



# DEPARTMENT OF THE NAVY

NAVAL AIR STATION OCEANA  
VIRGINIA BEACH, VIRGINIA 23460-5120

IN REPLY REFER TO:

NASOCEANAINST 1740.1B  
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## NAS OCEANA INSTRUCTION 1740.1B

Subj: U.S. NAVY FAMILY CARE POLICY

Ref: (a) OPNAVINST 1740.4A  
(b) MILPERSMAN 6210120  
(c) SECNAVINST 1910.4B  
(d) SECNAVINST 1920.6A

Encl: (1) Definitions  
(2) Family Care Plan Check List  
(3) Department of the Navy Family Care Plan Certificate (NAVPERS 1740/6)  
(4) Family Care Plan Arrangements (NAVPERS 1740/7)

1. Purpose. To establish and maintain a coordinated policy to outline procedures to assist members in developing workable family care plans and establishing procedural requirements per references (a) and (b).

2. Cancellation. NASOCEANAINST 1740.1A. Because of numerous revisions, paragraph markings have been omitted.

3. Definitions. Terms used in this instruction are defined in enclosure (1).

4. Discussion. The U.S. Navy Family Care Policy is outlined in references (a) and (b). The plan provides regular counseling for all personnel who are single sponsors or a dual military couple with dependents on the full scope of their responsibilities. Enclosures (3) and (4) provide a standardized program to ensure world-wide availability of all personnel, especially in short notice situations, is planned and maintained. Members who fail to maintain a Family Care Plan, do not remain world-wide assignable or are unable to perform their professional or military duties may be subject to separation per references (c) or (d). Typical grounds would be Convenience of the Government for Parenthood or dependency/hardship. Individuals being involuntarily separated shall be processed per reference (a). Prior to processing, all counseling requirements shall be completed and interferences with duty performance documented.

5. Action

a. Department Heads shall

(1) Ensure all department single members/members of dual military couples with dependents receive adequate counseling, assistance and guidance necessary to develop and maintain personal and professional plans regarding dependent care and worldwide availability.

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(2) Designate a Department Family Care Plan Coordinator and ensure they are thoroughly knowledgeable of the Family Care Policy and carry out duties as outlined in this directive and references (a) and (b).

b. Department Family Care Plan Coordinator shall

(1) Manage the Department Family Care Plan Program and function as the primary departmental point of contact concerning family care issues.

(2) Assist single members/members of dual military couples with dependents in developing an acceptable Family Care Plan.

(3) Encourage all single/members of dual military couples with dependents to contact the Regional Child Care Resource and Referral Office for information regarding available child care. Phone numbers are 444-0995 or 444-0428.

(4) Ensure all single members/members of dual military couples with dependents are provided appropriate counseling as outlined in references (a) and (b) and enclosures (2), (3) and (4).

(5) Coordinate with Navy Family Service Center to provide information and points of contact to members.

(6) Ensure counseling is accomplished, at a minimum, as follows:

(a) On receipt of this instruction.

(b) On reporting on board.

(c) On birth or adoption of a child or assumption of sole care for an elderly or disabled family member.

(d) On change in personal or family circumstances.

(e) Prior to reenlistment or extension.

(f) Prior to executing permanent change of station (PCS) orders.

(g) Annually (verification of currency).

c. Single Members/Dual Military Couples with Dependents shall

(1) Receive adequate counseling regarding the Navy's Family Care Policy.

(2) Develop an acceptable Family Care Plan as required by reference (a) within 60 days of reporting for duty (90 days for

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Ready Reservists), or within 60 days of effective date of this instruction. Include written provisions for:

(a) Short term absences (i.e., Temporary Additional Duty, pre-deployment workups, training exercises, etc.)

(b) Long term absences (i.e., deployments, unaccompanied tours, etc.)

(c) Other absences (i.e., normal/extended work hours, watches, weekend duty, etc.)

(d) Arrangements for financial well-being of family members during separations (i.e., power of attorney, allotments, etc.).

(e) Logistical movement of the family or caregiver, if necessary.

(f) Alternate caregiver(s) in the event the primary caregiver becomes unable to perform their duties.

(g) Any other information deemed necessary to activate the Family Care Plan in the absence of the member.

d. Navy Family Service Center shall

(1) Provide information and assistance in the development of a Family Care Plan.

(2) Assist with individual counseling as needed.

(3) Provide an outreach program to assist members and families who do not have ready access to a local Family Service Center.

e. Command Career Counselor shall

(1) Manage the Command Family Care Policy Program.

(2) Ensure Family Care Plan packages are properly maintained.

(3) Ensure Family Care Plan is coordinated in conjunction with overseas screening requirements as applicable.

(4) Perform semi-annual audits on Department Family Care Plan Coordinators to ensure compliance with this instruction and references (a) and (b).

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f. Command Master Chief. Ensure information regarding the Family Care Plan is coordinated in conjunction with the Command Sponsor Program as applicable.

g. Regional Child Care Resource and Referral Office. Provide counseling and information to parents regarding all available options for child care. Forward confirmation to sponsor's command verifying that counseling was provided.

6. Deferments

a. Military mothers of newborns shall be deferred from travel away from the home station for four months following delivery.

b. Single members or one member of a military couple who adopt a child shall be deferred from travel away from the home station for four months after the date the child is placed in the home as part of a formal adoption process.

c. Reserve component members shall be deferred from involuntary recall to active duty for four months after delivery or adoption placement.

d. A deferment is terminated if a member relinquishes custody of a child or voluntarily cancels the deferment in writing.

e. A new or updated Family Care Plan is required within 60 days of birth of a child or placement in the home of an adopted child.

7. Forms. NAVPERS 1740/6, (4/96), (S/N 0106-LF-113-4900 and NAVPERS 1740/7, (4/96), (S/N 0106-LF-113-5000) are available in the Navy Inventory Control Point using requisitioning procedures contained in CD-ROM NAVSUP PUB 600 (NLL).

  
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Distribution:  
NASOCEANAINST 5216.1R  
List I (Case A) and IV

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DEFINITIONS

1. CAREGIVER. An individual who is not a member of the Armed Forces or Reserve component, is at least 21 years of age and is capable of self-care and care of children or other dependent family members. This individual must agree in writing to care for one or more family members during the member's absence for indefinite periods to ensure the member is available for worldwide duties.
2. DUAL MILITARY COUPLE WITH DEPENDENTS. Active duty or Reserve component members married to each other who have joint responsibility and physical custody for the care of children under 19 years of age or family members for whom the members bear medical, legal, financial or logistical responsibility.
3. FAMILY CARE PLAN. A document outlining on Service-specific forms the person or persons who shall provide care for the member's children or other dependents that rely solely on the member for financial, medical or logistical support in the absence of the member because of military duty. The plan outlines the legal, medical, logistical, educational, monetary and religious arrangements for the care of the member's family. The plan must include all reasonably foreseeable situations and be sufficiently detailed and systematic to provide for a smooth, rapid transfer of responsibilities to the caregiver in the absence of the member.
4. FAMILY CARE PLANNING. The process of planning in advance for the care of children, disabled, elderly or other family members. The planning is the initiative taken by the member to use all available military and private sector resources to ensure adequate care, support and supervision for covered family members during the member's absence.
5. FAMILY MEMBERS. Includes those individuals for whom the member provides medical, financial and logistical support. This includes, but is not limited to, children under the age of 19, elderly adults, persons with disabilities and others who are unable to care for themselves in the absence of the member.
6. MEMBER. Includes any servicemember of the U.S. Navy on active duty or in the Ready Reserve; also members of the U.S. Marine Corps assigned to Navy units and the Coast Guard when it is operating as a Military Service in the Navy. The term "active duty member" when used here refers to Regular component and Reserve component members on active duty in excess of 30 consecutive days.

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7. SEPARATED. The status of a married member who is legally separated from their spouse under a court order or other legally recognizable decree or customarily resides apart from their spouse.

8. SINGLE PARENT. A member who has no spouse, is separated, divorced, widowed or otherwise apart from their spouse in excess of 60 days, and has physical custody of children under 19 years of age or disabled dependents of any age for whom the member bears full medical, legal, logistical or financial responsibility.

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FAMILY CARE PLAN CHECKLIST

1. The following checklist is designed to assist a member in developing and updating Family Care Plans. The checklist should not be considered all inclusive and should be modified as the circumstances of each individual dictate. Additional information and assistance is available from the Department Family Care Plan Coordinator, Family Service Center, Legal Assistance Office, Navy-Marine Corps Relief Society counselors, child care centers, Naval Reserve activities and civilian social services organizations.

2. Checklist

     Qualified caregiver(s) designated and Family Care Plan established for:

     Short-term absences (TAD, pre-deployment workups, training exercises)

     Long term absences (deployments)

     Family Care Plan contains provisions for:

     Financial well-being of family members:

         Allotments

         Bank accounts and access

     Logistical arrangements:

         Movement of family members and/or caregiver(s) to include financial, medical and legal support arrangements which may be required

         Non-military escort for family members needing assistance (children, elderly, disabled)

         Care of home/quarters

         Family contacts

         Language translator (if required)

         School arrangements

         Use of government services (Commissary, Exchange, etc.)

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\_\_\_ Medical/Dental arrangements:

- \_\_\_ Location of medical/dental/immunization records
- \_\_\_ Special or unusual needs or therapy
- \_\_\_ Medication requirements and prescriptions
- \_\_\_ Names/location of medical/dental providers
- \_\_\_ Desires/directions in the event of a medical emergency
- \_\_\_ Access to military medical treatment (use of military hospitals and clinics, PRIMUS, CHAMPUS, TRICARE, etc.)
- \_\_\_ Private insurance (CHAMPUS supplement, MEDICARE/MEDICAID, etc.)

\_\_\_ Legal Arrangements:

- \_\_\_ Name/location of attorney
- \_\_\_ Will
- \_\_\_ Power of Attorney
- \_\_\_ Person who will assume temporary responsibility for minor children in the event of death or incapacity of the service member recorded on page 2 remarks section of service record
- \_\_\_ Use of personal property agreements
- \_\_\_ Tax arrangements
- \_\_\_ Family member military IDs/social security numbers
- \_\_\_ Insurance policies (life, medical, property, fire, etc.)

\_\_\_ Caregiver(s) briefed by member on:

- \_\_\_ Responsibilities under the Family Care Plan
- \_\_\_ Logistical, financial, medical and legal arrangements
- \_\_\_ Child care/behavioral changes
- \_\_\_ Location of important documents

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\_\_\_ Locations, points of contact and types of support available from Family Service Centers, Navy Reserve Center, community and family support groups and civilian social service organizations

\_\_\_ Information available through Family Service Center outreach program (if required)

\_\_\_ Command points of contact

\_\_\_ NAVPERS 1740/6 signed by caregiver(s) and member acknowledging responsibilities of the caregiver under the Family Care Plan and receipt of a thorough briefing by the member on available military facilities, services, benefits, entitlements of family members as well as financial and logistical arrangements in the plan, documented on NAVPERS 1740/7. New forms are not required when updating the Family Care Plan unless there is a change in the caregiver or the status under which the caregiver will provide care.

\_\_\_ Caregiver provided necessary legal documents required for care of family members and access to military facilities.

\_\_\_ Contingency plans and alternate caregiver(s) identified in the event a primary caregiver is unable to perform their responsibilities.

\_\_\_ Escort and dependent care arrangements in the event of a Noncombatant Evacuation Operation (NEO) or other evacuation is implemented (as required for overseas assignments).

\_\_\_ Completed Family Care Plan package on file with department.



**DEPARTMENT OF THE NAVY**  
**FAMILY CARE PLAN CERTIFICATE**

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**PRIVACY ACT ADVISEMENT**

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; and E.O. 9397.

**PRINCIPAL PURPOSE:** To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements and to ensure the member is world-wide assignable. The information which will be solicited is intended principally for the following purposes: (a) The personal information will facilitate combat readiness and document a plan for the care of your family members in the event of a medium or long term absence; (b) it will be used to evaluate compliance with the DOD and Navy program requiring Family Care Plans.

**ROUTINE USES:** To designate persons who will accept dependent care responsibility and to contact those persons to verify their willingness to act for the member in this capacity, and to advise the designee(s) when they are expected to discharge these responsibilities. The information may also be used to determine overseas suitability, conduct authorized investigations, and other lawful purposes.

**DISCLOSURE IS VOLUNTARY:** Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is voluntary. However, refusal to provide the requested information may result in the member failing to meet Navy obligations.

**PART I. APPLIES TO ALL SINGLE MEMBER SPONSORS AND MILITARY COUPLES WITH DEPENDENTS**

1. I have been counseled and fully understand Navy policy on dependent care responsibilities. I have read and understand the Navy's policy that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.	Initials	
2. I understand that failure to make and maintain an adequate Family Care Plan in accordance with the Navy's policy may be grounds for disciplinary action or separation from the Navy, or both.		
3. I understand that I may be subject to action under the Uniform Code of Military Justice if this statement is not accurate.		
4. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.		
5. My normal working hours are _____. I have made arrangements for the care of my family members during these hours as well as absences due to extended working hours and the execution of my military duties. I understand that if these arrangements for the care of my dependents fail, my absence from assigned duty is without authority unless excused by my commanding officer.		
6. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station, and other similar military obligations.		
7. I understand that I must revise or verify this plan at least yearly or on reassignment, reenlistment, extension of enlistment, or within 30 (60 days for Ready Reserve) of any change in my family or Caregiver status.		
8. All of my dependents are 19 years or older and capable of self-care.		
9. I understand that while serving in an overseas area, I must arrange for the escort and care of my dependents to the designated person. If my principal caregiver is not in the local area, I understand that I must arrange with a nonmilitary person in the local area to assume temporary responsibility for my dependents until that responsibility is transferred to my principal caregiver.		
10. In the event of my death or incapacity, _____ (name, address, telephone number) has agreed to assume temporary responsibility for my minor children until the guardian named in my will assumes responsibility, or until a legal guardian or other custodian is appointed by a court of competent jurisdiction, or until my child(ren)'s non-custodial natural parent assumes custody, whichever occurs first.		
11. The attached form (NAVPERS 1740/7) explains what financial arrangements have been made to provide support for my family member(s) while they are under someone else's care, what logistical arrangements have been made to get my family members to the designated caregiver; where to go for routine and emergency medical treatment for my family member(s), and what the caregiver should do in the event they are no longer able to care for my family members.		
TYPED OR PRINTED NAME, GRADE/RATE, & SSN	SIGNATURE	DATE

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**PART II. APPLIES TO ALL SINGLE MEMBERS SPONSORS AND MILITARY COUPLES WITH DEPENDENTS**

**CAREGIVER ACKNOWLEDGMENT**

12. I agree to accept responsibility and provide care for the family members of \_\_\_\_\_ if he/she must report for duty for extended work hours, recall, or TAD. I acknowledge that I have been fully briefed on: (a) Financial and logistical arrangements and location of important papers, (b) Military and civilian support resources available to assist in the care of family members including location and/or points of contact for the member's command, local Family Service Center, child care center, and Navy Marine Corps Relief Society, and (c) Family member entitlements, available services, and access requirements for military base resources including medical and dental treatment facilities, exchanges, commissaries, and recreation facilities.

A. Member's absence is for a duration of **less than 30 days**.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
WITNESS	WITNESS SIGNATURE

B. Member's absence is for a duration of **greater than 30 days**.

SIGNATURE	ADDRESS (Include ZIP Code)
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	
WITNESS	WITNESS SIGNATURE

**PART III. APPLIES TO SINGLE MEMBER SPONSORS & MILITARY COUPLES WITH DEPENDENTS SERVING OVERSEAS & ACCOMPANIED BY DEPENDENTS**

**CAREGIVER ACKNOWLEDGMENT**

13. I agree to be responsible for accompanying and caring for the family members of \_\_\_\_\_ as an escort if evacuation from an overseas area becomes necessary.

TYPED OR PRINTED NAME	SIGNATURE
WITNESS	WITNESS SIGNATURE

**PART IV. FOR IN-SERVICE COUPLES ONLY**

14. Statement of Military Spouse: I have read my spouse's plan and concur.

TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE
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**PART V. COMMANDER CERTIFICATION**

15. I have reviewed this Family Care Plan and I am satisfied that the member has made adequate family care arrangements that will allow for a full range of military duties and for worldwide availability as defined here.

SIGNATURE OF COMMANDING OFFICER	DATE
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**FAMILY CARE PLAN  
ARRANGEMENTS**

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1. Financial - (Describe how you will provide support for your family members while they are under someone else's care. This may include an allotment, powers of attorney or bank accounts and access.)

2. Logistical - (Describe how your family members will get to the designated caregiver. This is especially important if geographically separated. Describe how financial support necessary to effect transportation will be provided. Also discuss provisions for minor children if they have to travel to a caregiver and cannot go unaccompanied. Include any details concerning care of your home, school arrangements for children, points of contact for your caregiver in case of emergency, and use of government services, specifically, what directions have you given for access to the exchange, commissary, recreation, etc. Include all other arrangements that pertain to your situation). Don't forget to provide all prospective caregivers names to your child's school or day care center as persons authorized to pick-up child(ren) (this is particularly important in the event of your death or incapacity while the child(ren) is at school/day care.)

3. Medical - (Explain where your family member is to go for routine and emergency medical treatment. Does your caregiver know where medical/immunization records are? Do they have names and addresses of medical providers? Have you discussed with your caregiver any medical conditions or allergies that your family members have? Any special directions in case of a medical emergency? Don't forget special powers of attorney (SPOA) for medical treatment. A separate SPOA for medical treatment is not necessary if the Sample POA for Family Care Plan (enclosure (2)) is utilized.)

4. Legal - (Provide name, address and telephone number of your attorney (if you have one); any legal documents your caregiver should have copies of such as your will, insurance policies, family members military ID cards and your social security number. Also discuss what you have told your caregiver to do in the event they are no longer able to care for your family members. Who is your alternate caregiver? Add any other legal information that would be necessary.)

TYPED OR PRINTED NAME OF MEMBER

SIGNATURE OF MEMBER

DATE