

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: _____