



MILITARY FAMILY SERVICES

Couples - Emergency Care Plan (ECP)

PROTECTED "A" WHEN COMPLETED

One of the most important considerations of family readiness is to ensure that you and your family are taken care of during times of emergency and deployment. An MFS Emergency Care Plan (ECP) is very important for all members and their families. This form will supplement form DND 2886-E (11-2012) CLF 2.0.

An **MFS Emergency Care Plan** should be developed whether you expect to be away or not because there could always be an emergency. Taking care of these considerations now will ensure you, your family members are adequately cared for in these situations. Emergency support is available in EMERGENCIES ONLY.

This is not a Mandatory Item; however, highly recommended. You are required to have a FCP on file if you are requesting Emergency Care Funds for a particular situation.

PERSONAL INFORMATION	
Member's Last Name:	Member's First Name:
Spouse/Partner's Last Name:	Spouse/Partner's First Name:
Address:	Member's Phone:
	Spouse/Partner's Phone:

This document will only be used in case of an emergency and you and your spouse are unavailable due to this emergency.

EMERGENCY CONTACT FOR SPOUSE		
<i>Local (in your current area and can access a spare key or door code)</i>		
Name:	Address:	Phone:
Name:	Address:	Phone:

ACKNOWLEDGMENTS:

Yes No I have thoroughly briefed all designated parties listed in this plan on the full extent of their responsibilities and information regarding my family.

STATEMENT OF UNDERSTANDING

I attest that the information on this form is accurate to the best of my knowledge, I will update information as necessary to keep the information current and I have read and understand the contents of this form.

I agree that my personal information that has been included in this form may be shared with outside parties in the event of an emergency.

Signature of Member or Spouse: _____ Date: _____

Signature of Member or Spouse: _____