

FAMILY CONTINGENCY PLAN



Mobilization and Deployment Readiness Program
(253) 967-8430/3397

A Family Contingency Plan (FCP) is for the use of a Service member married to a civilian and who has children. We suggest all families discuss initiating a FCP in the event of a deployment, non-command sponsored tour, or extended TDYs. It is best to have a plan in place for the care of your children should a traumatic event take place when the Service member is away, i.e. hospitalization of spouse. Who will legally take care of your children until the specific situation is rectified? We would suggest designating at least two adults, a local short-term and long-term guardian to assist in emergencies.

The attached packet has the necessary forms to assist in completing a FCP; Letter of Instruction for the Guardian and a power of attorney. The Letter of Instruction may be revised to meet your family's particular needs.

Once the Letter of Instruction and the notarized power of attorney are complete, provide the originals to the assigned guardian(s), a copy may be given to the Command/Rear Detachment so that contact can be made in an emergency situation, and a copy should be kept for your records.

BE SURE YOUR FAMILY IS ENROLLED IN DEERS. YOUR FAMILY CONTINGENCY PLAN SHOULD INCLUDE:

- IMUMUNIZATION RECORDS
- CURRENT MEDICAL AND DENTAL RECORDS INFORMATION ABOUT MEDICATIONS, INCLUDING ANY DRUG ALLERGIES
- NAMES AND ADDRESS OF ALL HEALTH-CARE PROVIDERS (PRIMARY PHYSICIANS, SPECIALISTS, DENTISTS, EYE DOCTORS, ETC.)

LETTER OF INSTRUCTION FOR GUARDIANS

I _____, parent of _____ have made the following arrangements for the care of my family members in the event I am not available to provide the proper care due to an emergency which would require me to be away from them for a period of time:

1. _____ (temporary guardian) has been given legal authority to care for my child (ren) on a temporary basis until I or my spouse deem otherwise appropriate.

2. Short Term Guardian Contact Information:

Home Phone Number: _____

Cell Phone Number: _____

Address: _____

3. Long Term Guardian Contact Information:

Home Phone Number: _____

Cell Phone Number: _____

Address: _____

4. Child(ren) information:

CHILDREN INFORMATION			
NAME OF CHILD	AGE	CHILDCARE PROVIDER'S NAME	CHILDCARE PROVIDER'S PHONE NUMBER
SCHOOL, ADDRESS AND PHONE NUMBER:			
NAME OF CHILD	AGE	CHILDCARE PROVIDER'S NAME	CHILDCARE PROVIDER'S PHONE NUMBER
SCHOOL, ADDRESS AND PHONE NUMBER:			
NAME OF CHILD	AGE	CHILDCARE PROVIDER'S NAME	CHILDCARE PROVIDER'S PHONE NUMBER
SCHOOL, ADDRESS AND PHONE NUMBER:			
NAME OF CHILD	AGE	CHILDCARE PROVIDER'S NAME	CHILDCARE PROVIDER'S PHONE NUMBER
SCHOOL, ADDRESS AND PHONE NUMBER:			
NAME OF CHILD	AGE	CHILDCARE PROVIDER'S NAME	CHILDCARE PROVIDER'S PHONE NUMBER
SCHOOL, ADDRESS AND PHONE NUMBER:			

5. I have considered my financial responsibility to care for my child(ren) while they are in temporary care of _____.

6. If the Commander/Rear Detachment Commander (RDC) has not been notified of this emergency or I am unable to notify him/her, I request you, as the Guardian, inform the Commander of my Service Member's unit of the situation.

Unit Contact Information:

Service Member's Name: _____

Service Member's Last Four: _____

RDC Name: _____

RDC Email: _____

Unit: _____

Unit Phone Numbers: _____

5. Other Considerations: _____

MEDICAL INFORMATION

PRIMARY CARE PROVIDER

NAME	ADDRESS	PHONE NUMBER

FAMILY DENTIST

NAME	ADDRESS	PHONE NUMBER

MEDICAL SPECIALIST

NAME	ADDRESS	PHONE NUMBER

MEDICATION(S) TAKEN

NAME	MEDICATION	TIMES TAKEN

FOOD & OTHER ALLERGIES:

NAME	ALLERGIES

SPECIAL POWER OF ATTORNEY and VOLUNTARY APPOINTMENT OF GUARDIAN

This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney under the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, do hereby appoint

_____, residing at _____ (City and State), as my true and lawful attorney-in-fact and as Guardian of my child(ren) to do the following acts or things in my name and in my behalf: To take and maintain custody of my child(ren),

NAME	AGE	NAME	AGE

SPONSOR'S NAME, GRADE, SSN: _____

to do all acts necessary for maintaining my child's/children's health, education, and welfare, including the registration and enrollment of my child(ren) in educational programs and schools; and to maintain my child(ren)'s customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care; entertainment and other customary matters; and specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any child(ren) by qualified medical personnel; to act in loco parentis to my child(ren). Giving and granting individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING THE SUBJECT OF THIS DOCUMENT AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT. I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent. I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO BY THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and

VOID on (Minimum 1 day, Maximum 3 years) _____ .
(Day, Month, Year)

Notwithstanding my inclusion of a specific expiration date herein, if on the above-specified expiration date, or during the sixty (60) day period preceding that specified expiration date, I should be or have been determined by the United States Government to be a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, _____ .
(Day, Month, Year)

Signature

STATE OF _____
COUNTY OF _____

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the limits of my warrant of authority, appeared the above named grantor, who is known to me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who acknowledged that this instrument was executed as a free and voluntary act and deed for the uses and purposes herein set forth.

GIVEN UNDER MY HAND AND OFFICIAL SEAL on _____ .

(SIGN) _____) _____
)
(PRINT) _____) Notary Public for the State of _____
)
RANK/COMPONENT _____)
) My Commission Expires: _____
OFFICIAL CAPACITY _____)
)
This acknowledgment is executed in my)
official capacity under the Authority)
granted by Title 10, United States)
Code, Section 1044a, Which also states)
that no seal is Required.)

