MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.			
REPORT TITLE Respite Care Eligibility Review			OTSG APPROVED (Date) (YYYYMMDD) 20090204
The Army, through its Family and Morale, Welfare and Recreation Command (FMWRC), is offering respite care to exceptional family members (EFMs) who meet one or more of the eligibility criteria listed below. A medical provider must indicate whether the EFM meets one or more of the following criteria.			
2. Severe continuous seizures activity.			
 3. Ambulation with neurological impairment that requires assistance with activities of daily living. 4. Tube feeding. 			
5. Tracheotomy with frequent suctioning.			
 6. Apnea monitoring during hours of sleep, if another family member must remain awake during monitoring. 			
 7. Inability to control behavior with safety issues requiring constant supervision. 			
 8. Life threatening or chronic condition requiring frequent hospitalizations or treatment encounters, which require extensive family involvement in care giving. 			
 The limitation is permanent. or The limitation may not be permanent, and the checked criteria are value The Individual does NOT meet any of the above eight eligibility criter 		s at your current installation.	
Provide a copy of this form to the family for submission to the installation E	xceptional Fa	mily Member Program Manag	er.
"Exception revision approved by APD, 23 Feb 2009"			
PREPARED BY (Signature & Title)	DEPARTME	NT/SERVICE/CLINIC	(Continue on reverse) DATE (YYYYMMDD)
PATIENT'S IDENTIFICATION (For typed or written entries give: Name – first, middle; grade; date; hospital or medical facility)	last,	HISTORY/PHYSICAL OTHER EXAMINATION OR EVALUATION DIAGNOSTIC STUDIES	
		TREATMENT	