

USAREC Pamphlet 608-6

Personnel Affairs

**Soldier &
Family
Assistance
Program
Manager
Procedures**

**Headquarters
United States Army Recruiting Command
1307 3rd Avenue
Fort Knox, Kentucky 40121-2725
14 October 2016**

UNCLASSIFIED

SUMMARY of CHANGE

USAREC Pamphlet 608-6

Soldier and Family Assistance Program Manager Procedures

This USAREC pamphlet, dated 14 October 2016, supersedes the SFA SOP which superseded the UP 608-5 dated 15 July 02. This is an administrative revision, with no change of date needed.

Headquarters
United States Army Recruiting Command
1307 3rd Avenue
Fort Knox, Kentucky 40121-2725
7 September 2016

*USAREC Pamphlet 608-6

Effective: 14 October 2016

Personnel Affairs

Soldier & Family Assistance Program Manager Procedures

For the Commander:

BRIAN W. BASSETT
Colonel, GS
Chief of Staff

Official:


Ronnie L. Creech
Assistant Chief of Staff, CIO/G6

History. This publishes a new USAREC Pam 608-6 which supersedes the SFA SOP and is effective 14 October 2016.

Summary. This pamphlet provides guidance regarding the United States Army Recruiting Command's Soldier and Family Assistance Program Manager procedures within the U.S. Army Recruiting Command.

Applicability. This pamphlet is applicable to all personnel within the United States Army Recruiting Command.

Proponent and exception authority. The proponent for this pamphlet is the Director for Personnel Assistant Chief of Staff, G-1. The proponent has the authority to approve exceptions to this pamphlet that are consistent with controlling law and regulation. Proponent may delegate this approval authority, in writing, to the deputy director within the proponent agency in the grade of lieutenant colonel.

Army management control process. This pamphlet contains management control provisions in accordance with AR 11-2, but does not identify key management controls that must be evaluated.

Relation to UR 10-1. This pamphlet provides guidance regarding the United States Army Recruiting Command's Soldier and Family Assistance Program Manager procedures according to UR 10-1 chap. 3-12 c.(6).

Suggested improvements. The proponent agency of this pamphlet is the Director for Personnel Assistant Chief of Staff, G-1. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USAREC, ATTN: RCPE-MSS, 1307 3rd Avenue, Fort Knox, KY 40121-2725

Distribution. This publication is available in electronic media only and is intended for command distribution level A.

¹This pamphlet supersedes the SFA SOP and USAREC Pam 608-5, dated 15 July 2002.

Contents (Listed by paragraph and page number)

Chapter 1

Soldier & Family Assistance Program Manager

Introduction, page 1

References • 1-1, page 1

Explanation of abbreviations • 1-2, page 1

Chapter 2

Soldier & Family Assistance Program, page 1

Purpose • 2-1, page 1

Overview • 2-2, page 1

Responsibilities • 2-3, page 1

Chapter 3

Army Community Services Programs, page 2

Exceptional Family Member Program (EFMP) • 3-1, page 2

Relocation Assistance Program (RAP) • 3-2, page 2

In-Processing • 3-3, page 3

Information and Referral (I&R) • 3-4, page 3

Army Emergency Relief (AER) • 3-5, page 4

Family Member Employment Assistance • 3-6, page 4

Financial Readiness • 3-7, page 4

Army Family Action Plan (AFAP) • 3-8, page 4

Army Family Team Building (AFTB) • 3-9, page 5

Child Care Subsidy • 3-10, page 5

Disaster Preparedness • 3-11, page 5

Military OneSource Service Provider Resources (MOS) • 3-12, page 6

Other Family Related Programs • 3-13, page 6

Volunteers • 3-14, page 6

- *Volunteer Recruitment*, page 6
- *Volunteer Management Information System (VMIS)*, page 6
- *Volunteer Recognition*, page 7
- *Family Action Council (FAC)*, page 7
- *Family Readiness Group (FRG)*, page 7
- *Virtual Family Readiness Group (vFRG)*, page 7
- *Funds Management*, page 8

Chapter 4

TRICARE Beneficiary Counseling and Assistance Coordinator (BCAC), page 9

References • 4-1, page 8

Purpose • 4-2, page 8

Scope • 4-3, page 8

SFA Role • 4-4, page 8

TRICARE • 4-5, page 9

- *TRICARE-Prime*, page 9
- *TRICARE-Prime Remote (TPR)*, page 9
- *TRICARE-Standard*, page 9

Emergency Medical Care • 4-6, page 9

Urgent Care • 4-7, page 10

Nurse Advice Line • 4-8, page 10

Administrative • 4-9, page 10

Resolving TRICARE Claims • 4-10, page 11

- *Enrolling in the Proper Region*, page, 11

Pharmacy • 4-11, page 11

- *Mail-Order Pharmacy*, page, 11

TRICARE & Disaster Preparedness • 4-12, page 11

- *Finding a Provider Away from Home, page 12*
- *Important Things to Remember, page 12*

TRICARE Dental Programs (TDP) • 4-13, page 13

- *For Soldiers, page 13*
- *Make a Dental Appointment-Remote, page 13*
- *For Family Members, page 13*

WELL-BEING PROGRAMS • 4-14, page 14

- *Unit Ministry Team (Chaplain Programs), page 14*

Family Advocacy Program (FAP) • 4-15, page 14

- *Commander Roles, page 14*
- *Brigade FAP Role, page 14*
- *SFA Role, page 14*

Military Family Life Consultants (MFLC) and Personal Financial Counselors (PFC) • 4-16, page 15

Joint Family Support Assistance Program (JFSAP) • 4-17, page 16

Morale Support Activity • 4-18, page 16

- *Armed Forces Vacation Club (AFVC), page 16*
- *YMCA Program, page 17*

Appendix A.

References, page 17

Glossary

Chapter 1

Soldier and Family Assistance Program Manager

Introduction

1-1. References

For required publications and referenced forms see Appendix A.

1-2. Explanation of abbreviations

Abbreviations and special terms used in this pamphlet are explained in the glossary.

Chapter 2

Soldier and Family Assistance Program

2-1. Purpose

The USAREC SFA Program is concerned with the personal and family needs of the recruiting force. It is based upon self-help and the philosophy that local problems are best resolved through local resources. Systemic problems that are beyond the influence of local resources should be referred through BDEs to HQ USAREC SFAB for resolution.

2-2. Overview

- a. The USAREC SFA Program is designed to identify community resources that are available to USAREC Soldiers and their Families. Command commitment and involvement are essential to the success of the Program.
- b. The USAREC SFA Program is designed to:
 - (1) Provide recruiting commanders, at all levels, with staff assistance in identifying and meeting the needs of their organizations.
 - (2) Improve the working and living environments of Soldiers and Families by helping solve complex personal problems.
 - (3) Serve as the commander's liaison with Family members by expressing the concerns and perspectives of Family members.
- c. To make the most of limited resources, existing services on local military installations or within the civilian community must be used.
- d. Organization. HQ USAREC primarily develops policy and provides guidance for BDEs and BNs. The BDE SFAPM has primary oversight responsibilities for respective BNs, but is not in a supervisory role over the BN SFA. The BN SFA coordinates support for the BN by determining local requirements, establishing programs and services as required, and coordinating with other staff officers. The BDE and BN staff provides guidance and administrative and logistical support to the SFA.

2-3. Responsibilities

- a. Battalion commander will:
 - (1) Promote policies, programs, and initiatives which enhance the Quality of Life for Soldiers and their Family members.
 - (2) Ensure availability of adequate resources for effective implementation of Quality of Life programs.
 - (3) Ensure that subordinates adhere to command policies.
 - (4) Recognize the SFA as a member of the Commander's Staff, and afford all privileges accordingly.
- b. Soldier & Family Assistance Program Manager will:
 - (1) Implement, monitor, and maintain Soldier and Family Quality of Life programs.
 - (2) Acquire information and documentation pertinent to a myriad of subject areas; e.g., social service organizations, employment opportunities, housing, education, health care issues, military assistance/support facilities, financial counseling, and other Quality of Life matters.
 - (3) Ensure distribution of pertinent information and documentation concerning services and benefits.
 - (4) Act as liaison to facilitate interaction between the BN family and other organizations.
 - (5) Provide information on relocation.
 - (6) Provide assistance/information on Family member employment and educational opportunities.
 - (7) Recruit NAF-supported volunteers to assist with AFTB and AFAP program objectives and initiatives.
 - (8) Provide regulatory guidance and training assistance to Company Commanders in regards to their respective FRGs.

- (9) Develop and maintain accurate job descriptions outlining responsibilities and duties of volunteers.
 - (10) Inform volunteers as to requirements, responsibilities, and expectations through appropriate orientation/training sessions.
 - (11) Offer training of volunteers.
 - (12) Assist volunteers in maintaining accurate records.
 - (13) Provide appropriate recognition to deserving volunteers.
- c. The SFA develops, administers and maintains required SFA-related applications and websites. This includes the Volunteer Management Information System (VMIS) and Plan My Move (PMM) sites. SFAs should also utilize social media to reach Soldiers and Families. As the nature of these programs is to change often, instructions are not provided in detail in this pamphlet. However, the various sites will be discussed in the appropriate section of this pamphlet.

Chapter 3

Army Community Services Programs

3-1. Exceptional Family Member Program (EFMP)

The EFMP, working in concert with other military and civilian agencies, is designed to provide a comprehensive, coordinated, multi-agency approach for medical, educational, community support, housing, and personal services to families with special needs. Delivery of reimbursable and non-reimbursable services is based on legislative, DOD authority, and Army policy.

- a. The purpose of the EFMP is to consider the special needs of the EFM during the assignment process, either CONUS or OCONUS; and to assign the Soldier to an area where the EFM's medical and special educational needs can be accommodated, provided there is a valid personnel requirement for the Soldier's grade and specialty. Enrollment in EFMP is mandatory for Soldiers whose dependents meet registration criteria (AR 608-75). Specific criteria can be found here: <http://efmp.amedd.army.mil/enrollment/criteria.html>.
- b. The SFA should be consulted prior to assignment of Soldiers with a Family Member enrolled in the EFMP to ensure that appropriate care is available. Keep in mind, however, that appropriate care does not necessarily mean free. Certainly, whenever possible, such Soldiers will be assigned where there is access to military medical care, but the fact that a Soldier is enrolled in the EFMP will not preclude an assignment away from an installation if the care is available on the civilian side. See AR 608-75, DD 2792 and DD 2792-1.
- c. The SFA's role in EFMP is to:
 - (1) Serve as a liaison with installation EFMP managers.
 - (2) Assist the Soldier in locating services/providers for EFMP members.
 - (3) Assist the Soldier in filling out the required DD2792 and DD2792-1.
 - (4) Advise command on EFMP assignment considerations.

3-2. Relocation Assistance Program (RAP)

Frequent moves constitute a mobile lifestyle that places constant pressures on Army Families and creates the need for quality support systems.

- a. The RAP provides information, guidance, and assistance to support Soldiers and their Families when moving into a new community. It is designed to offer a focal point for relocating assistance to Soldiers and their Families, providing current information, guidance, and training during the process. The RAP should augment but not replace the BN's Sponsorship Program.
- b. The SFA is responsible to keep their BN's information current in the "Plan My Move" site. Defense Installation Messaging System (DIMS) is the portal used to access PMM. SFAs will register at <https://apps.mhf.dod.mil/pls/psgprod/f?p=106:2:1172249711293667::NO::> for an account in order to update the BN's information. A USAREC Content Manual download is available on the DIMS site. PMM must have current, timely information, therefore DIMS requires quarterly certification of the PMM information.

3-3. In-Processing

The SFA will in-process each Soldier of their respective command and provide each with a Health Services Packet consisting of information and enrollment instructions relating to TRICARE and the TRICARE Dental Programs. This information may be provided electronically. SFA will maintain a record of Soldiers who have been briefed. Incoming Soldiers will be briefed on the following topics:

- a. Medical Services.
 - (1) How to change or start TRICARE enrollment
 - (2) How to get emergency/urgent care
 - (3) How to get dental care
 - (4) How to get prescriptions filled
 - (5) How to get specialty care
 - (6) Enrolling newborns
- b. Community Resources.
 - (1) EFMP
 - (a) Eligibility, enrollment and update procedures
 - (b) EFM Systems Navigators
 - (2) Ready Army
 - (a) Provide Ready Army brochure (downloadable from <http://www.acsim.army.mil/readyarmy/>)
 - (b) Encourage Soldier and Family to build a kit and make a plan to increase individual and Family preparedness
 - (3) Family Member Employment local resources and sites
 - (4) AFTB
 - (a) Determine what AFTB training (if any) family member or Soldier has completed
 - (b) Discuss AFTB as Future Soldier retention tool
 - (5) Provide unit FRG contact
 - (6) Family Advocacy Program:
 - (a) Discuss purpose of FAP
 - (b) Discuss reporting requirements
 - (7) Chaplain Support:
 - (a) Provide BDE& USAREC chaplain phone numbers
 - (b) Provide any local chaplain contact information
 - (8) Army Emergency Relief:
 - (a) Types of assistance available
 - (b) Procedures for getting assistance
 - (c) Other Community financial assistance resources
 - (9) Other Resources:
 - (a) Military One Source
 - (b) Child Care Subsidy Program.

3-4. Information & Referral (I&R)

A well-implemented I&R program provides information regarding military and civilian community resources. As a means to identify and provide access to such resources, it delivers a solution to the challenges of negotiating the maze of community services. An effective I&R service assists Soldiers and Family Members by connecting them with needed support and informing them of programs and services for which they are eligible.

a. Program Objectives:

- (1) To provide commanders, Soldiers, and Families with information regarding military and civilian community resources.
- (2) To link Soldiers and Families with available and appropriate resources at the lowest cost and without duplication of effort.
- (3) To assist in long-range community planning by identifying duplications, problems, and gaps in the service-delivery system.

b. An effective I&R program requires that an SFA be proactive in finding resources and nurturing relationships with the agencies that provide these services. An SFA's relationship with these agencies is key to a successful I&R program.

3-5. Army Emergency Relief (AER)

AER provides emergency financial assistance to Soldiers and their Families in times of distress. AER exists solely for the purpose of "helping the Army take care of its own."

a. AER gives commanders an important tool to help them accomplish their basic command responsibility for the morale and welfare of their Soldiers and Families.

b. An emergency is an unforeseen and urgent condition that arises suddenly and requires immediate attention. Assistance normally will be a loan; when appropriate a grant or a combination loan and grant will be used. The amount of assistance is commensurate with the emergency need. All AER loans are interest free. A grant is made when repayment in the foreseeable future would cause undue hardship.

c. If a Soldier is located near an Army installation, they should contact that post's AER office for assistance. Those not located near an Army post can call the Red Cross' Military Emergency Assistance number (877-272-7337) for AER assistance.

3-6. Family Member Employment Assistance

The primary purpose of the Family Member Employment Assistance Program is to assist eligible Family Members who are relocating as a result of a military PCS by providing accurate, timely information and other supportive services necessary to minimize the employment difficulties associated with the move.

a. Program objectives are to maximize opportunities for employment of Family Members by providing information and referral services to those agencies that provide training on job search skills, assistance in resume preparation, and career goal setting; to assist in overcoming obstacles imposed by frequent relocations; and to provide positive support and encouragement to Family members in their job search and career development efforts. The SFA should publicize that spouses may be eligible for unemployment if they quit a job due to their sponsor's PCS.

b. Both Military OneSource (<http://www.militaryonesource.mil>) and Army OneSource (<http://www.myarmyonesource.com>) websites have the most current Spouse employment and education updates. The SFA is responsible for disseminating employment-related information and opportunities to the BN's families.

3-7. Financial Readiness

This program focuses on improving the Soldier's personal financial status and ability to perform as an informed consumer. Program objectives are to help Soldiers and Families improve their financial status. This is accomplished by providing information, resources, and referral services for basic financial management skills, debt consolidation or liquidation services and financial assistance as needed. Each BDE has a contracted Personal Financial Counselor (PFC) available. The BDE SFA is the POC for information concerning the PFC. Additionally, many states have a Joint Services PFC. Contact information can be found at: <http://www.jointservicessupport.org/>

3-8. Army Family Action Plan (AFAP)

AFAP is a grassroots program to identify issues of concern to America's Army Family. Through this process, issues requiring action are prioritized, given measurable objectives for acceptable change, and assigned to a lead agency to be worked. The focus of the process is on four distinct levels: Unit (BN), BDE, MACOM, and HQDA.

a. The AFAP is a Chief of Staff of the Army program that identifies and resolves Soldier and Family issues that impact the overall readiness of the Army. AFAP has resulted in legislative changes, policy or regulatory changes, and improvements to programs and services.

b. AFAP Definitions:

(1) Issues: Issues that will be discussed and developed in the symposia work groups will be those that impact a large population. They may address any or all segments of "America's Army," Active duty, Reserve, National Guard, DA Civilian, Retiree, and their Family Members.

(2) Pet Rocks: Are issues that are personal in nature and local in scope. Generally they are limited to a narrow geographic or experiential range. They do not affect the total Army, however, they are very important, and often the easiest to solve. Pet rocks also serve to alert the command of trends that need to be addressed.

c. The AFAP process begins at the unit level. Battalion SFAs direct the AFAP process for their BNs. The SFA will solicit issues from the field via email, surveys, social media and FRGs; this should be done on a continual basis throughout the year. Issues can also be submitted via Army OneSource at:

<https://www.myarmyonesource.com/skins/aos2/display.aspx?moduleid=a10586da-73a1-4402-9107-58b7bf046a21> A submitted issue must identify the scope of the problem and have a recommended solution. The SFA must research issues submitted by the field to ensure that they are not an Active Issue already before submitting to BDE. To search the progress of Army Family Action Plan Active Issues, visit Army OneSource (AOS), (www.myarmyonesource.com) click on "Family Programs and Services" then click on "Army Family Action Plan AFAP Issue Search" to access the search application. The search can be customized. Also, if the user has a question regarding an Active Issue, they can pose a question through email and receive a response from AOS within 72 hours.

d. Issues that are strictly local are referred to as "pet rocks." Pet rocks that can be resolved at the BN or lower level are retained for resolution. Issues requiring BDE or higher level are forwarded to the BDE SFA, and if necessary, on to HQ USAREC AFAP Review Committee then possibly to the Assistant Chief of Staff for Installation Management's General Officer Steering Committee for consideration. Budgetary restraints have dictated that AFAP symposiums be held via tele- or video-conference for geographically separated units, so neither BN or BDEs hold in-person AFAP symposiums.

3-9. Army Family Team Building (AFTB)

The AFTB program is about readiness: mission readiness and family readiness, adapting to Army life, accepting challenges, dealing with change, and developing life skills.

a. The goal of AFTB is volunteer Family Members helping other volunteer Family Members. AFTB is a Family Member grassroots-driven program that is divided into three levels of instruction. The training is progressive and sequential.

b. SFA responsibility in the AFTB arena is primarily managing the program. Due to current budget constraints, Family Members will not be put on TDY to attend AFTB training. However, all three levels of AFTB classes are offered online through Army OneSource. https://www.myarmyonesource.com/skins/aos2/display_ajax.aspx?moduleid=A53B8C22-018C-40C9-B51F-D6A1263C9889

3-10. Child Care Subsidy

The DoD has a child care subsidy program which helps eligible military Families reduce the cost of child care in the community when the service is not available on an installation or the family is located in a Remote area. It compensates for some or all of the gap between the on-post cost of child care and the cost for care outside the gates.

a. For the subsidy, a Family must provide documentation certifying the spouse is working, looking for work, or attending school, and child care providers must prove they are qualified to provide the care. The contractor who administers the program is subject to change yearly, therefore, please contact the BDE SFA for current contractor information.

3-11. Disaster Preparedness

The SFA's involvement in Disaster Preparedness is limited. The SFA supports the BN's Disaster Preparedness Plan (DPP) and will publicize the Ready Army program to the field. Ready Army is the Army's proactive campaign to increase the resilience of the Army community and enhance the readiness of the force by informing Soldiers, their Families, Army Civilians and contractors of relevant hazards and encouraging them to Be Informed, Make a Plan, Build a Kit and Get Involved. Through outreach and education, Ready Army calls the Army community to action and aims to create a culture of preparedness that will save lives and strengthen the nation. <http://www.acsim.army.mil/readarmy/>.

a. The Battalion's DPP seeks to mitigate the effects of a hazard, to prepare measures to be taken which will preserve life and minimize damage, to respond during emergencies and provide necessary assistance, and to establish a recovery system in order to return the unit to its normal state of operations.

b. These disasters include severe flooding, winter storms, hurricanes, fires, tornadoes, and terrorist bombing. Units with updated plans are better able to prepare for and recover from disasters.

c. The role of the SFA for disaster preparedness is to publicize services available through TRICARE, such as early prescription refill eligibility and information on seeking medical care and services from someone other than the assigned Primary Care Manager (PCM). The SFA would also coordinate with military and community services and resources as necessary.

d. SFAs are not allowed to coordinate nor endorse any fund-raising efforts for Soldiers and/or Families who have been affected by natural disasters or other tragedies. See Joint Ethics Regulation 3 -210.a(2)

3-12. Military OneSource Service Provider Resources (MOS)

Military OneSource provides a wide range of quality of life resources and information for Soldiers and their Families. MOS also provides resources for those who serve this population. SFAs should register for the MOS site as a “DoD Service Provider” and be familiar with the services and resources MOS provides to the field.

a. Topics Customized for Service Providers:

- (1) Casualty Assistance
- (2) Child Abuse and Domestic Abuse
- (3) Children, Youth & Teens
- (4) EFMP/Special Needs
- (5) K-12 and College Education
- (6) Money Management
- (7) Morale, Welfare & Recreation
- (8) Moving
- (9) Non-medical Counseling
- (10) Parenting
- (11) Spouse Education & Career Opportunities
- (12) Transition Assistance
- (13) Voluntary Education
- (14) Wounded Warrior

b. Downloadable Resources for Service Providers include:

- (1) Downloadable Fliers
- (2) Military OneSource Presentations
- (3) Specialty Consultations Fact Sheet (PDF)
- (4) Quick Reference Guides
- (5) Sesame Workshop
- (6) Military Family Readiness Council

3-13. Other Family-Related Programs

Retirement Services: The SFA’s primary mission is to provide assistance and support to recruiting personnel and their Families. Over the years, however, SFAs’ presence has become visible to other agencies and our names and phone numbers have been published in a number of reference documents. Because of that, we are becoming known as an additional resource to the retired community. The assistance most requested relates to TRICARE, although occasionally other questions arise. We should never deny assistance to anyone, but the emphasis must remain on recruiters and their Families.

3-14. Volunteers

a. AR 608-1 establishes the Army’s policies and procedures on the acceptance and management of volunteers in detail; that information will not be recreated here. However, the below covers the basics of volunteer management in USAREC. Volunteers may not be used to replace paid employees, so the SFA must be mindful of the type of work a volunteer is asked to perform. SFAs may have Family Program volunteers at the BN-level to assist in ACS-type programs, including AFAP, AFTB, Relocation, and Financial Readiness. Please note: FRGs are not considered ACS programs – they are Commanders’ programs.

b. Volunteers must sign a volunteer agreement and work under a job description. Keep in mind: Company Commanders are responsible for recruiting, selecting, and approving FRG volunteers as the FRG is a Commander’s program.

c. Volunteer Management Information System (VMIS). The Volunteer Management Information System (VMIS) is the Army’s online volunteer management tool. The system provides a standardized system across the Army for volunteers to document their service history. All Army volunteers are required to register on the site (www.myarmyonesource.com) to complete a volunteer profile and to document hours. User guides are available under “Volunteer Tools” on the site and will not be replicated here.

d. Army Volunteer Corps Coordinator (AVCC) The SFA is the Battalion’s AVCC, and must register as the AVCC through VMIS. The AVCC roles and responsibilities are as follows:

- (1) Must be authorized by the AVC Program Manager or AVC Region Manager (HQ USAREC SFAB).
- (2) Authorizes and manages AVC Organization Points of Contact, AVC Coordinator Assistants, and AVC Volunteers.
- (3) Posts volunteer positions, reviews volunteer applications, verifies volunteer hours, and works with organizations

needing volunteers.

(4) Responsible for volunteer activities within a community, and works with organizations that have available volunteer opportunities.

e. Army Volunteer Corps Organization Point of Contact (OPOC). The OPOC oversees the Army volunteer service for their specific organization and must register as the OPOC through VMIS. For example, an OPOC for the local American Red Cross Office provides oversight of the volunteers that support the American Red Cross in the community. Any volunteer working in the office or at events should be able to log their hours within VMIS and it is the OPOC's responsibility to assist and support them, ensure the necessary positions are listed under the appropriate organization and approve the hours recorded by these volunteers for your organization. The OPOC roles and responsibilities are as follows:

(1) Must be invited by email invitation and authorized by the Army Volunteer Corps Coordinator.

(2) Manage volunteer positions within their Organization, volunteer applications, volunteers, and volunteer hours at an affiliated organization for a specific community. One user can be an Organization Point of Contact for many organizations and an organization may have multiple Organization Points of Contact.

(3) Duties include posting positions for their organization, reviewing applications, and certifying volunteer hours for their organization. Please note: the SFA may be both the AVCC and the OPOC.

f. Volunteer Recognition: Volunteer recognition and awards demonstrate appreciation and recognize the value of volunteers. It is the SFA's responsibility to stay current on USAREC volunteer recognition standards and available items. Additionally, SFAs may want to utilize UF 608-6.1 "USAREC Spouse Appreciation Certificate" for those spouses departing the unit due to PCS/Retirement/ETS.

g. Family Action Council (FAC):

(1) Family Action Council/Committees, (also known as FRG Steering Committees) *may* be established to provide input and guidance as to the desired structure and goals of the BN Family Readiness Group (FRG) program. They should identify, monitor, and surface concerns of the serviced population, and will serve as the company liaison between company and station Family Members and the BN command and SFA.

(2) Normally, FAC members are comprised of a BN-level volunteer and the company Family Readiness Group (FRG) leaders. Very large companies may want to have more than one representative. The FAC is an advisory committee representing the Soldiers and Family Members of their respective company as well as the BN as a whole. The SFA is involved in the FAC in an advisory capacity only; they should NOT be a member of the FAC, as federal employees may not volunteer for a program in which they are employed. (See AR 608-1)

h. Family Readiness Group (FRG):

(1) An FRG is comprised of the company volunteer representative, other volunteers within the company and stations, and other Family Members who provide social and emotional support and information to both Soldiers and Family Members. FRG's are established as official Army entities to provide activities and support that enhance the flow of information, increase the resiliency of unit Soldiers and their families, provide practical tools for adjusting to military deployments and separations, and enhance the well-being and esprit de corps within the unit.

(2) The formation of an FRG cannot be mandated. Rather, it can be encouraged by the command, and envisioned by the members. An FRG will not be successful until the Family Members perceive a need; nor will it be successful until Family Members become willing to get involved. There is no "best way" to structure an FRG. It must be tailored to the needs of the unit, its mission, and the makeup of the Family Members. The geographically-separated nature of USAREC can make traditional FRG meetings difficult, if not impossible. Company Commanders should make use of social media, video conferencing, and teleconferencing for FRG meetings and dissemination of information. FRGs are Commander's program; the SFA serves to advise and provide training to volunteers and commanders.

(3) AR 608-1 is the governing regulation for FRGs; that information will not be duplicated here.

i. Virtual Family Readiness Group (vFRG):

(1) The vFRG web system was developed to assist commands in communicating with Soldiers, civilian employees, and Family Members, both immediate and extended. It is a forum to provide timely, accurate information in a secured environment to authorized membership.

(2) The SFA will assist the Companies if they choose to have company-level pages.

(3) Complete information, including an SOP, User Guides, webinars and other resources regarding the vFRG are available at www.armyfrg.org.

j. Funds Management:

(1) Funding of Family Programs comes in several “flavors.” The following paragraphs provide descriptions.

(a) Appropriated Funds (APF): Appropriated funds, sometimes referred to as mission funds, are those used to conduct normal business, for example, SFA travel. Appropriated funds may also be used to resource the SFA program’s day- to-day operations with supplies and materials, as well as SFA professional development. Appropriated funds can also be used to pay for FRG volunteer reimbursements such as childcare, mileage, and reimbursing long distance telephone charges made during the time spent volunteering. QACS (Quality Army Community Service) funds are also APF, set aside for SFA Programs. BDE SFAs manage their BDE-allocated QACS Funds and are responsible for ensuring 95% execution of allocated QACS by the assigned year-end suspense set by HQ USAREC Chief SFAB. BDE SFAs will coordinate with BN SFAs to create a QACS spend plan that allocates funding to each of their BN SFAs annually. BDE SFAs will coordinate with their BDE S8 to track all BDE and BN travel and purchase requests, to ensure they are approved and included on the QACS monthly balance sheet by their S8. BDE SFAs will provide HQ USAREC Chief SFAB monthly status reports of QACS spending to ensure all funds are obligated and executed to 95% by the assigned year-end suspense date.

(b) Self-Sufficiency Exempted (SSE) Non-Appropriated Funds (NAF): SSE NAF funds are used for volunteer recognition, volunteer incentive items (plaques, pins, etc.), AFTB incentive items, and volunteer reimbursements, as per the USAREC SSE NAF SOP and AR 215-1, paragraph 5-13 (m), (n) and (q), dated 24 September 2010. BDE and BN Commanders will appoint SFAs as the SSE NAF fund Custodian and an alternate SSE NAF Custodian on Memorandum of Appointment orders. Appointment orders will be kept on file with the SSE NAF records at all times. Please note that DA has determined that, as FRGs are Commander's programs, they must be funded with APF funds. SSE NAF funds are NOT to be used for FRG volunteer reimbursement, but can be used for FRG volunteer recognition. SFAs are to follow the yearly guidelines published by USAREC regarding the appropriate use of, and accounting for, all SSE NAF Funds. If an SFA has a question regarding the legality of an SSE NAF purchase, ask the BDE SFA BEFORE buying. In some cases, the BJA may be required to advise on the legality of the SSE NAF fund's use.

(c) FRG-Raised (Informal) Funds: This pot of money is generated by the FRG for the FRG. Guidelines should be agreed on and followed as to the management of these funds. Appendix J of AR 608-1 details how FRGs are funded and will not be duplicated here, however, it is important to note the following: Each FRG cannot earn more than \$10,000 annual gross income per calendar year. Gross income means all income raised prior to deducting the expenses. This includes money raised through fundraising and donations. The FRG may not engage in external fundraising and may not solicit gifts and donations. Earning more than \$10,000 in a calendar year leaves the FRG responsible for federal and state tax ramifications. The FRG’s primary purpose is not to raise and maintain funds; funds MUST be raised for a specific purpose. Examples of authorized use of informal funds include FRG newsletters that contain predominantly unofficial information and purely social activities, including, but not limited to, parties; social outings, volunteer recognition (not otherwise funded with APFs), and picnics.. Examples of unauthorized use of FRG informal funds include augmenting the unit's informal funds (the unit's cup and flower funds); purchasing items or services that are authorized be paid for with APF; purchasing traditional military gifts, such as Soldier farewell gifts that are not related to family readiness; and funding the unit ball.

(d) Personal Funds: Many times, commanders try to tap SSE-NAF funds to pay for going away gifts for departing spouses, flowers, birthday and sympathy cards, paying for the band at the ATC, etc. While these are all nice-to-do things, the only funds available to pay for them are FRG-raised funds or out-of-pocket.

Chapter 4. TRICARE Beneficiary Counseling and Assistance Coordinator (BCAC)

4-1. References. AR 40-3 USAREC Operation Order 16-0001, Appendix 3 to Annex F

4-2. Purpose. To prescribe the principle functions of the Beneficiary Counseling and Assistance Coordinator (BCAC) in assisting recruiting personnel and Family Members to obtain health care.

4-3. Scope. The policies and procedures contained in this pamphlet are applicable to all elements of USAREC.

4-4. SFA Role. As the BCAC, the SFA is required to attend the TRICARE Fundamental Course within 60 days of appointment and to recertify as a BCAC every 3 years. Appointment Orders must be on file for this duty. The SFA must brief every incoming Soldier on the TRICARE program, including enrollment in the proper TRICARE Region. Additionally, the SFA must ensure the Battalion receives health care briefings annually. This can be done at Annual Training Meeting or Company Trainings.

4-5. TRICARE is the health care program for uniformed service members and their families. Information on TRICARE and the dental programs are included in the in-processing brief by the SFA as outlined in Section 3-3a. of this pamphlet.. Enrollment into the desired TRICARE Plan will move to a calendar year open enrollment period beginning in the fall of 2018, during which active enrollment will be required for coverage for the following year. The open enrollment period for will begin on the Monday of the second full week in November and run through the Monday of the second full week in December of each calendar year. Enrollment can be done online, by phone, or via US mail.

a. TRICARE Prime is a managed-care option, similar to a civilian HMO (Health Maintenance Organization). Prime is mandatory for ADSMs and may be available to other TRICARE beneficiaries.

(1) Other TRICARE beneficiaries may be eligible for TRICARE Prime.

(2) TRICARE manages the military health care program, but the Services decide who is or is not eligible to receive TRICARE coverage.

(3) Prime enrollees receive most of their health care at a MTF and their care is coordinated by a PCM. Prime is not available everywhere.

(4) ADSMs and their Families pay no enrollment fees and no out-of-pocket costs for any type of care as long as care is received from the PCM or with authorization for specialty care.

(5) Other Prime options include TRICARE Prime Remote (TPR), TRICARE Prime Overseas and TRICARE Global Remote Overseas . Information about the OCONUS programs can be found at www.tricare.mil.

(a) TPR is the program for service members and their Families who are on remote assignment, typically 50 miles from an MTF.

(6) The TPR program provides civilian healthcare benefits to active duty service members whose permanent duty assignment AND personal residence is 50 miles or more from an MTF. ADSMs whose duty assignment is within 50 miles of an MTF may be eligible for care under TPR if their duty station and residence is more than an hour drive from the MTF.

(a) ADSMs identified as eligible by the military services must enroll in the TPR program. Enrollment is for the tour of duty and does not require annual re-enrollment.

(b) TPR is an enhanced version of the [TRICARE Prime](#) program. For covered services, TPR provides:

1 Comprehensive healthcare benefits to beneficiaries on Active Duty status

2 No cost-shares

3 No co-payments

4 No annual deductibles

5 Services not covered under the TRICARE Prime programs are covered under TPR only when authorized by the military Defense Health Agency Service Point of Contact (SPOC). Services performed by a healthcare professional who is not a TRICARE-authorized provider are covered only with SPOC approval.

6 The BCAC must be thoroughly familiar with the TPR program to avoid giving guidance that causes Soldiers and Families to sustain personal liability for civilian health care charges.

b. TRICARE Select:

TRICARE Select is the basic TRICARE health care program, offering comprehensive health care coverage, for beneficiaries (not to include Active Duty members) not enrolled in TRICARE Prime. With TRICARE Select, Families can get care from any TRICARE-authorized network provider without a referral or prior-authorization for most care. Some procedures (for instance, surgery or in-patient care) require prior authorization. Families will have lower out-of-pocket costs if they use a TRICARE-authorized network provider versus a TRICARE-authorized non-network provider. If they choose a non-authorized non-network provider, they will not be reimbursed by TRICARE Select offers the greatest flexibility in choosing a provider, but it will also involve greater out-of-pocket expenses for the patient. Select beneficiaries may be required to file their own claims.

(1) Select requires that beneficiaries satisfy a yearly deductible before TRICARE cost sharing begins, and the beneficiary is required to pay co-payments or cost shares for outpatient care, medications, and inpatient care.

4-6. Emergency Medical Care

Emergency Medical Care is limited to treatment for conditions which threaten life, limb, or eyesight resulting from accident or illness of sudden onset, which is immediately necessary to prevent undue suffering or pain, or when the urgency of the situation does not permit obtaining the prior approval of the designated approving authority. Care for accidental injury to the teeth alone or emergency room visits for dental pain are considered non-adjunctive dental care and are not covered by the TRICARE medical benefit.. It is confined to the immediate emergency. Placing a temporary (and in very limited cases, a permanent) restoration or filling a tooth is considered part of the emergency. As a rule, however, permanent restorations are not considered to be part of emergency care. Extensive dental care which requires multiple visits is not emergency care and requires prior approval. The prosthetic replacement of teeth or permanent placement of crowns/caps is not emergency care and requires prior approval.

- a. Follow-up care. Non-emergency but necessary health care which must occur as the result of initial treatment. Typically, this would include the removal of sutures, casts, checking post-operative return of functions and the patient's response to treatment, etc. Prior approval is required for follow-up care.
- b. Non-emergency care. This is health care which may be medically necessary but is not required on an emergency basis. Normally, in the direct care system, such care from civilian sources always requires prior approval.
- c. Prior approval. Authorization to obtain civilian health care at Army expense. The Soldier is responsible for ensuring appropriate authorization is obtained.
- d. Unauthorized care. Any health care for which prior approval has not been obtained from the Army-designated MTF approving authority. Unauthorized care also includes care which law or Army policy specifically prohibits from being obtained at Army expense, even though someone erroneously gave initial approval for the Soldier to obtain the care. Payment for all unauthorized care is the personal responsibility of the ADSM. Examples of unauthorized care includes (but is not limited to) the following:
 - (1) Elective care/Non-emergency care rendered without prior approval
 - (2) All health care received after ETS/Separation
 - (3) Acupuncture Services
 - (4) Chiropractor services/care
 - (5) All care erroneously approved pursuant to administrator error

4-7. Urgent Care

- a. Urgent care is not the same as emergency care. Urgent care is to treat conditions that:
 - (1) Don't threaten life, limb or eyesight, however
 - (2) Needs attention before it becomes a serious risk to health.
- b. Examples of urgent care include:
 - (1) Minor cuts
 - (2) Migraine headache
 - (3) Urinary tract infection
 - (4) Sprain
 - (5) Earache
 - (6) Rising fever
- c. Beneficiary should make a "same day" appointment with their PCM for urgent care services whenever possible.
 - (1) Family Members and Soldiers enrolled in TPR do not need a referral for urgent care if they can't see their PCM, even when traveling.
 - (2) Soldiers enrolled in Prime must have a referral before seeking urgent care..
 - (3) If a non-Prime Remote Soldier gets urgent care from another provider without a referral from the PCM, they will be using the [point-of-service option](#) and will incur out-of-pocket expenses.

4-8. Nurse Advice Line

If it's after hours or beneficiaries are not sure if they need to see a doctor, they can call TRICARE's [Nurse Advice Line](#) at 1-800-TRICARE (874-2273)—Option 1, 24 hours per day seven days per week. They can talk to a registered nurse who can:

- a. Answer urgent care questions
- b. Give health care advice
- c. Help them find a doctor
- d. Schedule next-day appointments at military hospitals and clinics

4-9. Administrative

The BCAC keeps the commander aware of health care problems within the Battalion.

- a. The BCAC will maintain continual liaison and coordination with the servicing MTF(s), the TRICARE Regional Contractors, and the Defense Health Agency (DHA) regarding procedures and policies involved in the use of civilian health care by Soldiers of the BN.
- b. Whenever the BCAC is uncertain about information to be given to a ADSM concerning the use of civilian medical care the SPOC representative will be consulted first before the BCAC issues potentially erroneous information which may cause the Soldier to become personally responsible for paying the bill.

Defense Health Agency (formerly MMSO) Service Point of Contact
 P.O. Box 886999
 Great Lakes, IL 60088-6999 (1-888-647-6676)

4-10. Resolving TRICARE Claims.

Many TRICARE claims issues can be resolved fairly quickly. SFAs will learn how to read a TRICARE Explanation of Benefits (EOB) to determine how a claim was paid; if the check was sent to the provider or directly to the beneficiary; and the reason any claim was denied. SFAs will register at the appropriate Regional Contractor's website as a Government Agent to have access to claims, eligibility data, and EOBs.

a. SFAs will contact HQ USAREC SFA Branch to request access to DEERS, to be able to determine eligibility and enrollment for the beneficiaries.

b. Some of the more common claims problems include: providers not sending claims to TRICARE; sending claims to the wrong TRICARE region; or claims being sent under an incorrect SSN. These matters can usually be taken care of by the beneficiary with a call to the provider's billing office. As HIPAA requirements prevent providers from talking with the SFA directly, the SFA should give the beneficiary a concise description of the issue in "insurance lingo" so the beneficiary knows what to say.

c. Enrolling in the Proper Region.

All Soldiers and Family Members coming from another TRICARE Region need to enroll themselves and their Families in their new region by using the Beneficiary Web Enrollment (BWE) site, telephone, or mail using DD2876. Online: <https://www.dmdc.osd.mil/appj/bwe/index>Action.do;jsessionid=4ZljWuMPrrfnA5ONSY9inyslPjvLPjdLHbXD86SgBIHU2LGh2Cey!-1453500865> . The enrollment application can be downloaded from www.TRICARE.mil.

4-11. Pharmacy

a. TRICARE provides a world-class pharmacy benefit to all eligible Service Members, including TRICARE for Life beneficiaries entitled to Medicare Part A and Part B based on their age, disability and/or end-stage renal disease. Eligible beneficiaries may fill prescription medications through:

- (1) MTF pharmacies
- (2) TRICARE Mail Order Pharmacy
- (3) TRICARE retail network pharmacies
- (4) Non-network pharmacies

b. TRICARE's mandatory generic drug policy requires that prescriptions be filled with a generic product if one is available. Links to the TRICARE formulary can be found here: <http://www.TRICARE.mil/CoveredServices/Pharmacy/Drugs.aspx>. The formulary site also has the necessary forms to request that a name-brand drug be used instead of a generic. Mail-Order Pharmacy. Federal law requires Family Members to refill prescriptions for select maintenance drugs through TRICARE Pharmacy Home Delivery or at a military pharmacy. Maintenance drugs are those taken on a regular, ongoing basis for chronic, long-term conditions such as those used to control blood pressure. This does not include drugs prescribed for a short-term condition, such as antibiotic alternatives to brand-name drugs. Website: www.TRICARE.mil/pharmacy. Beneficiaries who don't utilize the mail-order pharmacy for these maintenance medications pay 100% of the cost. This doesn't apply to ADSMs.

4-12. TRICARE & Disaster Preparedness

The SFA publicizes any TRICARE-related information regarding the disaster to the field as soon as possible. TRICARE will initiate emergency refill procedures during a natural disaster (hurricanes, fires, tornadoes, etc.). While those emergency refill procedures are in effect, beneficiaries in that area can take a prescription bottle to any TRICARE retail network pharmacy. Beneficiaries may contact Express Scripts or search the network pharmacy locator at www.express-scripts.com/TRICARE to find a network pharmacy. They should show their uniformed services ID card and, if they have any difficulties getting the prescriptions filled, contact Express Scripts.

a. Finding a provider away from home. If a beneficiary needs to find a TRICARE network provider in a new area after a disaster, they may go to www.TRICARE.mil/findaprovider for military hospital and clinic contact information and links to regional contractors' provider directories. If a TRICARE network provider is not available in their new area, they should contact the regional contractor for the area in which they are located.

b. Important things to remember:

- (1) Beneficiaries should take any current medications or prescriptions when relocating to a new area.
- (2) For enrollees in a TRICARE Prime option, if care is received in a new area or from a provider who is not the PCM, they must keep any receipts and file claims within one year for reimbursement.

c. Anticipate Special Needs. Extra help may be needed during an emergency for people with disabilities or special needs. SFAs should be aware of, and publicize, any community special assistance programs, and how to register with local emergency services agencies or fire departments to ensure help is available when necessary.

d. Know who to contact for help. For information and TRICARE updates throughout an emergency, visit www.TRICARE.mil or the regional contractor's Web site, or call the regional contractor.

4-13. TRICARE Dental Programs (TDP)

The TRICARE Active Duty Dental Program provides civilian dental care to ensure dental care for all ADSMs referred from a military Dental Treatment Facility (DTF) or for eligible beneficiaries who live and work more than 50 miles from a DTF (TRICARE Prime Remote). United Concordia Companies, Inc. (UCCI) administers and underwrites this program. Complete program information including covered benefits can be found at the TRICARE Dental Program website. UCCI has customer service representatives (CSR) in each of its regions. The CSR can be a big help to the SFA in resolving Active Duty dental claim issues.

a. Make a Dental Appointment Remote. Remote ADSMs may personally coordinate their routine (non-specialty dental care such as examinations, cleanings, fillings) covered dental services* as long as the dental treatment is less than \$500 per procedure or appointment, or the cumulative total is less than \$1,500 for treatment plans completed within a consecutive 12-month period.

*NOTE: A listing of covered benefits, to include specialty care, is available in the Benefits section of the UCCI Web site, not all dental procedures are covered under the Remote ADDP.

(1) The following information provides detailed instructions on the steps necessary to receive an appointment with a civilian dentist. For more information, consult the online tutorial for Remote ADSMs.

(2) To coordinate their routine dental care, ADSMs must get an Appointment Control Number (ACN) by completing an Appointment Request Form. The ACN is provided by UCCI and must be obtained prior to receipt of all private sector dental care. This includes initial, annual, and continuation of dental care. The Appointment Request Form provide two options for appointment scheduling:

(a) UCCI's Dental Care Finders can make the appointment for the ADSMs if they select the UCCI option in the "Who will be responsible for scheduling the appointment" field on the form. ADSMs can enter the name and contact information of the dentist they would like to utilize or leave that area blank. UCCI will then coordinate the appointment with the ADSM and a network dentist within two business days of the request. ADSMs who would like to make an appointment immediately should call United Concordia at 1-866-984-ADDP (2337) upon form submission.

(b) ADSMs can personally make an appointment with a UCCI network dentist by selecting the ADSM option in the "Who will be responsible for scheduling the appointment" field on the form. They can request a network dentist that is familiar to them by adding the dentist's contact information in the "Do you have a provider preference?" field on the form.

(c) UCCI will then provide the ADSM with a list of three dentists, to include any that were requested, within two business days of Appointment Request Form submission. ADSMs can also call United Concordia at 1-866-984-ADDP (2337) for the list of three network dentists in their area. The list of dentists provided by UCCI will also include the ADSM's Appointment Control Number (ACN).

(d) It is important for ADSMs to remember that they must wait until they receive the ACN from UCCI before they can make their own appointments.

(e) Additionally, making their own appointments requires the ADSMs to contact UCCI with the dentist's name, date and time of the appointment so their records may be updated. ADSMs may send this information by emailing UCCI at adpdcf@ucci.com or calling 1-866-984-ADDP (2337).

(f) If ADSMs have difficulty getting an appointment within 21 calendar days of request, they can contact UCCI at 1-866-984-ADDP (2337).

b. For Family Members. The TDP is a voluntary, high-quality, premium-based dental plan. Eligible ADSM Family Members must enroll in the program (DD Form 2876) which requires monthly premium payments. For more information, go to www.tricare.mil/CoveredServices/Dental/TDP. Coverage. The TDP covers:

- (1) Exams, cleanings, fluorides, sealants, X-rays, Fillings to include white fillings on back teeth
- (2) Root canals
- (3) Gum surgery
- (4) Oral surgery and tooth extractions
- (5) Crowns and dentures
- (6) Orthodontics and braces
- (7) Scaling and root planing (deep cleaning) for diabetics
- (8) Additional cleaning for pregnant women

c. Dental Program Contractor

(1) After beneficiaries enroll, they can create an account with the current TDP contractor to:

- (a) View dental coverage
- (b) Check a claim
- (c) View claims history
- (d) View explanation of benefits
- (e) Find a dentist

- (f) File a complaint
- (g) View frequently asked questions
- (h) View oral health information
- (i) Download forms and documents

(2) Download the TRICARE Dental Program Benefit Booklet and other materials at <http://www.TRICARE.mil/CoveredServices/Dental/TDP.aspx>

c. TRICARE Retiree Dental Program (TRDP). SFAs will rarely deal with TRDP issues, however, they should be familiar with where to direct Retirees to in order to get information. <http://www.TRICARE.mil/CoveredServices/Dental/TRDP.aspx>

4-14. Well-Being Programs

The SFA is collaterally involved with several Soldier and Family well-being programs. The SFA does not execute the below programs, but must be familiar with them and their role within the programs.

- a. Each BDE has a Unit Ministry Team (UMT) which consists of a Chaplain(s) and a Chaplain's Assistant.
- b. SFAs support the UMTs by promoting the Strong Bonds events (Marriage, Family, and Single Soldier Training) to Soldiers and Family Members. Registration for Strong Bond events is done online at <https://www.strongbonds.org/>.
- c. SFAs are not required to attend these events; however, if given the opportunity it can be a great way to meet Families and promote SFA programs.

4-15. Family Advocacy Program (FAP)

a. The USAREC Family Advocacy Program (FAP) is the Commander's program to promote the awareness and prevention of domestic violence (child and spouse/partner abuse) throughout the command in accordance with AR 608-18*.

b. The goal of the USAREC FAP is to prevent domestic violence through:

- (1) Prevention education and bystander invention for all members – Soldiers, Civilians, and Families.
- (2) Coordination for prompt investigation and assessment of all reported incidents.
- (3) Professional care for emotional and physical injuries of abuse victims and affected Family Members.
- (4) Counseling/treatment for offenders by counseling professionals.
- (5) Disciplinary or administrative action against the offender by the commander as deemed necessary.

c. Commander's Roles.

(1) Attend spouse and child abuse education programs annually.

(2) Schedule time annually for Soldiers to attend mandatory domestic violence awareness classes in accordance with AR 608-18.

(3) Report all alleged or suspected domestic violence to the designated point of contact and to the BDE FAPC.

Ensure that criminal violations are reported to the appropriate law enforcement personnel and Brigade Judge Advocate (BJA).

(4) Ensure proper reporting in accordance with USAREC Reg 190-4 "Incident Reporting" guidelines.

(5) Attend (Company Commanders or 1SG) CRC case presentations pertaining to their Soldiers.

(6) Ensure Soldiers attend individual or group counseling programs established by CRC, civilian agency, court-ordered, or self-referred for Soldiers involved in domestic violence incidents.

(7) Report any Soldier to the BDE FAPC or Brigade Judge Advocate (BJA) who is convicted of a misdemeanor crime of domestic violence.

(8) In accordance with the Lautenberg Amendment, commanders will notify all Soldiers that it is unlawful to possess firearms and ammunition if they have a conviction of a misdemeanor crime.

(9) Attempt to have firearms removed from a Soldier's home or immediate possession if there has been a perceived or expressed threat to spouse/partner or children.

d. Brigade FAP Role.

- (1) Coordinate the administration, prevention, evaluation, and training efforts of the FAP within their BDE.
- (2) Develop a BDE-wide community education program to:
 - (a) Inform all personnel annually, in accordance with AR 608-18, about the causes, effects, and prevention officers of child and spouse abuse.
 - (b) Provide prevention training to Soldiers and their Families during training events throughout the BDE.
 - (c) Publicize procedures for timely reporting incidents of spouse and child abuse.
 - (d) Promote awareness of services available to Soldiers and Families in crisis.
 - (e) Emphasize the importance of command leadership and total community involvement in the BDE FAP.
 - (f) Contact the Soldier's unit to gather additional information about the reported incident, see what action the chain of command has taken, determine the need for a safety plan and, if needed, enact safety plan.
 - (g) Notify the nearest military installation with CRC capability about the reported incident (also send a copy of SIR, the police report, or other documents provided by the unit) and provide contact information for the Soldier, Soldier's chain of command, and Family Members.
 - (h) Serve as a liaison between the commands and servicing Family Advocacy staff and intervene in any problems that develop (i.e. lack of contact, uncooperative member or command). Maintain contact and coordination with the servicing FAP staff at least monthly until the CRC closes the case.
 - (i) Notify unit commanders and USAREC FAPM regarding any changes in the status of FAP cases.
 - (j) Brief unit commanders, senior enlisted advisors, and BDE/BN SFAs regarding the FAP within 45 days of assumption of command or position.
 - (k) Conduct staff assistance visit with each BN at least once a year to check program compliance with this policy and AR 608-18.
 - (l) Attend a minimum of thirty hours of professional development training directly related to the FAP.

e. SFA Role.

- (1) Assist the command and staff with emergency procedures to stabilize situations and ensure victim protection in cases where abuse is reported.
- (2) Ensure immediate notification of the BDE FAPC of any domestic assault incidents as soon as possible.
- (3) Receive a FAP briefing within 45 days of assumption of the position.

* Note: To Correspond with AR 608-18 provides regulatory guidance for the FAP.

4-16. Military Family Life Consultants (MFLC) AND Personal Financial Counselors (PFC)

The DoD is committed to supporting military families, recognizing that service to our nation places a heavy demand on military families.

- a. The Office of the Secretary of Defense contracts the MFLC program. MFLCs work at military installations both stateside and overseas and at non-installation based units such as USAREC. MFLCs/PFCs assist Service members and their Families with a variety of issues through the cycles of deployment and reintegration back to their families and communities.
- b. The program was designed to deliver short term, situational, problem-solving non-medical counseling services. MFLC support addresses issues that occur specifically within the military lifestyle and helps Service members and Families cope with normal reactions to the stressful or unfamiliar conditions created by living in remote locations away from military installations. The services of MFLCs are intended to augment existing military counseling services.
- c. The consultants' role in this program is unique in that they are not working as traditional therapists. The primary MFLC role is to assess needs, provide support or refer to appropriate resources as necessary. Assisting a Military Service member or Family in developing an action plan to address a problem is a key component of the program.
- d. The MFLC program provides support for a range of issues including relationships, crisis intervention, stress management, grief, occupational and other individual and family issues. Psycho-educational presentations on reunion/reintegration, stress/coping, grief/loss and deployment are provided to commands, Family Readiness Groups, and other requested locations. Support for these issues empowers individuals during the problem-solving process, increases individual and family competency and confidence in handling the stressors of military life and ensures that issues do not impair operational readiness.
- e. The PFC Program offers a full menu of financial services to ADSMs and their Families.
- f. The SFA works with their Company Commanders to develop a schedule for the PFC/MFLC to visit the Parameters of the contract such as length of the visit and mileage restrictions are determined and distributed by Office of the Secretary of Defense (OSD) through USAREC SFA Branch. The SFA will promote these visits via email, social media, and FRGs.

4-17. Joint Family Support Assistance Program (JFSAP)

The National Defense Authorization Act of 2007 authorized the JFSAP to deliver mobile family support and services to families facing the same deployment-related challenges as installation-based families, but whose access to support is more challenging. JFSAP has been available in all states and territories since September 2008.

a. JFSAP teams serve members and Families from all Components and collaborate with existing family support resources to augment their activities and fill gaps where they exist. JFSAP teams provide the following services and resources:

- (1) Information and referrals to community services and support.
- (2) Non-medical counseling and education to individuals, families, and groups.
- (3) Child and youth services, including assistance locating child care financial education and counseling.
- (4) On-demand support for Annual Training Meetings.

b. JFSAP teams deliver services in local communities through collaborative partnerships with federal and non-federal entities, enhancing community capacity to serve military families.

c. An online request form enables commanders to request on-demand resources including non-medical counseling, financial services, and MOS resources. <https://supportrequest.militaryonesource.mil/Site/RequestMgt/OnDemandRequest/Create>

d. All National Guard and Reserve members and their families are eligible, as are ADSMs and their Families who are geographically dispersed from an installation (that is, USAREC).

4-18. Morale Support Activity

The USAREC morale support activity consists of Information and Travel (IT) and recreation/sports programs.

a. Armed Forces Vacation Club (AFVC)

The AFVC is a "space available" program that offers Department of Defense-affiliated personnel the opportunity to take affordable condominium vacations at resorts around the world for less than \$400 per unit per week. When Recruiting personnel use this program, 10 percent of the fee is sent back to the installation. Since Recruiting doesn't have an installation, the 10 percent dividend is sent to USAREC. Participants should use "USAREC 235" on the installation listing.

(1) USAREC has determined that the AFVC falls under the SFA purview as a program that benefits our recruiting Soldiers and Families. It is the SFA's responsibility to publicize the program.

(2) More information can be found at their website: <https://www.afvclub.com/>

b. YMCA Program

The DoD has contracted with the Armed Services YMCA (ASYMCA) to fund YMCA memberships at participating YMCAs throughout the United States and Puerto Rico for Active Duty Personnel at Independent Duty Stations. In most Battalions, the S-1 or S-4 is responsible for the "gym program." However, it is up to the Battalion Commander which Section has the responsibility for the program. Detailed guidance on the program is put out annually and will not be reproduced here.

Appendix A References

Section I Required Publications

AR 215-1

Administration of Army Morale, Welfare, and Recreation Activities and Non-Appropriated Fund Instrumentalities.
(Cited in para 3-14i(b))

AR 608-1

Army Community Service. (Cited in para 1-6, 2-3a (20), 4-5, 4-5a (1), 4-5b (2), and 4-5d (4).)

AR 608-18

The Army Family Advocacy Program. (Cited in para 6-5a (1), 6-5a (7), 6-5b (1), 6-5b (2), 6-5c (2), 6-5d(3) (a), and 6-5e (1).)

AR 608-75

Exceptional Family Member Program. (Cited in Para 3-1a.)

USAREC Operation Order 16-0001, Appendix 3 to Annex F. (Cited in Para 4-1.)

USAREC Reg 380-4

USAREC Security Program

Section II Related Publications

JFTR, Volume 1

Uniformed Service Members.

Section III Prescribed Forms

UF 608-6.1

USAREC Spouse Appreciation Certificate

Section IV Referenced Forms

DD Form 2792

Family Member Medical Summary

DD Form 2792-1

Special Education/Early Intervention Summary

DD Form 2793

Volunteer Agreement

DD Form 2876

TRICARE-Active Duty Family Member Dental Plan (FMDP) Enrollment Election

USAREC Form 190-4.2

USAREC Serious Incident Report Form

Glossary

Section I

Abbreviations

ACN

Appointment Control Number

ACS

Army Community Service

ADDP

Active Duty Dental Program

ADSM

Active Duty Service Member

AER

Army Emergency Leave

AFAP

Army Family Action Plan

AFTB

Army Family Team Building

AFVC

Armed Forces Vacation Club

AOS

Army One Source

APF

Appropriated Funds

AVCC

Army Volunteer Corp Coordinator

BCAC

Beneficiary Counseling and Assistance Coordinator

BDE

Brigade

BN

Battalion

CRC

Case Review Committee

CSC

Community Service Coordinator

DA

Department of the Army

DEERS

Defense Eligibility Enrollment Reporting System

DIMS

Defense Information Management System

DPP

Disaster Preparedness Program

EFMP

Exceptional Family Member Program

FAC

Family Action Council

FAP

Family Advocacy Program

FAPC

Family Advocacy Program Coordinator

FAPM

Family Advocacy Program Manager

FRG

Family Readiness Group

HQ USAREC

Headquarters United States Army Recruiting Command

JFSAP

Joint Family Support Assistance Program

MACOM

Major Army Command

MFLC

Military Family Life Consultant

NAF

Non-Appropriated Funds

OSD

Office of the Secretary of Defense

PFC

Personal Financial Counselor

PMM

Plan My Move

QACS

Quality Army Community Service

RAP

Relocation Assistance Program

RS

Recruiting Station

SCSC

State Community Support Coordinator

SFA

Soldier and Family Assistance

SFAB

Soldier and Family Assistance Branch

SFAPM

Soldier and Family Assistance Program Manager

SHARP

Sexual Harrassment and Assault Response Program

SIR

Serious Incident Report

SME

Subject Matter Expert

UCCI

United Concordia Company, Inc.

USAREC

United States Army Recruiting Command

vFRG

Virtual Family Readiness Group

VMIS

Volunteer Management Information System

**Section II
Terms**

There are no entries for this section.

USAREC

ELECTRONIC PUBLISHING SYSTEM

DATE: 14 OCTOBER 2016
DOCUMENT: USAREC PAM 608-6
SECURITY: UNCLASSIFIED
DOC STATUS: REVISION