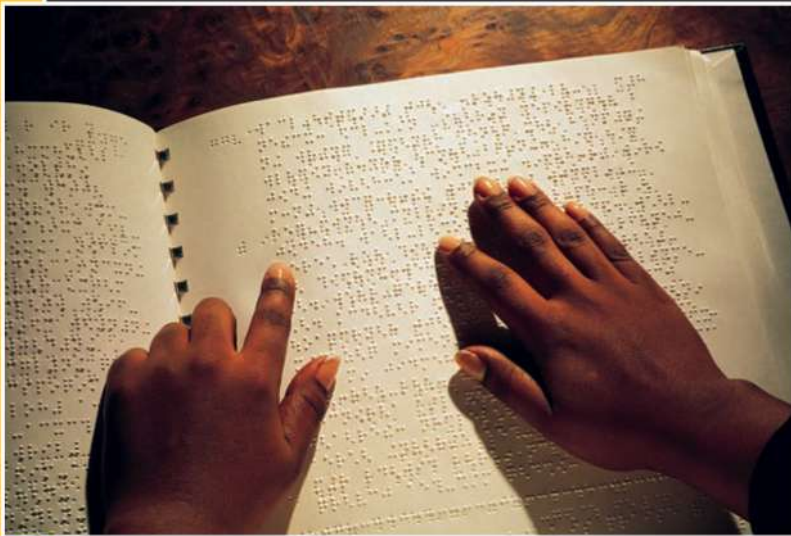


SCOR

*Special Care Organization Record
for Children with Special Health Care Needs*



Dear Parents,

The Special Care Organization Record (SCOR) for Children with Special Health Care Needs is specifically designed as an organizing tool just for parents with children with special health care needs. It is intended to help track and organize your child's information to make it easier for someone else to care for your child in your absence. The SCOR can be used to capture a variety of information such as your child's birth history, likes and dislikes, medical and educational information, insurance, and step-by-step action plans in case of an emergency. While the SCOR is organized into different sections, you are encouraged to reorganize it to accommodate your needs.

Please note that while the SCOR provides instructions for the care and keep of your child, it is not legally binding in any way. It also contains very private information such as Social Security Numbers, medical history/information, and insurance information. In order to ensure that you maintain your family's privacy, make sure to keep your SCOR in a safe place that is not easily accessible by those who should not have access to it.

The SCOR has been created using the form features of Microsoft Word. You can type directly into the gray areas found throughout the form and then save and print the completed document. You can also click on the various sections of the Document Map panel on the left of the screen to move quickly to the different sections of the SCOR. The Document Map is displayed by clicking on the View Menu then Document Map. In some versions of Word, The Document Map is displayed by first clicking on the View Menu then the Navigation Pane. Once the Navigation Pane is visible select Document Map from the Navigation Pane dropdown menu.

If you prefer to print out the forms in this document and then fill them out by hand, you may wish to turn off the field shading first to prevent the boxes from printing too. You can turn the field shading off by displaying the Word Forms Toolbar (right-click on the tool bar area at the top of your Word screen, then click on Forms under Toolbars). Once you can see the Forms Toolbar, click the Form Field Shading icon to turn shading off.

If you have Word 2007 and wish to remove the field shading before printing, right click on the Windows Office icon in the upper left hand corner of the screen. Click "Customize the Quick Access Toolbar." In the drop-down menu under "Choose commands from," click on "Developer Tab" and then select and add "Legacy Tools." Once you have added Legacy Tools to your Toolbar, you will have the option of turning off the field shading.

If you have any questions or comments about the SCOR for Children with Special Health Care Needs, please feel free to submit them through the [MilitaryHOMEFRONT Feedback Function](#).

SCOR for Children with Special Health Care Needs Guide

What is the SCOR for Children with Special Health Care Needs? The SCOR is an organizing tool for families who have children with special health care needs. It is designed to help you keep track of all the relevant information regarding your child's health and care.

How can the SCOR help you? While caring for your child with special health needs, you receive information and paperwork that must be readily accessible. The SCOR will help you organize all of this information and make it easier for you to quickly find what you need. It will also make it easier for you to share key information with those who are part of your child's care team.

Use the SCOR to:

- Track changes in your child's medicines or treatments
- List telephone numbers for health care providers and community organizations
- Prepare for appointments
- File information about your child's health history
- Share new information with your child's primary doctor, public health or school nurse, daycare staff, and others caring for your child

Some helpful hints for using your child's SCOR:

- Keep the SCOR where it is easy to find. That way it will always be on hand when you need it.
- Be mindful that your SCOR contains very private information and that it should be kept in a safe place.
- Keep the SCOR as up-to-date as possible. Add new information to the SCOR whenever there is a change in a child's medical treatment.
- Keep the SCOR with you at appointments and hospital visits so that information you need will be close at hand.

How do you set up your child's SCOR? Follow these steps:

STEP 1: Gather information you already have.

Gather any health information that you already have about your child. This may include reports from recent doctor's visits, immunization records, a summary of a recent hospital stay, this year's school plan, test results or informational pamphlets, etc.

STEP 2: Look through the pages of the SCOR.

Select the pages that you think will be most beneficial to you and tracking your child's health and care. Once you have determined what you need, print out those selected pages.

STEP 3: Decide what information is most important to keep in the SCOR.

What information do you find yourself looking for often? What information do your care providers need when caring for your child? Additional, less critical information can be stored in a file drawer or box where you can find it if needed.

STEP 4: Put the SCOR together.

Organize your SCOR in a way that makes the most sense to you and your child. Here are some supplies that may help you put it together:

- 3-ring binder or large accordion envelope to hold papers securely
- Tabbed dividers for creating separate sections
- Pocket dividers for storing reports
- Plastic pages for storing business cards and photographs

Things to remember about the SCOR:

- While the SCOR does contain a lot of your child's medical history/information, it is not intended to replace official medical records.
- It contains very private information (e.g., social security numbers, insurance information, medical history). It is imperative that you keep it in a safe place.

RESOURCES

The Department of Defense Special Needs Parent ToolKit was designed to provide information for military families with children with special health care needs. More specifically, the ToolKit provides information regarding the services and support that are available to these families as well as how to utilize them. The modules of the ToolKit may provide you with additional information for your child's SCOR. Below, SCOR sections are listed next to the Special Needs Parent ToolKit module with related information.

To access the Special Needs Parent ToolKit, visit the Special Needs/EFMP section of the MilitaryHOMEFRONT website at <http://www.militaryhomefront.dod.mil/efm>. Under “Tools” in the lower half of that page, click on “Parent ToolKit.”

SCOR Section	Corresponding Module of Special Needs Parent ToolKit
Birth, All About Me, Support	Module 1: Birth to Age Three
School and Employment	Module 2: Special Education (Please also review the Records and Tools section at the end of the Toolkit.)
Health Benefits and Insurance	Module 3: Health Benefits
Transitioning/Moving, In Case of an Emergency, Estate/Future Plan	Module 4: Families in Transition
Support, Child Advocacy	Module 5: Advocating for your Child
Other Resources/Websites	Module 6: Resources and Support

IN CASE OF AN EMERGENCY
Emergency Quick Glance

Name:	
Date of Birth:	Blood Type:
Address:	
Phone:	
Diagnosis(es): (For more on diagnoses, go to the "Current Medical Diagnoses" sheet in the Medical Information Section.)	

Emergency Contacts: (List in order of who should be contacted first to last.)

Name	Relationship	Cell Phone	Work Phone	Evening Phone

Current Medications: (For more on medications, go to the "My Medication History Tracking" sheet in the Medical Information Section.)

Start Date	Stop Date	Medication (brand/generic)	Prescribed by	Dose/Route	Time Given	Reason for Medication

Medication Allergies: (For more on allergies, go to the "Food and Other Allergies" sheet in the All About Me Section.)

Allergen	Allergic Reaction	How To Respond

In Case of an Emergency – Emergency Plan

Use the tables below to list any health-related emergencies that may occur and how the emergency should be handled (e.g., if your child is epileptic and has a seizure, describe how the situation should be handled).

What Might Happen:

What To Do:

Step 1:

Step 2:

Step 3:

Step 4:

Other:

What Might Happen:

What To Do:

Step 1:

Step 2:

Step 3:

Step 4:

Other:

BIRTH**Who I Am (Personal History)**

Name:		I prefer to be called:	
Date of Birth:		Blood Type:	SSN:
My Caregivers:			
Location of Birth Certificate:			
Location of Social Security Card:			
Home Address:			
Home Phone:	Fax:	County:	
Mother's Name:	SSN:	Sponsor (Yes/No):	
Address:			
Daytime Phone:	Cell Phone:	Evening Phone:	
Father's Name:	SSN:	Sponsor (Yes/No):	
Address:			
Daytime Phone:	Cell Phone:	Evening Phone:	
Sibling's Name:		Age:	
Sibling's Name:		Age:	
Sibling's Name:		Age:	
Sibling's Name:		Age:	
Other Household Members:			
Language Spoken at Home:			
Other Languages:			

Birth – When I Was Born (Birth History)

Where I was born:
Complications during birth:
Neonatal hospitalization:

My Diagnosis:

MM/DD/YY	Diagnosis

Birth – When I Was Born (continued)

My Surgeries:

MM/DD/YY	Procedure	Results

Birth – When I Was Born (continued)

Comments about my diagnosis:

Comments about my surgeries:

Include a copy of the Individualized Family Service Plan (IFSP) in this section.

ALL ABOUT ME

Watch Me Grow!

Date	Age	Height	Weight	Head Circumference	Major Developmental Milestones (e.g., crawls, talks, walks)

All About Me – My Daily Routine

If you have a plan of care, please insert it here.

My daily treatments (e.g., respiratory treatment, O₂, vent, trach, g-tube, etc.) include:

Vital signs:

Respiratory treatment:

Trach/g-tube/other care:

Bowel/bladder routine:

Adaptive equipment (W/C, braces, splints, speech devices):

All About Me – My Daily Routine (continued)

Medications:

Medication	Dose	When to Administer

All About Me – Describe My Day

Provide a description of your child's daily routine throughout the week including when he or she wakes up and goes to sleep, mealtimes, when medications should be taken, bathing, and grooming information:

Day	Routine
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

All About Me – Personal Care

List tasks that your child is able to do independently (e.g., eating, bathing, toileting, dressing, moving):

List tasks for which your child requires assistance (e.g., eating, bathing, toileting, dressing, moving):

List tasks that your child may try to do independently that could endanger him or her (e.g., tries to cut vegetables, puts things in the microwave without asking first):

List other information related to personal care that would be helpful to those providing care for your child (e.g., shoe and clothing sizes, menstrual cycle):

All About Me – Foods I Eat

Likes and Dislikes

List foods that your child particularly enjoys and or dislikes:	
Likes	Dislikes

Typical Daily Diet

Meal	Preferred Foods/Drinks
Breakfast	
Lunch	
Dinner	
Snack	

All About Me – Foods I Eat (continued)

Favorite Restaurants and Preferred Meals

Restaurant	Preferred Meals

Total intake/day:

Total water/day:

I take my food by:

- ☐ Mouth ☐ G-tube ☐ GJ tube
☐ NG ☐ NJ

Size of tube:

I use _____ to communicate what I want (e.g., picture book or communication board).

ALL ABOUT ME
Food and Other Allergies

Allergies (e.g., food, medications, materials)

Allergen	Allergic Reaction	How To Respond

All About Me – Diet Tracking Form

Week of:				Weight:			
Date Checked:							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am							
7am							
8am							
9am							
10am							
11am							
12pm							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							

All About Me – Behavior Help

What consistent approach has worked best when parents/caregivers have not been available during difficult transition periods? List typical interventions that have worked. Provide names and descriptions of techniques or things that are helpful and where they can be located. (Example: afraid of thunderstorms, use Walkman headphones to help block out the noise)

Behavioral interventions:

Things that help to calm me:

All About Me – Leisure Activities and Social Experiences

List any leisure activities that your child particularly enjoys or dislikes.

TV shows/movies/video games:

Likes	Dislikes

Music/books:

Likes	Dislikes

All About Me – Leisure Activities and Social Experiences (continued)

Hobbies/activities in the home:

Likes	Dislikes

Leisure activities/clubs outside the home:

Name of Club:	Name of Club:
Contact Person:	Contact Person:
Phone:	Phone:
How Often:	How Often:
Other Notes:	Other Notes:

All About Me – Leisure Activities and Social Experiences (continued)

Vacation/traveling:

Likes	Dislikes

Places I would like to visit in the future:

Special interests:

Situations that make me uncomfortable:

All About Me – Pets and Service Animals

Include your service animal's license here.

Pet(s):

Pet's Name	Type of Animal	Notes About My Pet's Care

Any additional notes about my pet:

Service Animal(s):

Service Animal's Name	Type of Animal	How the Animal Helps Me	Notes About My Service Animal's Care

Any additional notes about my service animal:

SCHOOL AND EMPLOYMENT
School History

Year	School	Teacher	School Nurse	Phone #

School and Employment – School Evaluations and Discipline

Include any evaluations here (e.g., school district evaluations, independent evaluations).

Note any disciplinary actions that your child has had at school (e.g., suspension, detention) and the reason for the action:

School and Employment – Education and Employment

Please attach copy of Individualized Education Program (IEP) or Individual Habilitation Plan (IHP).

School Information

I go to school at:		School Phone:
Teacher:		School Nurse:
School OT:	Phone:	Frequency:
School PT:	Phone:	Frequency:
School ST:	Phone:	Frequency:

Vocational Experience

What is your child's work potential and employment history? What kinds of support does he/she receive and from which agencies?

What are your child's capabilities and skill levels? What other opportunities would you like to see happen?

School and Employment – Education and Employment (continued)

Current place of employment:

Contact person:
Address:
Phone:
Hours/days worked:

Previous employment history:

MEDICAL INFORMATION
My Medication History Tracking Sheet

Start Date	Stop Date	Medication (brand/generic)	Prescribed by	Dose/ Route	Time Given	Reason for Medication

I am allergic to the following medications (see the Allergies chart for more information):

Medical Information – My Pharmacist

Name:	Phone:
Email:	
Address:	
Name:	Phone:
Email:	
Address:	
Name:	Phone:
Email:	
Address:	

Medical Information – My Doctor Visits

Date	Seen By	Notes/Updates from Visit

Medical Information – Hospital Tracker

Date	Hospital	Reason for Admission	Notes

Medical Information – Lab Work/Tests

Date	Test	Result	Comments

Medical Information – Immunization Records

List the date when your child received the listed immunizations. Use the remaining blocks at the bottom labeled "Other" as necessary.							
DtaP	1.	2.	3.	4.	5.		
DT	1.	2.					
Polio	1.	2.				3.	4.
HIB	1.	2.				3.	4.
Pprevnar	1.	2.				3.	4.
MMR	1.	2.					
Varicella	1.						
HBV	1.	2.	3.				
TB							
Flu							
Other							
Other							
Other							

Below note any reactions that your child has had to any shots/immunizations.		
Shot/Immunization	Reaction	Treatment

Medical Information - Current Medical Diagnoses

Date	Diagnosis	Notes

Medical Information – Appointment Log

Date	Provider	Reason Seen / Care Provided	Next Appointment

Medical Information – Family Medical History

Check the box if one or more family members have had one of these health conditions and note how they are related to your family member.

Condition	Relative	Condition	Relative	Condition	Relative
<input type="checkbox"/> Cardiac		<input type="checkbox"/> Hypertension		<input type="checkbox"/> Renal	
<input type="checkbox"/> Tuberculosis		<input type="checkbox"/> Gastro-intestinal		<input type="checkbox"/> Cancer	
<input type="checkbox"/> Allergy		<input type="checkbox"/> Orthopedic		<input type="checkbox"/> Lung	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Blood		<input type="checkbox"/> Ear	
<input type="checkbox"/> Thyroid		<input type="checkbox"/> Vision		<input type="checkbox"/> Psychological	
<input type="checkbox"/> Auto Immune		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Additional Family Information:

Name	Date of Birth	Health
Mother:		
Father:		
Brother/Sister:		
Brother/Sister:		
Brother/Sister:		
Brother/Sister:		
Brother/Sister:		

Medical Information – Equipment/Supplies

Type of Equipment/Supplies	Prescribed By	Reason Prescribed	Date Started	Date Ended	Vendor Phone/Fax

Medical Information – Equipment/Supplies (continued)

List any equipment that your child has specifically received through the school. Include when it has to be returned and any other parameters regarding use of the equipment. A copy of the IEP can be beneficial in this section as well because you may be required to return assistive technology received through the school when you leave the school district:

List any other notes that you feel are relevant regarding any equipment your child needs:

Medical Information – Medical Providers

Primary Care Manager (PCM):			
Military Treatment Facility:			
Address:			
Email:	Phone:	Fax:	
Civilian Hospital:			
Address:			
Email:	Phone:	Fax:	
Dentist:			
Address:			
Email:	Phone:	Fax:	
Nursing Agency:		Contact Person:	
Address:			
Email:	Phone:	Date of First Visit:	
Number of hours approved:	Day:	Night:	Weekend:
Nutritionist:			
Address:			
Email:	Phone:	Date of First Visit:	
Physical Therapist:			
Address:			
Email:	Phone:	Date of First Visit:	

CARE PROVIDERS

Provider Information

Social Worker:		
Address:		
Email:	Phone:	Date of First Visit:
Speech Therapist:		
Address:		
Email:	Phone:	Date of First Visit:
Occupational Therapist:		
Address:		
Email:	Phone:	Date of First Visit:
My Specialist:		Specialty:
Location:		
Email:	Phone:	Fax:
My Specialist:		Specialty:
Location:		
Email:	Phone:	Fax:

Care Providers – Outpatient Therapy

Therapy:		Therapist:	
Location:			
Email:	Phone:		Frequency:
Therapy:		Therapist:	
Location:			
Email:	Phone:		Frequency:
Therapy:		Therapist:	
Location:			
Email:	Phone:		Frequency:

Care Providers – My Case Manager(s)

My Case Manager is:		
Address:		
Email:	Phone:	Fax:
Please attach the plan of care provided by your Case Manager.		
Notes:		
My Case Manager is:		
Address:		
Email:	Phone:	Fax:
Please attach the plan of care provided by your Case Manager.		
Notes:		
My Case Manager is:		
Address:		
Email:	Phone:	Fax:
Please attach the plan of care provided by your Case Manager.		
Notes:		

Care Providers – Transportation (To and From Medical Therapy Appointments)

Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:

SUPPORT
Early Intervention Services

Developmental Center:		Start Date:
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:
Family Resources Coordinator:		Start Date:
Agency:		
Address:		
Email:	Phone:	Fax:

Note: A copy of your Individual Family Service Plan can be kept here or in the “BIRTH – When I was Born” section.

Support – Family Support Resources

Exceptional Family Member Program Point of Contact:		
Army Navy Air Force Marine Corps Coast Guard National Guard		
Contact Person:		
Address:		
Email:	Phone:	Fax:
Parent Group:		
Contact Person:		
Address:		
Email:	Phone:	Fax:
Religious Organization:		
Contact Person:		
Address:		
Email:	Phone:	Fax:
Service Organization:		
Contact Person:		
Address:		
Email:	Phone:	Fax:
Counseling Services:		
Contact Person:		
Address:		
Email:	Phone:	Fax:

Support – Child Care Support

Child Care Provider:		Start Date:
Contact Person:		
Address:		
Email:	Phone:	Fax:
Child Care Provider:		Start Date:
Contact Person:		
Address:		
Email:	Phone:	Fax:
Child Care Provider:		Start Date:
Contact Person:		
Address:		
Email:	Phone:	Fax:

Include any relevant child care documents (such as the SNRT paperwork) in this section.

Support – School Support

School / Preschool:		Start Date:
Address:		
Email:	Phone:	Fax:
School Nurse:		
Email:	Phone:	Fax:
Contact Person / Title:		
Email:	Phone:	Fax:
Contact Person / Title:		
Email:	Phone:	Fax:
IEP Begin Date:		IEP Review:

Support – Respite Care

Respite Care Provider:		Start Date:
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:
Respite Care Provider:		Start Date:
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:
Respite Care Provider:		Start Date:
Contact Person:		
Agency:		
Address:		
Email:	Phone:	Fax:

NOTE: If this care is to be covered by TRICARE, is the provider a TRICARE authorized provider? Has the Managed Care Support Contractor authorized this respite care?

Support – Child Advocates

List individuals, advocates, and/or service providers who are important to your child's well-being and are not otherwise listed in this document:		
Name:		
Address:		
Email:	Phone:	Fax:
Note what he or she does for or with your child:		
Name:		
Address:		
Email:	Phone:	Fax:
Note what he or she does for or with your child:		
Name:		
Address:		
Email:	Phone:	Fax:
Note what he or she does for or with your child:		
Name:		
Address:		
Email:	Phone:	Fax:
Note what he or she does for or with your child:		

HEALTH BENEFITS AND INSURANCE

TRICARE

Use this link to help find your local TRICARE Service Center (TSC):

<http://www.tricare.mil/contactus/>

TRICARE Regional Office (TRO):

Address:

--

City:

State:

Zip:

Phone:

Email:

TRICARE Service Center:

Address:

--

City:

State:

Zip:

Phone:

Email:

Beneficiary Counseling and Assistance Coordinator (BCAC):

Address:

--

City:

State:

Zip:

Phone:

Email:

Debt Collections Assistance Officer (DCAO):

Address:

--

City:

State:

Zip:

Phone:

Email:

Health Benefits and Insurance – TRICARE Dental Program

Use this website to find information regarding basic dental program benefits, the address for filing claims, enrollment information, and a directory of network dentists:

<http://www.tricare dental program.com/tdptws/home.jsp>

Dentist Name:

Address:

City:

State:

Zip:

Phone:

Email:

Orthodontist:

Address:

City:

State:

Zip:

Phone:

Email:

Please Note: On July 1, 2007, TRICARE implemented coverage for anesthesia services and associated costs for dental treatment for beneficiaries with developmental, mental, or physical disabilities, and children age five and under. The services require preauthorization through the regional TRICARE contractors

(<http://www.tricare.mil/mybenefit>). The change in this benefit does not provide coverage for the actual dental care services. Coverage for dental care services is available through the TRICARE Dental Program and the TRICARE Retiree Dental Program.

Health Benefits and Insurance – Insurance Information

Please note all other insurance providers.		
Name of Other Insurance:		
Policy Number:		
Contact Person/Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person/Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person/Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:
Name of Other Insurance:		
Policy Number:		
Contact Person/Title:		
Address:		
Email:	Phone:	Fax:
Case Manager:		
Email:	Phone:	Fax:

Health Benefits and Insurance – Medical Bill Tracker

Date	Provider	Amount Billed	Amount Allowed	Amount Paid	Paid By Other Health Insurance	Family Owes	Debt Paid

TRANSITIONING / MOVING

Checklist for Your Special Needs Child

Ensure the following papers are in order prior to your departure:

- ☐ Passports, visas (be sure to write down the numbers and keep them in a safe place)
- ☐ Wills
- ☐ Copy of medical records
- ☐ Individualized Family Service Plan (IFSP)
- ☐ Individualized Education Program (IEP)
- ☐ Individual Habilitation Plan (IHP)
- ☐ Dental records
- ☐ Service members' Group Life Insurance (SGLI) Election Form
- ☐ Social security cards (be sure to write down the numbers and keep them in a safe place)
- ☐ Copy of Family Care Plan
- ☐ Copy of EFMP enrollment paperwork
- ☐ Child Care Plan
- ☐ Registration for child/day care
- ☐ List of important numbers
- ☐ Insurance policies pertinent to your child (auto, home, life)
- ☐ Inventory of household goods and stored property pertinent to your child
- ☐ Service animal records
- ☐ Birth certificates
- ☐ Adoption papers
- ☐ Death certificates
- ☐ Divorce papers as they pertain to your child (custody agreement)
- ☐ Shot records
- ☐ Contracts and loans
- ☐ Citizenship/naturalization documentation
- ☐ Auto club membership cards/information
- ☐ I.D. cards
- ☐ Warranties for equipment
- ☐ Federal and state income tax records
- ☐ Copies (several) of TDY and PCS orders
- ☐ Diplomas/transcripts
- ☐ Power of attorney

Transitioning / Moving – Checklist for Your Special Needs Child (continued)

The following should be completed prior to deployment:

- ☐ Update Emergency Data Card in Military Personnel Record and get copies
- ☐ Establish/arrange joint checking/savings account (write down all account numbers and keep them in a safe place)
- ☐ Identify available emergency services
- ☐ Ensure parent/care provider knows how to make contact in case of emergency
- ☐ Renew Armed Forces I.D. Cards
- ☐ Review information related to Red Cross/Service Relief Societies
- ☐ Identify and resolve problems with cars, household, and appliances
- ☐ Share information related to Military Family Support programs
- ☐ Identify Medical Facilities, TRICARE, and CHAMPOS
- ☐ Establish family budget and resolve any family business issues
- ☐ Make copies of orders (at least 10 copies of PCS orders)
- ☐ Complete a security check on the house

Transitioning / Moving – Transportation When Moving

Note which forms of transportation are NOT acceptable for your child when moving and provide a brief explanation:

Note down lodging-related needs when traveling with your child (e.g., must be wheelchair accessible (to include the shower stall), TTY/TDD telephone):

Other Notes Regarding Transitioning/Moving:

ESTATE / FUTURE PLAN

Letter of Intent

Letter of Intent

When caring for your child, it might be difficult to take the time to consider that, at some point, illness may prevent you from continuing to provide that care. It is even harder to consider that your child may outlive you. You have provided a level of care that you would want to ensure continued. You would not want your child's quality of life to be affected or altered in any significant way and you would not want his or her brothers or sisters to be solely responsible for providing care.

While the entire SCOR can be considered a Letter of Intent, this section is focused on helping you organize information and plans in the event that someone would have to take over caring for your child. It can be used to facilitate discussion among your family members or to organize your own thoughts. Identifying a Guardian can be one of the most emotional and difficult decisions to tackle. It might be helpful to talk to an attorney at your installation's legal assistance office for a referral to a civilian attorney who specializes in setting up guardianships and in created special needs trusts.

Although some of the material in this section might seem daunting, take the time to go through each page and organize your thoughts. Completing these pages can help ensure that your child continues to receive the level of care that you want him or her to have into the future.

Estate / Future Plan – Family Information

Mother's Name:		Maiden Name:	
SSN:			
Address:			
Daytime Phone:		Cell Phone:	Evening Phone:
Email:			
Father's Name:			
SSN:			
Address:			
Daytime Phone:		Cell Phone:	Evening Phone:
Email:			
Sibling's Name:			
Sibling's Spouse:			
Address:			
Daytime Phone:		Cell Phone:	Evening Phone:
Email:			
Sibling's Name:			
Sibling's Spouse:			
Address:			
Daytime Phone:		Cell Phone:	Evening Phone:
Email:			

Estate / Future Plan – Family Information (continued)

Sibling's Name:		
Sibling's Spouse:		
Address:		
Daytime Phone:	Cell Phone:	Evening Phone:
Email:		
Sibling's Name:		
Sibling's Spouse:		
Address:		
Daytime Phone:	Cell Phone:	Evening Phone:
Email:		

Estate / Future Plan – Informing Other Family Members

If you have established a Trust for your child, note whether family members have been told about it to ensure that they are aware of the option of leaving money to the Trust.

Relative's Name:		
Address:		
Phone:		Email:
Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Method of Notification:
Relative's Name:		
Address:		
Phone:		Email:
Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Method of Notification:
Relative's Name:		
Address:		
Phone:		Email:
Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Method of Notification:
Relative's Name:		
Address:		
Phone:		Email:
Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Method of Notification:

Estate / Future Plan – Informing Other Family Members (continued)

Relative's Name:		
Address:		
Phone:		Email:
Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Method of Notification:
Relative's Name:		
Address:		
Phone:		Email:
Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:	Method of Notification:

Estate / Future Plan – Living Arrangements for Child in the Future

Where and in what type of situation would you like to see your child live? Alone or with roommates? What neighborhood? How much supervision will be necessary?

First Choice of Future Residential Provider

Name:

Phone Number:

Second Choice of Future Residential Provider

Name:

Phone Number:

If currently in a supported living environment, list the following information:

Home Manager Name:

Phone Number:

Case Manager Name:

Phone Number:

Estate / Future Plan – Financial Information

BANK		
Company:		Phone:
Branch Location:		
Checking Account Number:	Savings Account Number:	Safety Deposit Box:
Contact Person/Title:		
Email:	Phone:	Fax:
BANK		
Company:		Phone:
Branch Location:		
Checking Account Number:	Savings Account Number:	Safety Deposit Box:
Contact Person/Title:		
Email:	Phone:	Fax:
LIFE INSURANCE		
Company:		Phone:
Policy Number:		
Where Policy is Located:		
Insurance Company Location:		
Contact Person/Title:		
Email:	Phone:	Fax:

Estate / Future Plan – Financial Information

LIFE INSURANCE		
Company:		Phone:
Policy Number:		
Where Policy is Located:		
Insurance Company Location:		
Contact Person/Title:		
Email:	Phone:	Fax:
BURIAL POLICY		
Funeral Home:		Phone:
Cemetery:		Phone:
Policy Number:		
Where Policy is Located:		
Contact Person/Title:		
Email:	Phone:	Fax:
Specific Instructions:		

Estate / Future Plan – Guardianship

Letters of Guardianship have been approved by:	
Judge:	Date:
Approved Guardian's Name:	
Relationship:	
Address:	
Phone:	
Approved Successor Guardian's Name:	
Relationship:	
Address:	
Phone:	
Approved Successor Guardian's Name:	
Relationship:	
Address:	
Phone:	

If a guardian has not yet been appointed, list in order of preference the people who you would like to serve as guardian, should guardianship prove necessary in the future. Include name, address, phone number, and the person's relationship to your child.

Name	Address	Phone Number	Relationship

Estate / Future Plan – Advanced Directive: Quick Glance

This is not an advanced directive and should not be used as a legally binding document. It is just some things to consider. Be sure to include a copy of the official advanced directive with this sheet in your Medical Records Organizer.

Have you spoken about your wishes for your child to your:

☐ Family ☐ Physicians ☐ Friends ☐ Clergy ☐ Attorney ☐ Case Manager

Does the person(s) you have appointed to make decisions on your child's behalf understand your wishes? ☐ Yes ☐ No

Is the person(s) you have appointed to make decisions on your child's behalf aware of the Do Not Resuscitate (DNR) Order, if they have one?

☐ Yes ☐ No

Have you spoken to this person about your child's current and future medical care?

☐ Yes ☐ No

Have you given a copy of your completed and signed advanced directive to the person(s) you have appointed to make decisions on your child's behalf? ☐ Yes ☐ No

Contact Information for the Person You Have Appointed to Make Decisions on Your Child's Behalf:

Name:

Address:

Email:

List All Telephone Numbers:

Alternate Person's Contact Information (if applicable):

Estate / Future Plan – Advanced Directive: Quick Glance (continued)

Attending Physician's Contact Information:

Secondary Physician's Contact Information (if available):

Additional Resource:

U.S. Living Will Registry (<http://www.uslivingwillregistry.com/forms.shtm>) - This website provides each individual state's information on advanced directives.

OTHER RESOURCES / WEBSITES

Below are some websites and resources you may find helpful.

MilitaryHOMEFRONT: <http://www.militaryhomefront.dod.mil/>

MilitaryHOMEFRONT is the official Department of Defense website for quality of life information and resources. Through sections tailored to meet the specific and unique needs of Leadership, Troops and Family Members, and Service Providers, MilitaryHOMEFRONT provides current, reliable, and easily accessible information for the military community. Whether you live the military lifestyle or support those who do, you'll find what you need! Information specific to special needs family members and the Exceptional Family Member Program (EFMP) can be found at <http://www.militaryhomefront.dod.mil/efm>.

HOMEFRONTConnections: <https://apps.mhf.dod.mil/homefrontconnections>

HOMEFRONTConnections is a Department of Defense social networking environment, designed for those who are in the military, in a military family, or who support the military and their families. Within the password protected site, group (or “Communities”) can share best practices, post pictures and videos, or just share information about the work they are doing. Families can also use the site to meet each other or to establish online family readiness groups.

Plan My Move: <http://www.militaryhomefront.dod.mil/tf/movingand relocation>

Plan My Move, available through MilitaryHOMEFRONT, is a set of online organizational tools designed to make frequent moves easier and less disruptive for service members and families. Available tools include a customizable calendar, to-do lists, departure and arrival checklists, installation overviews, and installation-specific information on a number of topics, such as education, transportation, child care, and employment. This site is easy to use and provides quick information and results.

Military OneSource: <https://www.militaryonesource.com>

Military OneSource provides information and resources to help balance work and family life. Consultants are available twenty-four hours a day, seven days a week by phone, online, or via email offering personalized support to any service or family member.

TRICARE: <http://www.tricare.mil/>

The TRICARE website provides information about military health plans, military treatment facilities, and other TRICARE resources.

Exceptional Family Member Program:

[Army](#)

[Navy](#)

[Air Force](#)

[Marine Corps](#)

Other Resources / Websites (continued)

Relevant Forms

[DD Form 2792, Exceptional Family Member Medical Summary](#)

[DD Form 2792-1, Exceptional Family Member Special Education/Early Intervention Summary](#)

ACRONYM INDEX

Use the table below to list any acronyms that you may need to remember.

Acronym	Meaning

Acronym	Meaning



Created for you by the Department of Defense
Exceptional Family Member Program



Providing policy, tools, and resources to further enhance the quality of life of service members and their families.