

## EFMP Enrollment Process

Review all statements and mark the box if the statement applies to your situation.

<input type="checkbox"/> I have reviewed the <b>enrollable conditions</b> and one or more statements <b>applies to my dependent(s)</b>  <input type="checkbox"/> My family is <b>not currently enrolled</b> in EFMP	<input type="checkbox"/> My family is <b>already enrolled</b> in EFMP-M and I need to <b>add a new dependent</b> . <input type="checkbox"/> Medical or special service need <b>have changed</b> -or- were <b>recorded incorrectly</b> -or- dependent care needs are <b>no longer impacted</b> by Sponsor's location (e.g. no longer residing in household) <i>Processes for Disenrollment or New Command Sponsorship may better fit your needs.</i>
If <b>both boxes</b> boxes are checked, please begin <b>Step 1</b>	If <b>any</b> boxes are checked, <b>please contact EFMP-M</b> with the subject line: Disenrollment/Update/New Command Sponsorship Request (Sponsor Name and Rank)

Complete this process **for each dependent** that needs to be enrolled

**Step 1: Email EFMP-M: [usaf.ramstein.86-mdg.mbx.efmpm@health.mil](mailto:usaf.ramstein.86-mdg.mbx.efmpm@health.mil)**

*Subject line: Enrollment Request (Sponsor Name, Rank)*

In the body of the email, include:

- Sponsor full name rank
- Dependent full name and DOD ID
- Command Sponsorship Status
- Information about the identified need
- Any medical or educational documentation

Please allow 2 weeks for review and response

**Step 2:**

→ <b>Complete Form 2792 for medical needs</b>	→ <b>Complete Form 2792-1 for educational needs</b>
<input type="checkbox"/> Contact PCM to schedule a medical review/evaluation. <input type="checkbox"/> Bring/send original 2792 to PCM <input type="checkbox"/> Receive official changes to documentation.	<input type="checkbox"/> Contact place of education (preschool-high school) to schedule an educational review <input type="checkbox"/> Bring/send original 2792-1 to reviewer <input type="checkbox"/> Request updated/completed IEP/IFP* <input type="checkbox"/> Receive official changes to documentation <i>* <b>homeschool students</b> must also update IEPs.</i>

**Step 3: Submit Documents**

- A. **Open** the **Official EFMP-M Enrollment Request** message thread and **'REPLY'** to EFMP-M
- B. **Upload** and **attach** the following completed files for each dependent (if relevant)

- Updated Form 2792
- Updated Form 2792-1
- Updated IEP/ISFP
- Updated Special Services Report(s)

- C. **Send email**

*Please allow 2 weeks for processing.*

**Step 4:** You will receive an email response with the enrollment determination. If your dependent requires enrollment then you will be asked to complete enrollment paperwork and email it back to the EFMPM office.

**\*\*Optional: Is everything on this form correct, easy to understand, and up-to-date?\***

*No→{provide feedback via email ([usaf.ramstein.86-mdg.mbx.efmpm@health.mil](mailto:usaf.ramstein.86-mdg.mbx.efmpm@health.mil)) so we can improve our services}*

## Enrollable Conditions

Please review the following and mark the boxes if they apply to any of your dependents.

Medical, Mental Health, and Adaptive Needs	Educational Needs <i>(IAW DoDI 1342.12)</i>
<p><input type="checkbox"/> <b>Mental health needs</b> within the last five years:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Conditions/diagnoses that last at least six months</li> <li><input type="checkbox"/> Inpatient care</li> <li><input type="checkbox"/> Visits with clinician more than 1x/month for more than 6 months</li> <li><input type="checkbox"/> Any current mental health care (including if provided by a primary care manager)</li> </ul> <p><input type="checkbox"/> <b>Asthma</b> with chronic symptoms</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scheduled use of inhaled or oral anti-inflammatory agents or bronchodilators.</li> <li><input type="checkbox"/> Emergency room use or clinic visits for related to asthma or respiratory issues within the last year</li> <li><input type="checkbox"/> Any hospitalization for asthma or other respiratory-related issues within the past 5 years.</li> </ul> <p><input type="checkbox"/> <b>ADD or ADHD</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If there is another psychological diagnosis</li> <li><input type="checkbox"/> Use of multiple medications, any non-stimulant psycho-pharmaceuticals, or above normal doses of medication (ask your doctor if these apply)</li> <li><input type="checkbox"/> That is managed or treated by a mental health provider (e.g., psychiatrist, psychologist, social worker, or psychiatric nurse practitioner)</li> <li><input type="checkbox"/> Requires the involvement of a specialty consultant more than twice a year</li> <li><input type="checkbox"/> Requires any modifications in education or behavior management</li> </ul> <p><input type="checkbox"/> <b>Adaptive equipment</b> (e.g., apnea home monitor, home nebulizer, wheelchair, hearing aids, home oxygen therapy, custom-fit splints/braces/orthotics (not over-the-counter), home ventilator)</p> <p><input type="checkbox"/> <b>Assistive technology devices or special services</b> (such as communication devices or speech therapy)</p> <p><input type="checkbox"/> <b>Environmental or housing adaptations</b> (e.g., medically required limited numbers of steps, wheelchair accessibility, or housing modifications and air conditioning).</p> <p><input type="checkbox"/> <b>Potentially life threatening conditions</b></p> <p><input type="checkbox"/> <b>Chronic medical or physical conditions</b> that need follow ups more than once a year for specialty care</p>	<p>If your dependent is <b>over the age of 3</b>,</p> <p>And they have:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A documented physical or mental handicap</li> <li><input type="checkbox"/> A need for additional educational support</li> <li><input type="checkbox"/> An interest in vocational education</li> <li><input type="checkbox"/> Met requirements for advanced education</li> <li><input type="checkbox"/> Limited English-speaking ability.</li> </ul> <p>They are eligible for an Individualized Education Plan (IEP) and must be enrolled in EFMP</p> <p>If your dependent is <b>under the age of three</b></p> <p>And there is a <b>delay in</b>:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> physical development</li> <li><input type="checkbox"/> cognitive development</li> <li><input type="checkbox"/> communication development</li> <li><input type="checkbox"/> social or emotional development</li> <li><input type="checkbox"/> adaptive development,</li> </ul> <p>-Or-</p> <p>They have a diagnosed physical or mental condition that has a <b>high probability of</b> resulting in developmental <b>delay</b>. This includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> chromosomal abnormalities</li> <li><input type="checkbox"/> genetic or congenital disorders</li> <li><input type="checkbox"/> moderate to severe sensory impairments</li> <li><input type="checkbox"/> inborn errors of metabolism;</li> <li><input type="checkbox"/> disorders reflecting disturbance of the development of the nervous system</li> <li><input type="checkbox"/> congenital infections</li> <li><input type="checkbox"/> disorders secondary to exposure to toxic substances; including fetal alcohol syndrome</li> </ul> <p>They are eligible for an Individualized Family Services Plan (ISFP) and must be enrolled in EFMP.</p>

If **any** boxes are checked, please contact EFMP to begin enrollment.

**\*\*Optional: Is everything on this form correct, easy to understand, and up-to-date?\***

No→ {provide feedback via email (usaf.ramstein.86-mdg.mbx.efmpm@health.mil)} so we can improve our services}