

Military Family Care Plan

Client Information:

- Service Member's Name:
- Rank/Title:
- Branch of Service:
- Deployment/Training Dates:

Family Member Information:

- Spouse/Partner Name:
- Children's Names and Ages:
 - 1.
 - 2.

Arrangements for Daily Activities:

- Weekly Calendar:
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- Transportation:

Family Routine Details:

- Housing:
- Meals:
- Transportation:
- Religious Services:

Medical Information:

- Family Physician:

- **Medications:**
- **Allergies:**
- **Hospitals:**
- **Regular Appointments:**

Close Contacts and Resources:

- **Relatives:**
- **Neighbors:**
- **Doctors/Dentists:**
- **Military Resources:**

Location of Important Documents:

- **Wills:**
- **Insurance Papers:**
- **Birth Certificates:**
- **Powers of Attorney:**

Dependent ID Cards and Registration:

- **Dependent ID Cards:**
- **Registered in DEERS:**

Using Installation Services and Military Treatment Facilities:

- **Caregivers:**
- **Military Facilities Access:**

Observation and Familiarization:

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Therapist Name and Signature:

Date: