

# 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:**