

Exceptional Family Member Program (EFMP)

DECLINATION OF SERVICES

PURPOSE. Decline support services from installation EFMP.

- a. I do not wish to be contacted by installation EFMP staff. I understand that upon signing this, I will not receive from them offers of service, information regarding possible military or civilian benefits; I will not be eligible for installation EFMP programs including but not limited to, EFMP respite care.
- b. This declination of services will not act to disenroll my family from the EFMP.
- c. I understand that installation EFMP staff will contact me when I am due to update my EFMP enrollment.
- d. By signing this statement, I understand that I may withdraw this declination at anytime in writing by contacting DC M&RA (MRZ-2) by mail at 3280 Russell Road, Quantico, VA 22134, or fax (703) 784-9821; or by contacting my installation EFMP Manager.
- e. This declination begins on the date I have signed below and will expire when my EFMP enrollment ends or I revoke it in writing.

Signature: _____ Date: _____
Signature of EFM, Parent, or guardian

Name: _____
Name(s) of EFM

Sponsor's Name: _____