations within the last year. YES/NO
  - History of one or more hospitalizations for asthma within the last five years. YES/NO
  - History of intensive care unit admissions for asthma within the last five years. YES/NO

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**Figure A2.2. Sample Civilian Medical Provider Memorandum - Page 2.**

5. A diagnosis of attention deficit disorder/attention deficit hyperactivity disorder that meets one (1) or more of the following criteria?

- A co-morbid psychological diagnosis. YES/NO
- Requires multiple medications, psycho-pharmaceuticals (other than stimulants), or does not respond to normal doses of medication. YES/NO
- Requires management and treatment by mental health provider (e.g., Psychiatrist, Psychologist, Social Worker). YES/NO
- Requires a specialty consultant, other than a family practice physician, more than twice (2) a year on a chronic basis. YES/NO
- Requires modifications of the educational curriculum or the use of school behavioral management staff. YES/NO

6. A requirement for adaptive equipment (such as an apnea home monitor, home nebulizer, wheelchair, splints, braces, orthotics, hearing aids, home oxygen therapy, home ventilator, etc.), requirement for considering environmental/architectural factors related to a current diagnosis (i.e. limited number of steps or wheelchair accessibility) or technology devices (such as communication devices)? YES/NO

7. A requirement for Early Intervention Services (i.e. PT, OT, ST)/Special Education services (i.e. Individualized Education Plan)? YES/NO

If yes was answered to any of the above questions, please complete the DD Form 2792 so that we can ensure this family member receives care services required at their next base.

The completed letter/DD Form 2792 may be provided to the family member to return to the EFMP office, or you may fax them to (575) 784-6458. If you have any questions or concerns, please contact the EFMP office at (575) 784-0610. Your assistance is greatly appreciated.

Civilian Medical Provider Stamp/Signature/Date