Agency Disclosure Notice (ADN)

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ELIGIBILITY

- 1. In what Service were you on active duty on August XX, 2022?
 - Army Navy Marine Corps
 - Air Force

None, you were separated or retired

- 2. Do you have any dependent(s) who are <u>currently</u> enrolled in the Exceptional Family Member Program (EFMP)?
 - X Yes X No

BACKGROUND INFORMATION

3. What is your current paygrade?



4. How long have you served on active duty? To indicate less than 1 year, enter "0". To indicate 35 years or more, enter "35".

|--|

- 5. How old are you?
 - Years old
- 6. What is your marital status?
 - 🔀 Married
 - Separated
 - Divorced
 - Widowed
 - Never married
- 7. [Ask if Q6 = "Divorced" OR Q6 = "Widowed" OR Q6 = "Never married"] Do you have a significant other?
 - 🔀 Yes
 - No No
- 8. [Ask if Q1 = "Army" AND Q7 = "Yes"] Do you live full-time with your significant other?
 - Yes Xo
- 9. [Ask if Q1 = "Army" AND Q6 = "Married" OR Q6 = "Separated" OR Q7 = "Yes"] Does your current spouse/partner have any military experience?
 - Spouse/partner is currently active duty military
 - Spouse/partner is currently a Reserve component member
 - Spouse/partner is retired/former military
 - Spouse/partner has no military experience

10. [Ask if Q1 = "Army" AND Q6 = "Married" OR Q6 = "Separated" OR Q7 = "Yes"]

What is your spouse/partner's current paid employment status?

- Full-time employed (i.e., working for pay 40 hours or more per week)
 - Part-time employed
 - Not employed by choice
 - Unemployed, looking for work
- 🗙 Other

11. Where do you live at your permanent duty station?

- 🔀 Aboard ship
- Government-owned barracks, dorm, bachelor quarters, or unaccompanied enlisted or officer housing, on base
- \mathbf{X} Government-owned family housing, on base
- Government-owned or leased family housing, off base
- $\overrightarrow{}$ Privatized housing, on base, that you rent
- 🗙 Privatized housing, off base, that you rent
- Civilian/community housing, off base, that you own or pay mortgage on
- Civilian/community housing, off base, that you rent Other
- 12. Please tell us about your dependent(s) who are currently enrolled in the EFMP?

	-			
	Relationship to you (child, spouse parent, other)	Gender	Ag e	Type of enrollment (medical, educational or both)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

13. How long has your dependent(s) been enrolled in the EFMP?

- 🗙 Less than a month
- 1 month–6 months
- 7–11 months
- 1–2 years
- 🔇 More than 2 years

- 14. [Ask if Q1 = "Army"] What was your rank when your family was first enrolled in the EFMP?
 - 🗙 E1–E4
 - X E5–E9
 - 🗙 W1–W5
 - 01–03
 - 🗙 O4–O6 and above
- 15. [Ask if Q1 = "Army"] What circumstances led to your family's enrollment in the EFMP?
 - Your family was enrolled <u>only</u> because you were obligated to enroll in EFMP by Army leadership/Army policy
 - Your family was enrolled partly because because of Army leadership/policy and partly you wanted to be
 - Your family was enrolled <u>only</u> because you wanted to be
 - Prefer not to answer

SATISFACTION

- 16. How often has your leadership provided the support to assist you with your family's needs?
 - 🗙 Always
 - Often
 - Sometimes
 - Rarely
 - 🗙 Never
 - Does not apply
- 17. Since enrolling in the EFMP, to what extent have the needs of your family member(s) enrolled in the program been met?
 - 🗙 Very large extent
 - 🗙 Large extent
 - 👿 Moderate extent
 - Small extent
 - Not at all
- 18. Overall, how satisfied are you with the EFMP?
 - 🗙 Very satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - X Dissatisfied
 - 🗙 Very dissatisfied

ENROLLMENT PROCESS

- 19. How long did it take for you (or your family) to complete the enrollment process?
 - Less than a month
 - 1 month–3 months
 - 4 months–6 months
 - 7 months–9 months
 - 10 months–12 months
 - More than 12 months
- 20. How satisfied are you (or your family) with the following aspects of the EFMP enrollment process? *Mark one answer for each item*.

			Very	diss	atisf	ied
			Diss	atisf	ied	
	Neither satisfied no	r diss	atisf	ied		
	S	Satisf	ied			
	Very satisf	ied				
a.	Directions received for the enrollment process		\times	\boxtimes	\boxtimes	\boxtimes
b.	Timeliness of the enrollment process		\boxtimes		\times	\boxtimes
C.	Notification of the enrollment outcome		\boxtimes		\boxtimes	
d.	Support from EFMP staff during the enrollment process				\boxtimes	\boxtimes
e.	Information received about the EFMP during the enrollment process		\boxtimes	\boxtimes	\boxtimes	\boxtimes

21. How did you (or your family) learn about the EFMP? *Mark* "Yes" or "No" for each *item*.

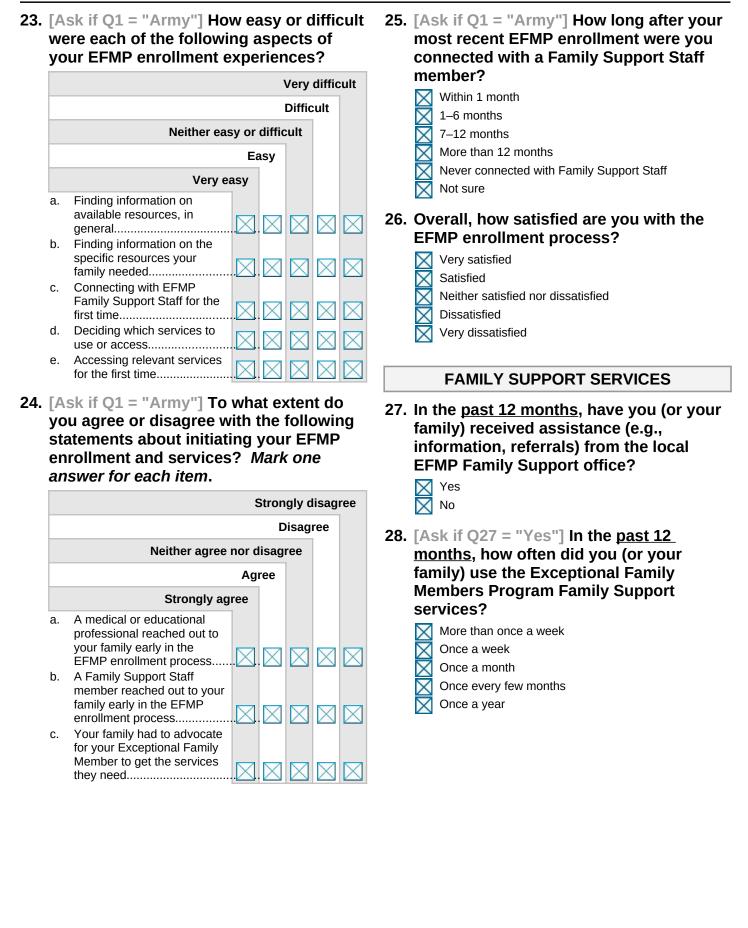
			No
		Yes	
a.	Military medical/mental health professionals	\mathbf{X}	\boxtimes
b.	Civilian medical/mental health professionals.	\times	\boxtimes
C.	Military educational professionals (e.g., DODEA teacher, school administrator, school counselor)		
d.	Civilian educational professionals (e.g., local teacher, school administrator, school counselor)		\boxtimes
e.	EFMP Family Support Staff	\times	\boxtimes
f.	Other EFMP personnel	\times	\boxtimes
g.	Chaplain	\mathbf{X}	\boxtimes
h.	Military leaders/command	\times	\boxtimes

			No
		Yes	
i.	Other soldiers, military friends, family or neighbors	🖂	\boxtimes
j. k.	EFMP & Me/Military OneSource Social media (e.g., Instagram, Twitter, Facebook)	🖂	\boxtimes
I.	Other	🖂	\boxtimes

22. [Ask if Q1 = "Army" and Q21 [Matching item] = "Yes"] How satisfied were you (or your family) with the information about the EFMP provided by the following sources? *Mark one answer for each*

item

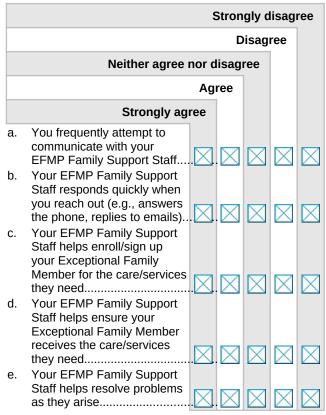
			Very	diss	atisf	ied
			Diss	atisf	ied	
	Neither satisfied nor	diss	atisf	ied		
	S	atisf	ied			
	Very satisfi	ed				
a.	Military medical/mental health professionals		\boxtimes		\boxtimes	
b.	Civilian medical/mental health professionals	\boxtimes	\mathbf{X}	\boxtimes	\boxtimes	
C.	Military educational professionals (e.g., DODEA teacher, school administrator, school counselor)		\boxtimes		\boxtimes	
d.	Civilian educational professionals (e.g., local teacher, school administrator, school counselor)			\boxtimes	\times	
e.	EFMP Family Support Staff	\square	\mathbf{X}	\boxtimes	\times	\boxtimes
f.	Other EFMP personnel		\times	\boxtimes	\times	\boxtimes
g.	Chaplain	$\underline{\boxtimes}$	\times	\boxtimes	\times	\boxtimes
h. i.	Military leaders/command Other soldiers, military					
	friends, family or neighbors		\times	\boxtimes	\times	\boxtimes
j.	EFMP & Me/Military OneSource	\square	\times	\boxtimes	\boxtimes	\boxtimes
k.	Social media (e.g., Instagram, Twitter, Facebook)		\square		\boxtimes	
Ι.	Other	\square	\times	\square	\times	\square



29. [Ask if Q27 = "Yes"] How satisfied have you (or your family) been with interactions with the EFMP Family Support providers in the <u>past 12</u> <u>months</u>?

Very dissatisfie						ied
			Diss	atisf	ied	
	Neither satisfied no	or diss	atisf	ied		
		Satisf	ied			
	Very satis	fied				
a.	Provider's familiarity with local resources		\boxtimes	\boxtimes	\times	
b.	Accuracy of the information provided		\boxtimes		\times	\boxtimes
C.	Availability of the providers to provide assistance and support		\boxtimes		\boxtimes	
d.	Providers accurately acknowledged concerns		\times		\boxtimes	
e.	Professionalism of the staff		\times	\square	\times	\square
f. g.	Responsiveness of staff Providers tailored support to meet my needs	⊠.			\boxtimes	\boxtimes

- 30. [Ask if O1 = "Army" AND O27 = "Yes"]
 - How much do you agree or disagree with the following statements about your interactions with the EFMP Family Support Staff in the <u>past 12 months</u>?



- 31. [Ask if Q27 = "Yes"] Did the Family Support providers give you a link to the Exceptional Family Members Program Family Support Feedback Tool during your <u>most recent</u> visit?
 - 🔀 Yes, and I provided feedback
 - Yes, but I did not provide feedback
 - No, and I was not aware of this tool
 - No, but I am aware of this tool
- 32. Have you used any *respite care* services offered through your Military Service Family Support Program in the <u>past two</u> <u>years</u>?
 - 🗙 Yes
 - No, but I was aware of this resource
 - 🗙 No, and I am not aware of this resource
- 33. [Ask if Q32 = "Yes"] Overall, how satisfied were you with the *respite care* services you received through your Military Service Family Support Program in the <u>past two years</u>?
 - 🗙 Very satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - Dissatisfied
 - 🗙 Very dissatisfied
- 34. [Ask if Q27 = "No"] What are the reasons for not engaging with the EFMP Family Support?

		No
	Yes	
a.	Location	\square
b.	Availability of child care	
c.	Expense of child care	
d.	Hours of operation	
e.	Conflict with work schedule	
f.	Transportation	
g.	Unaware of Family Support services	
h.	Unable to reach Family Support provider	
i.	Did not need support in the past 12 months	
j.	Other	

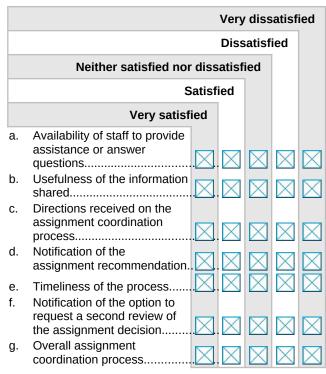
ASSIGNMENT COORDINATION DURING PCS MOVE

- 35. Since enrolling in the Exceptional Family Members Program, how many times have you (or your family) relocated because of a PCS move?
 - 🗙 Never
 - 🗙 Once
 - Twice
 - Three or more times
- 36. [Ask if Q35 = "Once" or "Twice" or

"Three or more times"] How many months has it been since your last PCS move? To indicate less than one month, enter "0". To indicate more than 99 months, enter "99."

Months

36. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] How satisfied were you (or your family) with the following aspects of the assignment coordination process during your <u>most</u> <u>recent PCS move</u>?



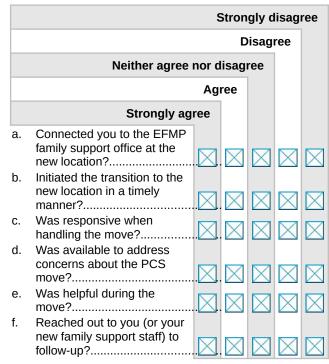
38. [Ask if Q1 = "Army" AND Q33 = "Once" or "Twice" or "Three or more times"] During

your <u>most recent PCS move</u>, how did the following aspects impact your experience during assignment coordination? *Mark one answer for each item*.

	Very negative impact							
Negative impact								
Neither positive nor negative impact								
	Positive impact							
	Very positive impact							
a.	Being enrolled in the EFMP							
b.	Identifying services at the new location							
C.	Availability of necessary services at the new location							

BEFORE YOUR MOST RECENT PCS MOVE

39. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] How much do you agree or disagree with the following statements about the EFMP family support provider at your *previous* location? The provider... *Mark one answer for each item*.



40. [Ask if Q35 = "Once" or "Twice" or

"Three or more times"] Before your <u>most</u> recent PCS move, to what extent did Military Treatment Facility (MTF) staff assist with the coordination of medical services at the *new* location?

- Very large extent
- Moderate extent
- Small extent
- 🗙 Not at all
- 41. [Ask if Q1 = "Army" AND Q35 = "Once" or "Twice" or "Three or more times"]

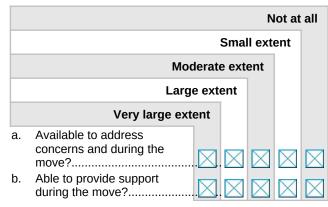
Overall, how satisfied were you with the availability of services at your *previous* location?

- 🗙 Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

DURING YOUR MOST RECENT PCS MOVE

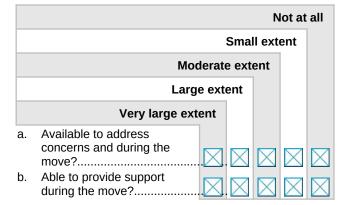
42. [Ask if Q35 = "Once" or "Twice" or

"Three or more times"] During your <u>most</u> recent PCS move, to what extent was the EFMP family support provider at your *previous* location... *Mark one answer for each item*.



43. [Ask if Q35 = "Once" or "Twice" or

"Three or more times"] During your <u>most</u> <u>recent PCS move</u>, to what extent was the EFMP family support provider at your *new* location... *Mark one answer for each item*.



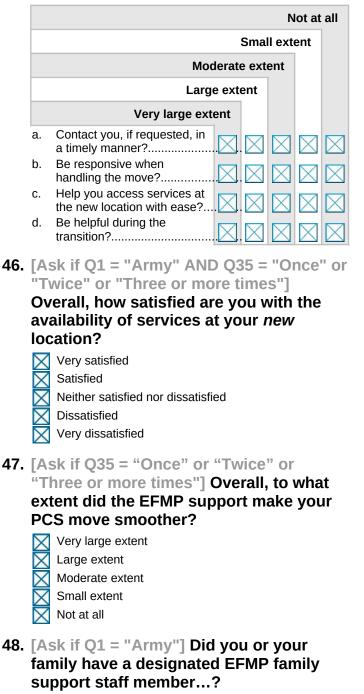
44. [Ask if Q35 = "Once" or "Twice" or

"Three or more times"] During your <u>most</u> <u>recent PCS move</u>, to what extent... *Mark* one answer for each item.

Not at all						
Small extent						
	Moderate extent					
	Larg	e ext	ent			
	Very large ext	ent				
a.	Did the MTF staff assist with the coordination of medical services at the new location?.		\boxtimes	\boxtimes	\boxtimes	\boxtimes
b.	Were you able to access medical services during the move?		\boxtimes	\boxtimes	\boxtimes	\boxtimes
C.	Did you receive medical care at the new location in a timely manner?				\boxtimes	\square

AFTER YOUR MOST RECENT PCS MOVE

45. [Ask if Q35 = "Once" or "Twice" or "Three or more times"] After your <u>most</u> recent PCS move, to what extent did the EFMP family support provider at your new location... Mark one answer for each item.



Yes, at your old location only

- Yes, at your new location only
- Yes, at both locations
- 🗙 No

49. [Ask if Q1 = "Army"] Thinking about the overall experience of your <u>most recent</u> <u>PCS move</u> (e.g., assignment coordination, packing and preparing, transport/moving, getting settled in your new location), how often... *Mark one answer for each item.*

				Ne	ver
	Α	Imos	st ne	ver	
	Som	etim	es		
	Fairly oft	en			
	Very often				
a.	Were you upset because of something that happened unexpectedly?	\boxtimes		\boxtimes	
b.	Did you feel that you were unable to control the important things in your life?	\boxtimes		\bowtie	
C.	Did you feel nervous and stressed"?	\boxtimes	\boxtimes	\times	\boxtimes
d.	Did you feel confident about your ability to handle your personal problems?	\boxtimes	\boxtimes	\times	\boxtimes
e.	Did you feel that things were going your way?	\boxtimes	\boxtimes	\boxtimes	
f.	Did you find that you could not cope with all the things that you had to do?	\boxtimes	\boxtimes	\ge	\boxtimes
g.	Were you able to control irritations in your life?	\times	\boxtimes	\times	\boxtimes
h.	Did you feel that you were on top of things?	\boxtimes	\boxtimes	\times	\boxtimes
i.	Were you angered by things outside of your control?	\boxtimes	\boxtimes	\times	\boxtimes
j.	Did you feel that difficulties were piling up so high that you could not overcome them?	\boxtimes		\boxtimes	

MEDICAL SERVICES

50. Did you receive *primary* care medical services in the <u>past 12 months</u>?

- Yes, only at a Military Medical Treatment Facility
 - Yes, only at a Civilian (non-military) Medical Provider
- Yes, at both
- 🗙 No

51. [Ask if Q50 = "Yes, only at a Military Medical Treatment Facility " or "Yes, only at a Civilian (non-military) Medical

Provider" or "Yes, at both"] Overall, how satisfied were you with the *primary* care medical services you received in the <u>past</u> <u>12 months</u>?

- 🗙 Very satisfied
- 🗙 Satisfied
 - Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- 52. Did you receive *specialty* care medical services in the <u>past 12 months</u>?
 - Yes, only at a Military Medical Treatment Facility Yes, only at a Civilian (non-military) Medical Prov
 - Yes, only at a Civilian (non-military) Medical Provider Yes, at both
 - No
- 53. [Ask if Q52 = "Yes, only at a Military Medical Treatment Facility " or "Yes, only at a Civilian (non-military) Medical

Provider" or "Yes, at both"] Overall, how satisfied were you with the *specialty* care medical services you received in the <u>past</u> <u>12 months</u>?

- 🔀 Very satisfied
- Satisfied
- 🟹 Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied
- 54. Have you used any *respite care* services offered through TRICARE ECHO in the <u>past two years</u>?
 - 🗙 Yes
 - 🕺 No, but I was aware of this resource
 - No, and I am not aware of this resource
- 55. [Ask if Q54 = "Yes"] Overall, how satisfied were you with the *respite care* services you received through TRICARE ECHO in the <u>past two years</u>?
 - 🔀 Very satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - 🗙 Dissatisfied
 - Very dissatisfied

EDUCATIONAL SERVICES

- 56. Were you provided educational services (i.e., EIS, DoDEA, public) in the <u>past 12</u> <u>months</u>?
 - X Yes No
- 57. [Ask if Q56 = "Yes"] How easy or difficult was it to receive the following? *Mark one answer for each item.*

Very difficult					
	Difficult				
Neither easy or difficult					
	Ea	sy			
	Very easy				
a.	Special education services	\times	\boxtimes	\boxtimes	\boxtimes
b.	Early intervention services	\times	\boxtimes	\times	\boxtimes
C.	Support to address your child's educational needs	\times	\boxtimes	\boxtimes	\boxtimes

LEGAL SERVICES

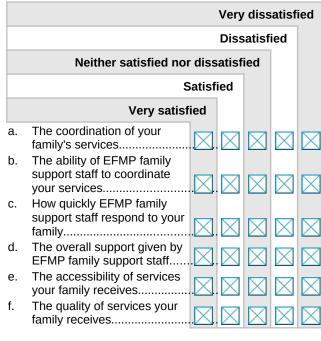
- 58. Did you request assistance from your local Military Legal office related to special education concerns in the <u>past 12</u> <u>months</u>?
 - 🗙 Yes
 - No, but I am aware of this resource
 - 🗙 No, and I am not aware of this resource
- 59. [Ask if Q58 = "Yes"] Overall, how satisfied were you with the legal assistance you received in the <u>past 12</u> months?
 - Very satisfied
 - Satisfied
 - Neither satisfied nor dissatisfied
 - Dissatisfied
 - Very dissatisfied

USE OF PROGRAMS AND SERVICES

60. To what extent do you agree or disagree with the following statements? *Mark one answer for each item.*

Strongly disagree								
Disagree								
Neither agree nor disagree								
	Agree							
	Strongly ag	ree						
a.	Finding information on available resources was easy		\boxtimes	\boxtimes	\boxtimes	\boxtimes		
b.	Connecting with a EFMP Family Support Provider was easy		\boxtimes	\boxtimes	\boxtimes	\boxtimes		
c.	Accessing relevant services was easy		\boxtimes	\boxtimes	\boxtimes	\boxtimes		

61. [Ask if Q1 = "Army"] How satisfied are you (or your family) with the following aspects of the EFMP? *Mark one answer for each item*.



62. Which resource do you use <u>most often</u> to access information about the EFMP? *Mark one*.

- Local EFMP Family Support Office
- Social media (i.e., Instagram, Twitter, Facebook)
- EFMP & Me/Military OneSource
- Installation websites
- X Other

63. Did you or your family use any of the following additional services? *Mark* "Yes" or "No" for each item.

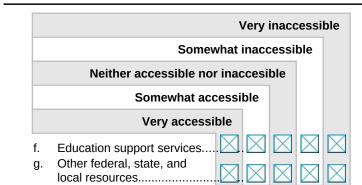
			No
	,	Yes	
a.	Housing assistance	\times	\boxtimes
b.	Child care services	\times	\square
c.	Non-medical counseling	\mathbf{X}	\boxtimes
d.	School Liaison Program	\mathbf{X}	\boxtimes
e.	Military and Family Support Center	\mathbf{X}	\square
f.	Education support services	\mathbf{X}	\boxtimes
g.	Other federal, state, and local resources	\mathbf{X}	

64. [Ask if Q63 [Matching item] = "Yes"] How helpful were the services in meeting your family's needs?

	Not at all helpful			
	Slightly helpful			
	Somewhat helpful			
	Very helpful			
	Extremely helpful			
a.	Housing assistance			
b.	Child care services			
C.	Non-medical counseling			
d.	School Liaison Program			
e.	Military and Family Support			
f.	Education support services			
g.	Other federal, state, and local resources			

65. [Ask if Q63 [Matching item] = "Yes"] How accessible were the following additional services?

Very inaccessib				
	Somewhat inaccessible			
	Neither accessible nor inaccesible			
	Somewhat accessible			
	Very accessible			
a. b. c. d. e.	Housing assistance			



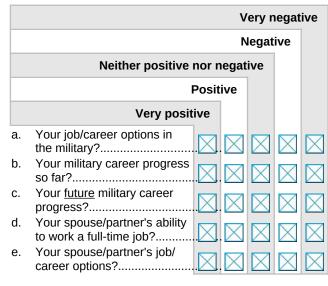
66. In the <u>past 12 months</u>, how many days off work have you or your spouse/partner taken to address issues related to your family member's special needs?



 5 days or more

RETENTION

67. To what extent has being enrolled in the EFMP had a positive or negative impact on... *Mark one answer for each item.*



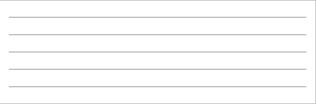
68. Suppose you have to decide whether to stay on active duty. Will your EFMP enrollment impact your decision to stay?

- Yes, it will have a <u>positive</u> impact
- Yes, it will have a <u>negative</u> impact
- No, it will not have an impact

- 69. Based on the services received through the EFMP, does your family favor you staying or leaving active duty?
 - Strongly favors staying
 - Somewhat favors staying
 - Has no opinion one way or the other
 - Somewhat favors leaving
 - Strongly favors leaving

TAKING THE SURVEY

70. Thank you for participating in the survey. There are no more questions on this survey. If you have comments or concerns that you were not able to express in answering this survey, please enter them in the space provided. Your comments will be viewed and considered as policy deliberations take place. Any comments you make on this questionnaire will be kept confidential. Do not include any personally identifiable information (PII) in your comments. However, if OPA or its data collection contractor perceives comments as a direct threat to yourself or others, out of concern for your welfare, OPA may contact an office in your area for appropriate action. Your feedback is useful and appreciated.



71. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s).

To submit your answers click *Submit.* For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail [EMAIL]@mail.mil.

72. Based on your answer to the previous question, you are ineligible to take this survey. If you feel you have encountered this message in error, click the back arrow button and check your answer(s).

If you have any additional comments or concerns, please enter them below.

To submit your answers click *Submit.* For further help, please call our Survey Processing Center toll-free at 1-800-881-5307 or e-mail [EMAIL]@mail.mil.