

## ADMINISTRATIVE REVIEW CHECKLIST FAMILY MEMBER TRAVEL SCREENING INSTRUCTIONS

### GENERAL

The DD Form X678-4 TEST, Administrative Review Checklist, tracks the Family Member Travel Screening (FMTS) documentation process. This form assists the losing FMTS Office Administrative Reviewer in tracking documents for each dependent throughout the FTMS process. It provides a snapshot of screening activities.

**This form is completed by the losing FMTS Office Administrative Reviewer.** The information pertains to the FMTS packet, which includes:

- DD Form X678 TEST, Screening Verification
- DD Form X678-1 TEST, Medical and Educational Information
- DD Form X678-2 TEST, Dental Health Information (as applicable)
- DD Form X678-3 TEST, Patient Care Review (as applicable)
- All associated documents, e.g., DD Form 2792 Family Member Medical Summary and/or DD Form 2792-1 Special Education/Early Intervention Summary with an Individualized Family Service Plan (IFSP)/Individualized Education Plan (IEP)

**One (1) form is completed for the entire family.**

Review DD Form X678 TEST to determine the number of dependents. When a required form is received, note the date (MM/DD). **Do not proceed with the FMTS process until each form that is required is received.**

**BLOCKS 1-4:** Self-explanatory.

**BLOCK 5:** Refer to the DD Form X678 TEST after PART A for Service-specific required attachments.

**BLOCK 6:** Self-explanatory.

**BLOCK 7a:** Review the DD Form X678 TEST BLOCK 9a and list each dependent's name (LAST, FIRST, MI).

**BLOCK 7b:** The DD Form X678-1 TEST is always **REQUIRED** for a listed dependent. Check the "REQUIRED" box and note the date once received for each dependent. If not received, document actions taken in BLOCK 8.

**BLOCK 7c:** Review each dependent's DD Form X678-1 TEST BLOCK 1d to determine if he/she requires a DD Form X678-2 TEST.

**For Airmen:** If the dependent is two (2) years of age and older, a DD Form X678-2 TEST is **REQUIRED**.

**For Soldiers, Sailors, and Marines:** If the dependent is six (6) months of age and older, a DD Form X678-2 TEST is **REQUIRED**.

If a DD Form X678-2 TEST is **REQUIRED**, check the "REQUIRED" box and note the date once received. If required and not received, document actions taken in BLOCK 8.

If a dependent is below the Service-specific required age, a DD Form X678-2 TEST is **NOT REQUIRED**. Check the "NOT REQUIRED" box.

**BLOCK 7d:** Review each dependent's DD Form X678-1 TEST BLOCK 1f to determine if they require a DD Form X678-3 TEST.

If BLOCK 1f is checked "YES", a DD Form X678-3 TEST is **REQUIRED**. Check the "REQUIRED" box and note the date once received. If required and not received, document actions taken in BLOCK 8.

If BLOCK 1f is checked "NO", a DD Form X678-3 TEST is **NOT REQUIRED**. Check the "NOT REQUIRED" box.

**BLOCK 7e:** Review each dependent's DD Form X678-1 TEST PART C to determine if they require a DD Form 2792.

If any circle is checked in PART C, a DD Form 2792 is **REQUIRED**. Check the "REQUIRED" box and note the date once received. If required and not received, document actions taken in BLOCK 8.

If no circles are checked in PART C, a DD Form 2792 is **NOT REQUIRED**. Check the "NOT REQUIRED" box.

**BLOCK 7f:** Review each dependent's DD Form X678-1 TEST BLOCKS 1d-e to determine if they require a DD Form 2792-1.

If BLOCK 1d on the DD Form X678-1 TEST indicates a dependent child is under the age of 22, then review BLOCK 1e.

If BLOCK 1e on the DD Form X678-1 TEST is checked "NO", then a DD Form 2792-1 is **REQUIRED**. Check the "REQUIRED" box and note the date once received. If required and not received, document actions taken in BLOCK 8.

If BLOCK 1e on the DD Form X678-1 TEST is checked "YES", then DD Form 2792-1 is **NOT REQUIRED**. Check the "NOT REQUIRED" box.

If BLOCK 1d on DD Form X678-1 TEST indicates the dependent is 22 years of age and older, then a DD Form 2792-1 is **NOT REQUIRED**. Check the "NOT REQUIRED" box.

**BLOCK 7g:** Review each dependent's DD Form X678-1 TEST PART D to determine if they require an IFSP/IEP attached to the DD Form 2792-1.

If any circle is checked in PART D, an IFSP/IEP is **REQUIRED**. Check the "REQUIRED" box and note the date once received. If required and not received, document actions taken in BLOCK 8.

If the "N/A" box (located at the top of PART D) is checked or if no circles are checked, an IFSP/IEP is **NOT REQUIRED**. Check the "NOT REQUIRED" box.

An IFSP/IEP is **NOT REQUIRED** if a DD Form 2792-1 is also not required (DD Form X678-4 TEST BLOCK 7f checked "NOT REQUIRED").

**BLOCKS 8-9:** Self-explanatory.

**BLOCK 10:** Forward the completed applicable DD Form 2792 and/or 2792-1 with IFSP/IEP to the appropriate Service EFMP POC so that they can determine EFMP enrollment or update the DD Forms on file, if needed. For further Service-specific instructions, refer to the EFMP Quick Reference Guide (QRG) available at <http://download.militaryonesource.mil/12038/MOS/ResourceGuides/EFMP-QuickReferenceGuide.pdf>. Check the appropriate "YES"/"NO" response.

**BLOCKS 11-17:** Self-explanatory.

## ADMINISTRATIVE REVIEW CHECKLIST FAMILY MEMBER TRAVEL SCREENING

(Completed by losing FMTS Office Administrative Reviewer. One (1) form per family.)

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 20 U.S.C. 927, Allotment Formula; DoDI 1315.19, Authorizing Special Needs Families Travel Overseas at Government Expense; DoDI 1342.12, Provision of Early Intervention and Special Education Services to Eligible DoD Dependents; and E.O. 9397 (SSN) as amended.

**PRINCIPAL PURPOSE(S):** Information will be used by the Military Services to identify dependents with special medical and/or educational needs and to determine if additional screenings and evaluations are required to determine the extent of the dependents' needs. This information will enable Military Assignment Personnel to match the needs of dependents against the availability of services.

**ROUTINE USE(S):** Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use. The DoD Blanket Routine Uses set forth at the beginning of the Office of the Secretary of Defense (OSD) compilation of systems of records notices may apply to this system. The complete list of DoD Blanket Routine Uses can be found online at: <http://dpcld.defense.gov/Privacy/SORNsindex/BlanketRoutineUses.aspx>. The applicable system of records notices are: DMDC 02 DoD; Defense Enrollment Eligibility Reporting Systems (DEERS), EDHA 07: Military Health Information System, EDHA 16: Special Needs Program Management Information System (SNPMIS), DoDEA 26: DoDEA Educational Records, DoDEA 29: DoDEA Non-DoD Schools Program. The SORNs may be found at <http://dpclo.defense.gov/Privacy/SORNsIndex>

**DISCLOSURE:** Voluntary for civilian employees and applicants for civilian employment. Mandatory for military personnel; failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The Social Security Number of the sponsor (and the sponsor's spouse if dual military) allows the Military Healthcare System and Service personnel offices to work together to ensure any special medical needs of your dependent can be met at your next duty assignment. Dependent special needs are noted in the official military personnel files which are retrieved by name and Social Security Number.

1. SPONSOR NAME (LAST, FIRST, MI)	2. RANK/GRADE	3. SPONSOR SSN	4. SERVICING PAS CODE (Air Force only)
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5. Has the family submitted the DD Form X678 TEST Screening Verification with Service-specific attachments?  YES  NO

6. Indicate the year of the screening (YYYY) \_\_\_\_\_

7a. NAME (LAST, FIRST, MI)	7b. DD FORM X678-1 TEST		7c. DD FORM X678-2 TEST		7d. DD FORM X678-3 TEST		7e. DD FORM 2792		7f. DD FORM 2792-1		7g. IFSP/IEP (Attached to DD Form 2792-1)	
	Required Rec'd <input type="checkbox"/>	Not Required <input type="checkbox"/>	Required Rec'd <input type="checkbox"/>	Not Required <input type="checkbox"/>	Required Rec'd <input type="checkbox"/>	Not Required <input type="checkbox"/>	Required Rec'd <input type="checkbox"/>	Not Required <input type="checkbox"/>	Required Rec'd <input type="checkbox"/>	Not Required <input type="checkbox"/>	Required Rec'd <input type="checkbox"/>	Not Required <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If the FMTS packet is not complete, list actions taken to obtain required information and the corresponding dates. (Provide information in chronological order. Attach an additional sheet if necessary.)

D R A F T

9. Comments for losing Appointed FMTS Medical Screener's review. (Attach an additional sheet if necessary.)

10. I have forwarded any applicable DD Form 2792 and/or 2792-1 with IFSP/IEP to the appropriate Service-specific EFMP enrollment POC.  N/A  YES  NO

### ADMINISTRATIVE REVIEWER AUTHENTICATION AND DISPOSITION

(Do not complete until after the face-to-face interview.)

I have completed the DD Form X678 TEST Screening Verification PART D and forwarded the FMTS packet following Service-specific guidance.

11. ADMINISTRATIVE REVIEWER NAME (LAST, FIRST, MI)	12. RANK/GRADE	13. TITLE/DISCIPLINE	14. PHONE Commercial: DSN:
15. SIGNATURE	16. LOSING FMTS OFFICE LOCATION		17. DATE (YYYY/MM/DD)