

COMMAND SPONSORSHIP PACKAGE

v. 15 Jun 16

In order to complete your Command Sponsorship in a timely manner please ensure that you complete the following documents and return them to Career Development. If you have any questions, please feel to contact the Career Development Office at DSN: 552-8080 Option 2.

1. AF FORM 965 (OVERSEAS TOUR ELECTION STATEMENT)

Please leave blank until a representative from Personnel Employment goes over the form with you and witnesses you signing the form. This ensures your status changes from unaccompanied to accompanied.

2. AF FORM 899 (PCS ORDERS)

Attach a copy of your PCS orders and amendments (if applicable) with our Command Sponsorship package. These are the PCS orders bringing you to JBER.

--SUPPORTING DOCUMENTATION

- Marriage Certificate
- Birth Certificate(s) for child(ren) only (children born in Alaska are automatic and will not require a command sponsorship package. For those please report to Customer Service at the People Center)
- Certified Court Documentation stating 51% or more custody
- Dependency Determination (approval)

3. AF FORM 1466 (REQUEST FOR FAMILY MEMBER'S MEDICAL AND EDUCATION CLEARANCE FOR TRAVEL)

Please call or stop by the EFMP office located in the hospital at DSN: 580-4609 (Room number IC-107) to get the forms and the directions needed to start this form.

4. AF FORM 1466D (DENTAL HEALTH SUMMARY)

Must be completed for any family member:

- over the age of 2
- who has not had a dental exam in the last 12 months
- who has any unresolved dental care needs (i.e. tooth pain, orthodontics, periodontal conditions, TMJ/TMD, etc.

Report to the Dental Clinic if you have any dependent(s) meeting the criteria detailed above. Your civilian dentist can also complete this form if you have one before you moved up here. For more specification regarding this please, call DSN: 580-5020.

5. DD FORM 2792-1 (SPECIAL EDUCATION/EARLY INTERVENTION SUMMARY)

Must be completed for all school-aged children and those with an Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP). Sponsor or spouse must complete page 1 and numbers 1 and 2 of the page 3. The school or early intervention personnel must complete numbers 3 – 8 of the page 3. When the child is home schooled the page 2 of the DD FORM 2792-1 will be completed by the parent with school verification that no special education services are being provided by the school. This can be accomplished by a letter/memo from the school or a school representative. Either may co-sign the DD FORM 2792-1 with the parent. You must attach the child's most current ISPS or IEP to this form.

6. COMMAND SPONSORSHIP MEMO

Must be completed. See template available either in person at the MPS or at the link below:

<https://jber.eim.elmendorf.af.mil/673ABW/673MSG/673%20FSS/FSM/FSMPD/Passports/Form/s/AllItems.aspx>

Additional forms may be required at the Family Member Relocation Clearance (FMRC) screening appointment with the medical provider. It is highly recommended that the sponsor/family obtain and complete all applicable forms prior to the scheduled appointment. This will help expedite the process if it is done correctly. All forms may be reproduced. If your family member with special needs is currently receiving care, you can speed up the process by taking the DD Form 2792 to the medical specialist for completion prior to the screening appointment. The summary forms for the medical clearance appointment are as follows:

1. **DD FORM 2792 Pages 1-7 (EXCEPTIONAL FAMILY MEMBER MEDICAL AND EDUCATIONAL SUMMARY)**

Must be completed for any dependent requesting command sponsorship by the primary care provider. This may require waiting until an appointment with the medical provider.

2. **DD FORM 2792, ADDENDUM 1 (ASTHMA/REACTIVE AIRWAY DISEASE SUMMARY)**

Must be completed for any family member with Asthma/Reactive Airway Disease.

3. **DD FORM 2792, ADDENDUM 2 (MENTAL HEALTH SUMMARY)**

Must be completed for any family member with past or present history of any mental health services. (i.e. psychiatric/psychological counseling, group sessions, substance abuse, Family Advocacy Program involvement)

4. **DD FORM 2792, ADDENDUM 3 (AUTISM SPECTRUM DISORDERS AND SIGNIFICANT DEVELOPMENTAL DELAY)**

Must be completed for any family member who has been evaluated or received treatment(s) for autism spectrum disorders and/or significant developmental delays.

Once all the forms (DD Form 2792, DD Form 2792-1; if applicable, AF Form 1466D and the AF Form 1466) have been completed, please bring them into the EFMP office in order to schedule the appointment with the medical review officer to have the AF Form 1466 completed. ALL dependents will need to be present at the scheduled follow-up meeting.

**ALL DOCUMENTS MUST BE COMPLETED PRIOR TO
YOU TURNING THIS PACKAGE INTO
CAREER DEVELOPMENT FOR APPROVAL**

**NOTE: UNLESS YOU WERE MARRIED OR
ACQUIRED
YOUR DEPENDENTS ENROUTE
TO THIS ASSIGNMENT YOU WILL NOT
RECEIVE AMENDMENTS**

(per JTR Vol 1)