



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

MCO 1740.13C

MFZ

MAR 25 2013

MARINE CORPS ORDER 1740.13C

From: Commandant of the Marine Corps
To: Distribution List

Subj: FAMILY CARE PLANS

Ref: (a) DOD Instruction 1342.19, "Family Care Plans,"
May 7, 2010
(b) MCO P1900.16F
(c) 10 U.S.C.47
(d) SECNAVINST M-5210.1
(e) MCO 5000.14D
(f) MCO 5512.11D

Encl: (1) Family Care Plan (NAVMC 11800 (Rev. 01-13) (EF))
(2) Family Care Plan Dependent Categories
(3) Validating Official Reference Checklist
(4) Sample Agent Letter

Report Required: Family Care Plan (NAVMC 11800 (Rev 01-13)
(Report Control Symbol EXEMPT), par.
4a(1)(b) and encl (1)

1. Situation. To publish policy, assign responsibilities and establish specific procedures to assist the Total Force, DoD Civilian Expeditionary Workforce (CEW) employees and personnel in support of Marine Corps units, in developing and maintaining effective Family Care Plans (FCP), in accordance with specific requirements contained in reference (a). For military personnel, failure to produce a FCP in accordance with this Order may result in disciplinary or adverse administrative action, to include administrative separation, in accordance with references (b) and (c).

2. Cancellation. MCO 1740.13B.

3. Mission. This Order provides policy for the requirement, preparation, validation, and maintenance of specific instructions for the care of dependent family members.

DISTRIBUTION STATEMENT A: Approved for public release;
distribution is unlimited.

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4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) The Marine Corps shall comply with reference (a) and shall establish implementation policy to standardize guidance and procedures for the Total Force, CEW employees and personnel in support of Marine Corps units (hereinafter referred to collectively as "Marines"). For the purposes of this Order, the term "Guardian" is defined as Caregiver and/or Alternate Caregiver.

(b) All Marines, with the exception of those with no dependent(s), shall have a validated Family Care Plan (FCP) (NAVMC 11800 (Rev. 01-13) initiated as part of the check-in process for their first permanent duty station or within one year from the date this Order is signed. This reporting requirement is exempt from reports control per reference (d), Part IV, paragraph 7p. For the purposes of this Order, The Basic School shall not be considered a "first permanent duty station" for personnel assigned as students but shall be required to include training on FCP as part of the standard readiness curriculum for Marines.

(c) CEW employees are required to have a validated FCP, defined by and in accordance with reference (a). Contractors serving in officially designated contingency operations are encouraged to have a FCP.

(d) The FCP (NAVMC 11800 (Rev. 01-13) (EF) as illustrated in enclosure (1) shall be the standard template for the Total Force.

(e) A Marine or other Service Member parent shall not be designated as a caregiver in a FCP. In cases involving Dual Military Couples with dependents, both service members must have a FCP. Dual Military Couples with no dependents are not required to have a FCP. Enclosure (2) addresses examples of the most frequently occurring categories of dependents and the necessity for a FCP.

(2) Concept of Operations

(a) Individual Marines shall plan for contingencies in the care and support of dependent(s) through development of an adequate FCP.

(b) Commanders are responsible to ensure that Marines with dependents have an up-to-date, adequate FCP.

(c) Commanders shall use the FCP in enclosure (1) as the template to review the Marine's FCP and validate that the plan is adequate and complete.

(d) The Record of Emergency Data (RED), in the Unit Diary Manpower Integrated Personnel System (UDMIPS), shall be used to record FCP Caregiver contact information. The Caregiver's contact information shall be reported into the UDMIPS data field "RED GUARDIAN" on the RED. The Alternate Caregiver's information shall be listed on the FCP enclosure (1). The validated FCP shall be used as a source document for Unit Diary Reporting of FCP Guardian information into the RED. The original and all copies of the FCP shall be provided to the Marine upon check-out. In the case of the CEW and Contractors, the original FCP shall be filed within their personnel file.

(e) Within one year of this Order being signed, the Total Force shall replace all local unit FCPs with the FCP with NAVMC 11800 (Rev. 01-13) (EF) as illustrated in enclosure (1). Any additional information a Marine determines necessary to include with his/her FCP may be attached to the FCP as a separate document.

b. Subordinate Element Missions

(1) Deputy Commandant for Manpower and Reserve Affairs (DC, M&RA). The DC, M&RA provides oversight for all issues pertaining to unit, personal and family readiness and has responsibility for the implementation of policy pertaining to FCPs in compliance with reference (a).

(2) Marine and Family Programs Division (MF). CMC (MF) maintains functional control of the implementation of policy pertaining to FCP as the program and resource sponsor for unit, personal and family readiness, and serves as the Marine Corps subject matter expert on topics not related to legal counsel and advice. CMC (MF) shall:

(a) Develop and implement policy to ensure that the Marine Corps is in compliance with reference (a).

(b) Develop and implement guidance and training to ensure commanders are provided education and support on the requirement, preparation, and maintenance of FCP.

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(c) Coordinate Marine Corps Community Services (MCCS) functions to support commanders and Marines in the planning and development of adequate FCP in order to provide a standardized level of support, Marine Corps-wide.

(3) Commanders shall:

(a) Ensure Marines are fully informed on the purpose, importance, and limitations of a FCP.

(b) Ensure that Marines have properly recorded their dependent family members in the Marine Corps Total Force System (MCTFS), Marine Online (MOL) and Defense Enrollment Eligibility Reporting System (DEERS) per references (e) and (f).

(c) Utilize the FCP (NAVMC 11800 (Rev. 01-13) (EF)) illustrated in enclosure (1). Validate family care plans for accuracy, adequacy and currency, or appoint a command representative, E-7/O-3/W-1 or above, to serve as the validating official.

1. Ensure Family Readiness Officers (FROs) are not appointed as the commander's representative for validating, managing, tracking, storing or endorsing the adequacy of FCP.

2. Commanders will have one year from the effective date of this Order to initiate and validate FCP for their Marines with dependent(s). It is recommended that operational units initiate required actions to ensure validated FCPs are established for Marines with dependent(s) prior to scheduled deployments.

3. Marines with dependents, who have detached from their parent command on Permanent Change of Station Orders (PCS), and attend TEMINS or DUINS Training en route to their new permanent duty station, shall have their FCP updated and validated by the losing command prior to departure. The original and all copies of the FCP shall be provided to the Marine at check-out. If the PCS Orders include periods of TEMINS or DUINS, the Marine is responsible for maintaining the currency of the FCP for the duration of TAD.

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4. FCP shall be validated at check-in, annually, and/or when changes in family or personal circumstances occur that result in a change to the dependent eligibility, per reference (a). A validating official's checklist is provided in enclosure (3).

(d) Ensure Marines are provided appropriate assistance to enable them to establish a FCP within the required timelines. Encourage Marines whose family circumstances involve custodial agreements to consult with legal counsel to ensure they are fully advised of the impact of their custodial rights in the event of their short-term and long-term absence.

(e) Ensure the original and all copies of the FCP (NAVMC 11800 (Rev. 01-13) (EF)) are maintained at the Marine's parent command and returned to the Marine at check-out.

(4) Installation Commanders shall: Establish and publish clearly-defined protocols to facilitate the process whereby designated agents (caregivers) are provided access to base facilities in support of care for dependents. A sample Agent's Letter is provided in enclosure (4).

(5) Senior Enlisted Advisors shall: Be fully informed of the requirements for FCPs and be an additional source for guidance, information and referrals.

(6) Individual Marines shall:

(a) Understand they are solely responsible for developing a complete, current and valid FCP (NAVMC 11800 (Rev. 01-13) (EF)) per this Order.

(b) Ensure that dependent family members are properly identified and enrolled in DEERS, per reference (f) and that unit diary entries are current, per reference (e).

(c) Ensure that information contained in their FCP (NAVMC 11800 (Rev. 01-13) (EF)) is current and applicable.

(d) Ensure that designated caregiver(s) are provided with detailed instructions and necessary documentation consistent with their FCP.

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(e) Ensure that the command is notified of a change in dependent status or circumstances within 30 days for Active Duty Marines (AD) or 60 days for Reserve Component (RC) and provide a current FCP within 60 days (AD) or 90 days (RC) after a change in circumstances or personal status that generates the requirement for, or update of, a FCP.

(f) Provide written certification annually, to their commanders that their FCP is current.

(g) Retrieve the original and all copies of the FCP at check-out from parent command.

5. Administration and Logistics

a. Submit all change recommendations regarding this Order via the appropriate chain of command to DC, M&RA. Recommendations should be submitted in writing, and should include supporting rationale.

b. For the purposes of this Order, the term FRO is used to refer to both DoD Civilian and active duty personnel unless otherwise specified.

c. For the purposes of this Order, a dependent family member shall be a person meeting eligibility requirements defined in reference (a).

d. A Commander may grant a Marine additional time to submit an adequate family care plan to accommodate those Marines actively in the process of obtaining necessary court orders or other documentation, and have advised their command of their actions and progress.

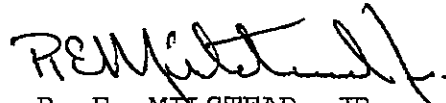
e. Developers, owners, and users of all Marine Corps Information Systems have the responsibility to establish and implement adequate operation and information technology controls including records management requirements to ensure the proper maintenance and use of all records, regardless of formation or medium, to promote accessibility and authorized retention per the approved records schedule and reference (e).

f. Records Management. The FCP is the official NAVMC Form 11800 (Rev. 01-13) (EF) and is available for download on the Naval Forms On-Line (NFOL) website at: <https://navalforms.documentservices.dla.mil>. Records created as a result of this Order shall be managed according to National Archives and Records Administration approved dispositions per reference (d) to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium.

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.



R. E. MILSTEAD, JR
Deputy Commandant for
Manpower and Reserve Affairs

DISTRIBUTION: PCN 10202426000

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporated Change

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NAVMC 11800 (REV. 01-13) (EF)

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Print Form

UNITED STATES MARINE CORPS FAMILY CARE PLAN (FCP) PRIVACY ACT STATEMENT			
In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing this form.			
AUTHORITY: 10 U.S.C § 5013; E.O. 9397; Department of Defense Instruction 1342.19; Marine Corps Order (MCO) 1740.13C			
PURPOSE: To provide documentation of a family care plan to facilitate the care and support of dependent family members and enhance unit and family readiness during planned and unplanned contingencies. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice M01070-6, which can be downloaded at: http://dpclo.defense.gov/privacy/SORNs/component/usmc/M01070-6.html			
ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice M01070-6 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at http://defenselink.mil/privacy/notices/blanket-uses.html .			
DISCLOSURE: Mandatory. Failure to provide requested information may result in administrative sanctions or punishment under either Article 92 (general order violation: dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice for service members, and administrative sanctions for DoD Civilian Expeditionary Workforce personnel required to complete a Family Care Plan.			
Last Name	First Name	Initial	Rank <input type="text"/>
Validated By			Validation Date
PART I. SERVICE MEMBER'S ACKNOWLEDGEMENT			
<p>I was counseled on _____ (date), and fully understand the policy on family member care responsibilities. I understand that I must designate Caregiver and Alternate Caregivers to care for my dependent family members during short-term and long-term absences. I understand that it is my responsibility to keep my Family Care Plan current and that my failure to comply with the provisions of MCO 1740.13C may result in disciplinary or administrative action by my command. I understand that I must notify my command no later than 30 days for Active Duty (AD)/90 days for Reserve Component (RC) after a change in my dependent's status or circumstances. I must provide a revised Family Care Plan for validation no later than 60 days for AD/90 days RC. I understand that I must provide a written certification of my Family Care Plan annually, to my Commander for validation. I have discussed with my designated Caregivers, special medical requirements including appointments, treatment regimens, equipment, and medications and provided required documents/authorizations. I have considered logistical issues including, but not limited to, relocation, education, language translators, care of home/personal property. I have reviewed my insurance policy (ies) and beneficiaries, Record of Emergency Data, and SGLI beneficiaries. I acknowledge that it is recommended that I have an up-to-date will. I have provided my designated caregiver(s) with clear instructions on financial arrangements to include, but not limited to, access to budget and financial institution point of contact. I have ensured that my Caregiver's information is listed on my child's School Emergency Contact Card. I understand that a copy of all Powers of Attorney (POA) or en Loco Parentis should be kept with my personal records and the original should be kept with the designee. I have discussed pending court cases for custody/visitation/ support/other with legal counsel and have taken appropriate action. I understand that if my spouse is not the biological parent of any child identified in this plan, it is highly recommended that I consult with legal counsel, especially in those circumstances that require transport of my dependents across state lines or outside the Continental United States. I understand that failure to include the non-custodial biological or adoptive parent in the creation of my family care plan can undermine or even render it useless.</p> <p>Initials: _____</p>			

FOR OFFICIAL USE ONLY

PREVIOUS EDITIONS ARE OBSOLETE.

Reset Form

Adobe LiveCycle Designer 9

NAVMC 11800 (REV. 01-13) (EF) Page 2
FOUO - Privacy sensitive when filled in.

PART II. DEPENDENT FAMILY MEMBER INFORMATION		
<input type="checkbox"/> I am married with dependents		
<input type="checkbox"/> I am not married, but have dependents		
<input type="checkbox"/> I am married and my spouse is my sole dependent		
<input type="checkbox"/> I am a dual Service Member spouse with dependents		
List all additional dependents, indicating their relationship (e.g. child, parent, sibling, etc.) and age.		
PART III. CAREGIVER INFORMATION		
CAREGIVER		
I have designated the following individual(s) to provide the above defined care for my dependent(s) in the event of my death or incapacity, until a natural or adoptive parent or legal guardian assumes custody by order of a court:		
Name(s) _____		
Address _____		
City _____	State _____	Zip Code _____
Phone Numbers: _____		
Home _____	Work _____	Cell _____
Email(s): _____		
ALTERNATE CAREGIVER		
I have designated the following individual(s) to provide the above defined care for my dependent(s) in the event of my death or incapacity, until a natural or adoptive parent or legal guardian assumes custody by order of a court:		
Name(s) _____		
Address _____		
City _____	State _____	Zip Code _____
Phone Numbers: _____		
Home _____	Work _____	Cell _____
Email(s): _____		

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Reset Form

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NAVMC 11800 (REV. 01-13) (EF) Page 3

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PART IV. SERVICE MEMBER CERTIFICATION		
I have reviewed my Family Care Plan and I am confident that I have made adequate family care arrangements that will allow for a full range of military duties and world-wide deployments. I have confirmed that the caregiver(s) listed above has accepted responsibility for the care of my dependent family members, including provisions for short-and long-term separations. I have briefed my caregiver and provided copies of all documents required for inclusion in my Family Care Plan.		
Signature of Service Member	Date:	Printed Name
PART V. COMMAND VALIDATION		
I have reviewed the Family Care Plan and I acknowledge the Marine has made adequate family care arrangements to cover all reasonable contingencies in accordance with MCO 1740.13C.		
Signature of Validating Official	Date:	Printed Name
PART VI. SERVICE MEMBER RECERTIFICATION		
I have reviewed this family care plan and certify that it is correct.		
Signature of Service Member	Date:	Printed Name
I have reviewed this family care plan and certify that it is correct.		
Signature of Validating Official	Date:	Printed Name
PLEASE INCLUDE ANY ADDITIONAL INFORMATION BELOW OR ON ATTACHED PAGES		

Reset Form

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FAMILY CARE PLAN DEPENDENT CATEGORIES

	FCP REQUIRED	FCP NOT REQUIRED
Dual Service member couples with other dependent family members*	X	
Dual Service member couples with no other dependent family members		X
Marine with spouse and family member dependents	X	
Marine with spouse and no other dependent family members	X	
Single Marine with dependent family members	X	
Single Marine with no other dependent family members		X
Civilian Expeditionary Workforce Employees with dependent family members	X	
Civilian Expeditionary Workforce Employees with no other dependent family members		X
Civilian Expeditionary Workforce Employees with spouse and no dependent family members	X	
Contractors serving in officially designated contingency operations with dependent family members		X

*In accordance with definition of "dependent family member" per DODI 1342.19.

Note: Contractors serving in officially designated contingency operations with dependents have the option to decline or choose to participate in family care planning.

VALIDATING OFFICIAL REFERENCE CHECKLIST

The following is a quick reference checklist of items to be considered when validating a Family Care Plan. This checklist is not required to be completed for every Marine and should be used only as a reference. Planning for all possible contingencies is recommended.

	YES	NO	N/A
CAREGIVER DESIGNATED (required):			
Caregiver designated	—	—	—
Alternate Caregiver designated	—	—	—
Non-custodial biological or adoptive parent identified and attempt made to notify	—	—	—
LEGAL (recommended):			
Temporary Custody Agreement	—	—	—
Power of Attorney (POA), Will, en loco parentis, or other applicable documents	—	—	—
Reviewed/Updated SGLI Beneficiaries and Record of Emergency Data (RED)	—	—	—
FINANCIAL (recommended):			
Allotments or financial security for dependents	—	—	—
LOGISTICAL (recommended):			
Movement/Transportation arrangements	—	—	—
Escorts in travel to location of Caregiver	—	—	—
Use of personal property arrangements	—	—	—
Medical care/Support/Special Education	—	—	—
Language translator	—	—	—
FAMILY SERVICES (recommended):			
Child care/Behavioral changes/Family advocacy	—	—	—
Unit, Personal and Family Readiness access	—	—	—
Information & Referral	—	—	—

[COMMAND LETTERHEAD]

1754
CODE/SERIAL
DATE

FROM: [Commander]
TO: [Name of caregiver(s)]
[Address of Caregiver(s)]

Subj: AUTHORIZATION FOR MARINE CORPS EXCHANGE AND COMMISSARY
STORE PRIVILEGES

Ref: (a) MCO 5512.11D, paragraph 22.3

1. [INSERT IN ALL CAPS: NAME/ADDRESS/LAST FOUR OF SPONSOR] hereby grants "Agent" authority to the above-named caregiver(s), substantiated by reference (a) and formalized by signature next under.

Signature of Sponsor

2. You are authorized to purchase items for the sponsor named above and for no other persons. You are required to provide satisfactory identification whenever presenting this letter to the military commissary store or exchange facility. The officer in charge of these facilities will brief you on the special procedures to be followed when making purchases at the facility.

3. The Commanding Officer reserves the right to withdraw exchange and commissary privileges from anyone who is found to have made purchases for the benefit of another who is not entitled to the privileges.

4. This authorization will remain in effect from [INSERT START DATE] to [INSERT END DATE], unless sooner revoked or suspended. In the event that the sponsor's hardship continues to exist, the sponsor may apply for an extension of this privilege.

5. Whenever multiple Commissary and Exchange facilities exist in the local area, this letter of authorization may be recognized by all of those facilities.

/s/
COMMANDER'S NAME

Telephone # sponsor:
Telephone # agent:
Copy to:
[ACTIVITY COMMISSARY OFFICER]
[ACTIVITY EXCHANGE OFFICER]