

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

SUPPORTING DIRECTIVE OPNAVINST 1740.4A

PRIVACY ACT ADVISEMENT

AUTHORITY: 44 U.S.C. Section 3101; 5 U.S.C. Section 301; 10 U.S.C. Sections 133 and 5031; E.O. 9397; and OPNAVINST 1740.4B

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 programs 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 be used also to determine overseas suitability, to conduct authorized investigations, and for other lawful purposes.

DISCLOSURE IS MANDATORY: Disclosure of information concerning family members, their caregivers, and the personal arrangements surrounding the care of family members is mandatory.

PART I. APPLIES TO ALL SINGLE SERVICEMEMBER SPONSORS AND DUAL 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 without dependents, as required.	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 given 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 I have been 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 60 days (90 days for Ready Reserve) of any change in my family or caregiver status.	
8. I understand that while serving in an overseas area, I must arrange for the escort to and care of my dependents by 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.	
9. 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.	
10. 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	

**DEPARTMENT OF THE NAVY
FAMILY CARE PLAN CERTIFICATE (CONTINUED)**

SUPPORTING DIRECTIVE OPNAVINST 1740.4A

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

CAREGIVER ACKNOWLEDGMENT

11. 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 Fleet and Family Support 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
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
TYPED OR PRINTED NAME	
PHONE NUMBER (Include Area Code)	

WITNESS WITNESS SIGNATURE

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

CAREGIVER ACKNOWLEDGMENT

12. 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

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

14. Spouse's Command:	15. Command's Family Care Plan Coordinator and Telephone Number:
TYPED OR PRINTED NAME & SSN OF SPOUSE	SIGNATURE OF SPOUSE

PART V. COMMANDER CERTIFICATION

16. I have reviewed this Family Care Plan and (I am/I am not) 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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