## **MILITARY FAMILY SERVICES**



## **Single Member-Emergency Care Plan (ECP)**

## PROTECTED "A" WHEN COMPLETED

One of the most important considerations of emergency readiness is to ensure that as a single member you are taken care of during times of emergency and deployment. An MFS Emergency Care Plan (ECP) is very important for all members. This form will supplement form DND 2886-E (11-2012) CLF 2.0 and is for the confidential use of your Military Family Services Coordinator and/or local Chain of Command, in the case of an emergency.

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 and/or pets are adequately cared for in these situations.

This is not a Mandatory Item; however, highly recommended. You may be 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:	
	Phone:	•	
be used in case of an emerg	ency and you are unavailab	ole due to this emergency.	
rea and has access with spa	re key or door code)		
Address:	Phone:		
Address:	Phone:		
Name		Туре	
(or where pet(s) spend thei	time)		
Address:	Phone:		
Address:	Phone:		
	Address:  Address:  Address:	be used in case of an emergency and you are unavailable rea and has access with spare key or door code)  Address:  Address:  Phone:  Address:  Phone:	

ACKNOWLEDGMENTS:		
Yes No	I have thoroughly briefed all designated parties listed in this plan on the full extent of their responsibilities.	
STATEMENT OF	UNDERSTANDING	
	nformation on this form is accurate to the best of my knowledge, I will update information as the information current and I have read and understand the contents of this form.	
I agree that my p the event of an er	ersonal information that has been included in this form may be shared with outside parties in mergency.	
Signature :	Date:	