

**Installation Respite Care Policy Guidelines for Marine Families  
Enrolled in the Exceptional Family Member Program  
Marine Corps Air Ground Combat Center (MCAGCC), 29 Palms, CA**

Ref: MARADMIN 308/10

<b>Eligibility for Respite</b>	<b>Care Options</b>
<ul style="list-style-type: none"> <li>• Current updated EFMP enrollment</li> <li>• AD &amp; Reservists on AD 31 days</li> <li>• EFM Level 1 - care age 12 years and younger</li> <li>• EFM Level 2&amp;3 - care age 18 years and younger</li> <li>• EFM Level 4 care – All ages</li> </ul>	<p>May include but are not Limited to:</p> <ul style="list-style-type: none"> <li>• Hourly Family Childcare Providers</li> <li>• Hourly Child Development Centers</li> <li>• Hourly Youth &amp; Teen Program</li> <li>• Nurses (medically required)</li> <li>• Provider parent selected</li> </ul> <p align="center">**Hourly care not to exceed 6 consecutive hours at any one time**</p>

**Reimbursement Procedures**

- Sponsor is responsible for payment to Respite provider for care
- Reimbursement is made to sponsor via direct deposit
- Sponsor is responsible for submitting paperwork within 30 day timeframe
- Original standard pre-numbered receipt with signature of Respite Provider, and sponsor
- Hold Harmless Agreement form completed for each Respite provider
- Sponsor signature required on original electronic funds transfer (EFT) and SF 1164
- Spouse may sign SF 1164 ONLY if sponsor is deployed and has a current copy Power of Attorney (POA) on file with EFMP office

\*\* Please note: Use black ink only and no "white out." Street address only on SF 1164 – No PO Box\*\*

Original reimbursement paperwork can be mailed to address below or dropped off at the EFMP office at:

Marine Corps Air Ground Combat Center  
Marine & family Services, Attn: EFMP,  
Box 788150, The Village Center, Bldg. 1551  
Twentynine Palms, CA 92278, CA 92278-8150

Please Call with any question, (760) 830-7740

**Exceptional Family Member Program  
 Twentynine Palms, CA  
 Installation Respite Application  
 Ref: MARADMIN 308/10**

Please Print or Type:

Name of Sponsor & Spouse (If applicable):	Home Address:
Sponsor ID (Last 4):	Housing Area:
Rank/Rate:	Unit Address:
EAS:	Official Email:
Home Phone:	Home E-mail:
Work/ Alternate Phone:	Enrollment Date:
USMC _____ NAVY _____ OTHER _____	Total number of EFM's enrolled: _____
Total Number of Dependents: Children _____ Spouse _____ Parent _____	
List all Family Members and ages:	
1- _____	4- _____
2- _____	5- _____
3- _____	6- _____
<p>“I, the undersigned, understand the intended purpose of respite care support and that these funds are not intended for work-related childcare expenses. I also understand that requesting use of respite funds for other than intended purpose constitutes fraud and may result, at a minimum, ineligibility for future use of Respite care funds up to prosecution.”</p>	
Print Name: _____ Signature: _____ Date: _____	

Referred by:

Agency/Program/Command:	Name: _____ Phone Number: _____
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**MCAGCC, 29 Palms, CA**  
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**For Official Use Only**

Levels of Care		#	Hourly Rates		Total
<b>LEVEL I</b>	<b>TYPICAL CARE</b> Age 12 yrs and younger or Spouse w/ age typical children		Non-spouse EFM	\$3.50/hr	
			Sib	\$1.75/Hr	
<b>LEVEL II</b>	<b>Special Attention</b> EFM Age 18 yrs and younger		EFM	\$7.00/hr	
			Sib	\$1.75/hr	
<b>LEVEL III</b>	<b>SKILLED CARE</b> Must have proof of provider's credentials. Example: LPN 18 yrs & younger		EFM	\$10.50/hr	
			Sib	\$1.75/hr	
<b>LEVEL IV</b>	<b>SKILLED NURSING CARE</b> Must have proof of provider's credentials. Example LVN/RN All Ages		Not less than 4x's CDC Rate		
Total Number of Dependents:			Total Hourly Amount		

EFMP Administrative Signature upon Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

Base CDC Rate=\$3.50	1 EFM Base CDC Rate	EFM is Spouse w/ Age typical (Base CDC rate for 1 <sup>st</sup> Child + (.5x CDC) per additional child)	1 EFM + 1 age typical Sibling (.5 x CDC)	1 EFM + Age typical Siblings (.5 x CDC) per additional child	2 or more EFM (2 <sup>nd</sup> EFM 2 Equivalent or lower level)	2 or More EFM's + age typical sibling(s) (.5 x CDC) per additional Child
<b>Level 1</b> Typical	Not to exceed \$3.50/ hour	Not based on spouse level Not to exceed \$10.50	Not to Exceed \$5.25/ hr (CDC Rate x \$1.75)	Not to exceed \$10.50 (CDC Rate x 3)	Not to exceed \$7.00 (CDC rate x 2)	Not to exceed \$10.50 (CDC Rate x 3)
<b>Level 2</b> Special Attention	Not to exceed \$7.00/ hr (CDC rate x 2)		Not to exceed \$8.75/hr (CDC Rate x 2.5)	Not to exceed \$15.75 (CDC Rate x 4.5)	Not to exceed \$12.25 (CDC Rate x 3.5)	Not to exceed \$15.75 (CDC rate x 4.5)
<b>Level 3</b> Skilled Care	Not to exceed \$10.50/hr (CDC rate x 3)		Not to exceed \$12.25 (CDC Rate x 3.5)	Not to exceed \$21.00 (CDC Rate x 6)	Not to exceed \$17.50 (CDC Rate x 5)	Not to exceed \$21.00 (CDC rate x 6)
<b>Level 4</b> Skilled Nursing	<b>Please see</b>	<b>EFMP Case</b>	<b>Worker for</b>	<b>Level 4</b>	<b>Respite</b>	<b>Rates</b>