Contact Information for Family Members for Family Member Travel Screening (FMTS) And EFMP Enrollment

PLEASE FILL OUT FORM COMPLETELY PLEASE PRINT *CLEARLY*

Sponsor’s name:

Sponsor’s phone number(s): Sponsor’s DOD ID#

Overseas PinPoint Location if applicable:

Report Month/Year if applicable:

Sponsors Official or Personal Email:

Family member name(s) and Dates of Birth and DoD ID:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NAME** | **DOB** | **DOD ID** |  | **NAME** | **DOB** | **DOD ID** |
| **1** |  |  |  | **4** |  |  |  |
| **2** |  |  |  | **5** |  |  |  |
| **3** |  |  |  | **6** |  |  |  |
| **4** |  |  |  | **8** |  |  |  |

Have any family members had a name change within the last 5 years? Please List

Family Member’s Email address:

Phone number(s) where your family can be contacted immediately:

NOTE: Please state adult status next to number, such as spouse, guardian etc.…

Home:

Cell:

Work:

County of Residence:

Family Member’s Mailing Address where they can be reached:

DOUBLE CHECK THE ABOVE INFORMATION FOR ACCURACY.

Please be certain to tell your family someone from EFMP will be contacting them shortly!