



Sponsorship Request Form

Name: _____

Rank/Pay Grade: _____

Branch of Service: _____

Marital Status: _____

Age of Accompanied Children: _____

Exceptional Family Member Program (EFMP) Sponsor: _____

Please indicate by circling: Yes or No.
Specific information should be provided directly to EFMP professional personnel at your Family Service Center. Please do not include any additional EFMP information on this form.

Current Unit Address: _____

New Duty Station: _____

Gaining Command: _____

MCC/UIC: _____

Detachment Date: _____

Attachment Date: _____

Military Email Address: _____

Civilian Email Address: _____

Current Work Phone: _____

Current Home Phone: _____

Current Cell Phone: _____

Current Address: _____

Leave Address: _____

Leave Phone Number: _____