FILLABLE FORM

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:	

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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):

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