PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. AGENCY/SUBAGENCY ORIGINATING REQUEST
Department of Defense
OUSD(P&R)(MC&FP)/EdOp

2. OMB CONTROL NUMBER
a. 0704 - 0411 [ ] b. NONE

3. TYPE OF INFORMATION COLLECTION *(X one)*
(For b. - f., note item A2 of Supporting Statement instructions)

[ ] a. NEW COLLECTION
[ ] b. REVISION OF A CURRENTLY APPROVED COLLECTION
[X] c. EXTENSION OF A CURRENTLY APPROVED COLLECTION
[ ] d. REINSTATEMENT, WITHOUT CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED
[ ] e. REINSTATEMENT, WITH CHANGE, OF A PREVIOUSLY APPROVED COLLECTION FOR WHICH APPROVAL HAS EXPIRED
[ ] f. EXISTING COLLECTION IN USE WITHOUT AN OMB CONTROL NUMBER

4. TYPE OF REVIEW REQUESTED *(X one)*
[X] a. REGULAR SUBMISSION
[ ] b. EMERGENCY - APPROVAL REQUESTED BY: ___/___/___
[ ] c. DELEGATED

5. SMALL ENTITIES
Will this information collection have a significant economic impact on a substantial number of small entities?
[ ] YES [X] NO

6. REQUESTED EXPIRATION DATE
[X] a. THREE YEARS FROM APPROVAL DATE
[ ] b. OTHER:

7. TITLE
Exceptional Family Member Program

8. AGENCY FORM NUMBER(S) *(if applicable)*
DD 2792 and DD 2792-1

9. KEYWORDS
medical records, military personnel, DoD civilians, special education, early intervention, special needs

10. ABSTRACT
The Department of Defense screens family members prior to a Service member or Federal employee being assigned to an overseas location. DD Form 2792 will be completed by physicians for family members who have been identified with special medical need. DD 2792-1 will be completed by school personnel for children who have a special educational need. The information will be used to determine if the medical and educational resources required by the family member are available overseas.

11. AFFECTED PUBLIC *(Mark primary with "P" and all others that apply with "X")*

[ ] a. INDIVIDUALS OR HOUSEHOLDS
[X] b. BUSINESS OR OTHER FOR-PROFIT
[ ] c. NOT-FOR-PROFIT INSTITUTIONS
[ ] d. FARMS
[ ] e. FEDERAL GOVERNMENT
[P] f. STATE, LOCAL OR TRIBAL GOVERNMENT

12. OBLIGATION TO RESPOND *(X one)*
[ ] a. VOLUNTARY
[X] b. REQUIRED TO OBTAIN OR RETAIN BENEFITS
[ ] c. MANDATORY

13. ANNUAL REPORTING AND RECORDKEEPING HOUR BURDEN

a. NUMBER OF RESPONDENTS	43,332
b. TOTAL ANNUAL RESPONSES	43,332
(1) Percentage of these responses collected electronically	30.00 %
c. TOTAL ANNUAL HOURS REQUESTED	19,460
d. CURRENT OMB INVENTORY	7,785
e. DIFFERENCE (+, -)	+ 11,675
f. EXPLANATION OF DIFFERENCE: (1) Program change (+, -)	
(2) Adjustment (+, -)	+11,675

14. ANNUALIZED COST TO RESPONDENTS *(In thousands of dollars)*

a. TOTAL CAPITAL/STARTUP COSTS	$0.00
b. TOTAL ANNUAL COSTS (O&M)	13
c. TOTAL ANNUALIZED COST REQUESTED	13
d. CURRENT OMB INVENTORY	0.00
e. DIFFERENCE (+, -)	+ 13
f. EXPLANATION OF DIFFERENCE:	
(1) Program change (+, -)	
(2) Adjustment (+, -)	+ 13

15. PURPOSE OF INFORMATION COLLECTION *(Mark primary with "P" and all others that apply with "X")*

[P] a. APPLICATION FOR BENEFITS
[ ] b. PROGRAM EVALUATION
[ ] c. GENERAL PURPOSE STATISTICS
[ ] d. AUDIT
[ ] e. PROGRAM PLANNING OR MANAGEMENT
[ ] f. RESEARCH
[ ] g. REGULATORY OR COMPLIANCE

16. FREQUENCY OF RECORDKEEPING OR REPORTING *(X all that apply)*
[ ] a. RECORDKEEPING [ ] b. THIRD PARTY DISCLOSURE
[X] c. REPORTING:
[ ] (1) On Occasion [ ] (2) Weekly [ ] (3) Monthly
[ ] (4) Quarterly [ ] (5) Semi-Annually [ ] (6) Annually
[ ] (7) Biennially [X] (8) Other (Describe) Triennial

17. STATISTICAL METHODS
Does this information collection employ statistical methods?
[ ] YES [X] NO

18. AGENCY CONTACT *(Person who can best answer questions regarding the content of this submission)*

a. NAME (Last, First, Middle Initial)	b. TELEPHONE NUMBER (Include area code)
Rebecca L. Posante	(703) 602-4949

OMB CONTROL NUMBER	TITLE
0704 - 0411	Exceptional Family Member Medical Summary and Exceptional Family Member Special Education/Early Intervention Summary

19. CERTIFICATION FOR PAPERWORK REDUCTION ACT SUBMISSIONS

a. PROGRAM OFFICIAL CERTIFICATION *(Internal DoD Use Only)*

(1) Signature	(2) Date
Leslye A. Arsht, Deputy Under Secretary of Defense (Military Community and Family Policy)	1/20/06

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

(a) It is necessary for the proper performance of agency functions;

(b) It avoids unnecessary duplication;

(c) It reduces burden on small entities;

(d) It uses plain, coherent, and unambiguous language that is understandable to respondents;

(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;

(f) It indicates the retention periods for recordkeeping requirements;

(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:

- (i) Why the information is being collected;
- (ii) Use of information;
- (iii) Burden estimate;
- (iv) Nature of response (voluntary, required for a benefit, or mandatory);
- (v) Nature and extent of confidentiality; and
- (vi) Need to display currently valid OMB control number;

(h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);

(i) If applicable, it uses effective and efficient statistical survey methodology; and

(j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

b. SENIOR OFFICIAL OR DESIGNEE CERTIFICATION

(1) Signature	(2) Date
Patricia L. Toppings, DoD Clearance Officer	28 Aug 06