

NFAAS | NAVY FAMILY ACCOUNTABILITY and ASSESSMENT SYSTEM

NFAAS Login Page

To access all features available to you, log in with your PIV/CAC.

Insert your PIV/CAC before logging in.

LOG IN WITH YOUR PIV/CAC

OR

Log in with limited access using your username or DoD ID and password.

Username or DoD ID

Password

LOG IN WITH LIMITED ACCESS

[Reset your password](#)

Technical Assistance

For assistance/technical issues, contact the NFAAS Helpdesk by sending an email to nfaas.fco@us.navy.mil. Please include your name, phone number and UIC (if possible) in order for us to contact you. **Please do NOT include SSN/DOB.**

What is NFAAS?

Navy Family Accountability and Assessment System (NFAAS) standardizes a method for the Navy to account, assess, manage, and monitor the recovery process for personnel and their families affected and/or scattered by a wide-spread catastrophic event. NFAAS provides valuable information to all levels of the Navy chain of command, allowing commanders to make strategic decisions which facilitate a return to stability.

NFAAS allows Navy Personnel to do the following:

- ✓ Report Accounting Status
- ✓ Update Contact
- ✓ Location Information
- ✓ Complete Needs Assessment
- ✓ View Reference Information

Contact [NFAAS Support](#)

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Authority: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoDI 3001.02, Personnel Accountability in Conjunction with Natural Disasters or National Emergencies; OPNAVINST 3006.1, Personnel Accountability in Conjunction with Catastrophic Events; SECNAV Instruction 1754.5B Exceptional Family Member Program; and E.O. 9397 (SSN), as amended. SORN N01754-4 Navy Family Accountability and Assessment System. [Found Here](#)

Purpose: To account for personnel (status and whereabouts) following a natural/manmade disaster or when directed by the Secretary of Defense. To assess the impact of the disaster on DoD affiliated personnel and their families, by conducting a needs assessment survey. To capture information required to support Navy and DoD affiliated personnel as they return to a stable state following a disaster. To track Navy affiliated personnel and family members' support requirements and command readiness efforts in areas such as Individual Augmentation Deployments, Exceptional Family Member Program, and mandated training.

Routine Use: Standardizes a method for the Navy to account, manage, and monitor the recovery process for personnel and their families affected by a wide-spread catastrophic event. NFAAS provides valuable information to all levels of the Navy chain of command, allowing commanders to make strategic decisions which facilitate a return to stability.

Disclosure: Voluntary. However, failure to provide requested information may negatively impact the ability to effectively track and support Navy affiliated personnel in the command's readiness efforts, or hinder Individual Augmentation Deployments, Exceptional Family Member Programs, and training needed to support this program.

The appearance of hyperlinks does not constitute endorsement by the U.S. Navy of non-U.S. Government sites or the information, products, or services contained therein. Although the U.S. Navy may or may not use these sites as additional distribution channels for Department of Defense information, it does not exercise editorial control over all of the information that you may find at these locations. Such links are provided consistent with the stated purpose of this website.

Commander, Navy Installations Command
716 Sicard Street SE
Suite 1000
Washington, DC 20374-6140

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NFAAS | NAVY FAMILY ACCOUNTABILITY and ASSESSMENT SYSTEM

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ACCEPT

Contact [NFAAS Support](#)

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Navy Family Information Summary [Help](#)

To see more detail for any section, use the left menu.

Contact Information

[Sponsor](#)

Name: TRAINING, DOC J (U)

[Home Address](#)

1234 Somewhere Street, Anywhere, NC 90210, USA

[Phones](#)

Home: 555-555-5555

Work: 555-555-2222

Cell: 555-555-5545 (Verizon)

DSN:

[Email Addresses](#)

Primary Email: doc.training@navy.mil

*Secondary Email: [REDACTED]

Primary Affiliation: Navy

Designation: CONTRACTOR

Country:

Building:

Paygrade:

State/Province:

Floor:

Unit: ATRA1 - AUTOMATED TEST UIC HA T1

ZIP/Postal Code:

Room:

Sub Org:

Family Information

[Name](#)

[Relationship](#)

[Age](#)

Training, Tonia (Retired/Separated/IRR/VTU, ATRA1)

Child

Adult

Training, Jake

Child

Adult

*Preferred Contact method



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Click the **Edit** button to make changes.

Personnel are responsible for maintaining accurate address and contact information in this section. Click the "Edit" button to make changes.

[Verify Info as Current](#)

[Edit Contact Info](#)

TRAINING, DOC J (U)

*Preferred Contact

Last updated

Sponsor: updated 02-24-2021

Home Address:

1234 Somewhere Street
Anywhere, NC 90210

Home: 555-555-5555

Work: 555-555-2222

Primary Email: doc.training@navy.mil

Secondary Email

Country: USA

Cell: 555-555-5545 (Verizon)

DSN:

DEERS Home Address and Contact Info (as of 09-04-2013)

Data below will be updated within a month with data from DMDC (pulled from DEERS and other DON databases).

To login to DEERS, click [here](#).

Home Address:

1234 Somewhere Street
Anywhere, CA 90210

Home: 555-555-5555

Work: 555-555-2222

Primary Email: doc.training@navy.mil

Secondary Email: doc.jd@noemail.com

Country:

Cell:

DSN:

Work Location [Help](#)

Work Location is now on the Affiliation Information page



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Edit Home Address and Contact Info [Help](#)

Update the **NFAAS Information** or copy sections from **DEERS**.

Name: ^{*}Last ^{*}First Middle Suffix ^{*}Gender

NOTE: Please **remove any FPO/APO mailing address** listed and replace with your physical address.

NFAAS Information (Last updated 08-10-2022 by DANIELLE LINDELL)

Country:	USA
Street1:	1234 Somewhere Street
Street2:	
City:	Anywhere
State/Province:	NC North Carolina
ZIP/Postal Code:	90210
Work:	555-555-2222
Cell:	555-555-5545
Cell Carrier:	Verizon
Home:	555-555-5555
DSN:	
Primary Email:	doc.training@navy.mil
Secondary Email:	
Preferred:	Secondary Email

< Copy Addr

< Copy Phones

< Copy Email

This data is pulled from DEERS periodically.
To log in to DEERS and update your info, click [here](#)

DEERS Information (as of 09-04-2013)

Country:	USA
Street1:	1234 Somewhere Street
Street2:	
City:	Anywhere
State/Province:	CA
ZIP/Postal Code:	90210
Work:	555-555-2222
Cell:	
Home:	555-555-5555
DSN:	
Primary Email:	doc.training@navy.mil
Secondary Email:	doc.jd@noemail.com

Time Saver: Would you also like to apply any of the above contact changes to these family members?

<u>Addr.</u>	<u>Phone</u>	<u>Name</u>
☐	☐	Training, Tonia (Child)
☐	☐	Training, Jake (Child)

Save

Cancel



Family Member Information [Help](#)

Click Add Member to add another family member [Add Member](#)

Training, Tonia (Child, F)

Retired/Separated/IRR/VTU, ATRA1

[Verify Info as Current](#) [Edit](#) [Remove](#)

Address:
1234 Somewhere Street
Anywhere, CA 90210

Home:
Work: 706-222-1234
Cell:

Primary Email: training.tonia@email.com
Secondary Email:

(Last updated 10-03-2021 by Training, Tonia)

Country: USA

[- DEERS Info](#)

Home Address:

Home:
Work:
Cell:

Primary Email:
Secondary Email:

Country:

Training, Jake (Child, M)

[Verify Info as Current](#) [Edit](#) [Remove](#)

Address:
1234 Somewhere Street
Anywhere, CA 90210

Home:
Work:
Cell:

Primary Email:
Secondary Email:

(Last updated 11-19-2020 by TRAINING, DOC J)

Country: USA

[- DEERS Info](#)

Home Address:

Home:
Work:
Cell:

Primary Email:
Secondary Email:

Country:

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Name: *Last:

*First:

Middle:

Family Member Type

Gender

☐ Special Needs (e.g., Elderly, Disabled)**NFAAS Information** (Last updated 10-03-2021 by Training, Tonia)Country: Street1: Street2: City: State/Province: ZIP/Postal Code:

Home: Work: Cell: SMS: ☐Cell Carrier:

Primary Email: Secondary Email:

< Copy Addr

< Copy Phone

< Copy Email

This data is periodically pulled from DEERS.
To log in to DEERS and update your info, click [here](#).**DEERS Information**

Country:

Street1:

Street2:

City:

State/Province:

ZIP/Postal Code:

Home:

Work:

Cell:

Primary Email:

Secondary Email:

Time Saver: Would you also like to apply any of the above contact changes to these family members?Addr:☐Phone☐Name

Training, Jake



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For step-by-step instructions on how to use this page, please see the [NFAAS EFM Family Users Guide](#).

To see family support services available to Navy EFM Families, click [here](#).



Tonia Training

Enrolled/Update - MTF Coordinator

Case Liaison:

Case ID: 071408 EFM Category: Category 2 Expiration Date: 12/20/2024

[EFMP Verification Letter](#)



Jake Training

No Case



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Primary Affiliation: Navy

[Edit Affiliation](#)

Designation: CONTRACTOR

Country:

Building:

Paygrade:

State/Province:

Floor:

UIC: ATRA1 - AUTOMATED TEST UIC HA T1

ZIP/Postal Code:

Room:

Sub Org:

DEERS Affiliation Info

This affiliation has no DEERS information.

[My Home](#) [My Info](#) [Reference](#) [Help](#)[Summary](#)[Contact Information](#)[Family Member Info](#)[EFM Information](#)[Affiliation Information](#)[Emergency Contacts](#)[COR List](#)[User Account](#)**Edit Affiliation Information**Update the **NFAAS Information** or copy sections from **DEERS**.

Physical address not PO/APO/FPO address.

NFAAS Information

Agency: Navy

Designation:

Paygrade:

UIC: ATRA1 - AUTOMATED TEST UIC HA T1

Sub Org:

Country: No Country ▼

State/Province:

ZIP/Postal Code:

Building:

Floor:

Room:

This data is pulled from DEERS periodically.
To log in to DEERS and update your info, click [here](#)**DEERS Information***This affiliation has no DEERS information.*[Save](#)[Cancel](#)



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Emergency Contact



Click "Add" to add an Emergency Contact (e.g., Relative, Care Giver).

[Add POC](#)

[Redacted] (Student)

[Edit Contact](#)

[Remove Contact](#)

Address:

[Redacted]

Home:

Primary Email:

Work:

Secondary Email:

Country: USA

Cell:

*Preferred Contact method



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Add Point of Contact [Help](#)

First Name:

Last Name:

Middle Name:

Relationship:

Address:

Street1:

Street2:

City:

State:

Zip:

Country:

Contact Info:

Home:

Primary Email:

Work:

Secondary Email:

Cell:

Add Sponsor

Display Name: Last: First: Middle: Gender:

DOB: JAN (YYYY)

UIC: Designation:

Event affected by: --Select reason

Rank:

Primary Email:

EDIPI/DoDID:

Current Contact Info (Optional)

Country:

Address:

City:

State/Province:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Cell Carrier:

Secondary Email:

Save

Save and Add Another

Cancel