

Command Sponsorship in Hawaii?

Several ways of processing:

Concurrent travel—Soldier acquires dependent (s) before being assigned to Hawaii. Passport is not needed. Overseas briefing prior to departure from last duty station. Instructions will be given to the soldier to have dependents initiate an Overseas Physical. Upon completion of their physical, the 5888 will be signed by an EFMP Medical Treatment Facility and given to the Reassignment clerk to process the approval of concurrent travel by entering the dependent(s) full name(s) on the PCS orders. Approval for Concurrent Travel authorized dependent (s) to travel with soldier. If the dependent(s) does not travel together with soldier, a new order needs to be generated and published for travel of dependent(s) to Hawaii from Family Travel Section at DHR.

Dependent Family Travel If the soldier is not successful in completing the process of Concurrent Travel or if the soldier acquired dependent(s) enroute to Hawaii, the Soldier will arrive to Replacement and request for Dependent Family travel. The Soldier must be married or acquire dependents PRIOR TO ARRIVAL TO HAWAII !!!!! Please do not attempt to pay out of pocket for dependent(s) travel, this will disqualify you for a one time entitlement of Dislocation Allowance for the amount of \$1,975.00 or more depending on your rank. Entitlements: Authorize travel at Government Expense, Temporary Lodging Allowances with dependent rate and per Diem (meal allowances), Dislocation Allowances, Cost of Living Allowances, Shipment of household goods with Dependent rate and one POV.

*Requirements for Dependent Family Travel

- 1.) 4187 requesting Dependent family travel
- 2.) PCS ORDERS- to show that the soldier arrived on Hawaii.
- 3) 36 months tour requirement, if not met, we will have you sign an extension to meet the 36 month requirement.
- 4) Marriage certificate (not the license) need a seal stamp showing
- 5) Child (ren) birth certificate, if there is no father listed on birth certificate, a notarized letter identifying the person that has full physical custody, if there is any stepchild (ren), please have court documents establishing the person that has full physical custody of child (ren) .
- 6) DD93 Emergency Data with current address and all dependents entered/need to be digitally signed by soldier and witness. If spouse has a different last name, please provide an 1172 from the DEERS section.
- 7) 5888-Family member Deployment screening sheet- instructions and forms will be given at Replacement, physical must be completed by contacting the EFMP Regional Medical Command for further processing.
- 8) DD 4-1(Enlistment/Reenlistment Document) for Home of Record, only if Soldier is a first term (first duty station) -If this is a second duty station for the soldier then this is not needed. As a first term, the Home of Record is the place of travel entitlements for dependents.

Space A- Soldier that has arrived in Hawaii as a single soldier then acquires a dependent(s) after arrival to Hawaii, and the dependent(s) are still in the CONUS location, it is recommended to request for SPACE A. Acquired dependent(s) will use air mobility aircraft or pay for commercial airline travel. When the Space A is approved the acquired dependent(s) will be automatically Command Sponsored upon arrival to Hawaii. Orders must be used within 60 days. Same requirements as Dependent Family Travel, but NO entitlements for Dislocation Allowances, NO Temporary Lodging Allowances, NO shipment of household goods with dependents rate. Housing can be offered immediately and COLA will be effective from the date of arrival of dependent(s).

Command Sponsorship—If the soldier acquired dependent(s) before and after arriving to Hawaii, and paid out of pocket for airline travel to Hawaii, the soldier will not be reimburse for airline expenses. Shipment of Household goods with dependents is not approved, but shipment of Household goods with single rate is approved with only the soldier's PCS orders. Dislocation allowances with dependents are not approved (\$1975.00) because Command sponsorship was not established prior to arriving on Hawaii. TLA is not approved with Dependent rate, only at single rate if the soldier was married prior to arrival to Hawaii. When the Command Sponsorship is approved, then the TLA will be at Dependents rate. When the soldier pay out of pocket to have dependent(s) arrives on island, he is recommended to request for Command Sponsorship immediately! The soldier will be advised to have the dependents make an appointment with Tripler Army Medical Center for a physical and a screening to process the 5888. When a Soldier acquire a dependent after arrival to Hawaii, he is not qualify for dependents airline travel, not qualify for shipment of household goods with dependents rate., no temporary lodging allowances (TLA), no Dislocation Allowances and no Cost of living (COLA) with dependent rate until the command sponsorship is approved. The soldier is advice to process Command sponsorship with these requirements: 4187 requesting for Command Sponsorship, PCS orders, ERB showing the 36 months requirement, DD93 showing dependents Hawaii address, dependents must be located here in Hawaii, Marriage certificate, children birth certificate, copy of airline itinerary or boarding pass. If dependent(s) are local residence then proof of state taxes N11, school transcript, diploma or certificate.

COMMAND SPONSORSHIP REVIEW COVERSHEET

Counselor _____

1st Call _____

2nd Call _____

NAME: LAST, FIRST _____ PHONE: _____ DATE _____

- Database entry date: _____
- DA 4187** or Command Sponsor Order Form-Personnel Action requesting command sponsorship
- PCS Orders**
 - ORDER # _____ date published _____ MDC Code? _____
 - Read orders for all others tour, dependents: YES, designated location for dependents, unaccompanied or accompanied tour.
- ERB/ORB**
 - DEROS date: _____ ETS date: _____ Need extension? YES _____ NO _____
 - New date of ETS _____
- DD93** Address (Need Hawaii address) CITY _____ STATE _____
 - Check for address is the same as request form and all dependents name(s) are listed. How many dependents? _____
- MARRIAGE CERTIFICATE:** (seal must show) YES _____ NO _____
- BIRTH CERTIFICATE:** How many children? _____ Stepchildren? _____
 - Check for father/mother name on birth certificate (service member)
 - No father/mother name on birth certificate (notarized letter verifying status of support and identify if was married) _____
 - Biological father/mother name on birth certificate. (Court documents confirming full/joint geographical physical custody of child, signed by a judge.)
- PROOF OF DEPENDANTS IN HAWAII:**
 - Airline Ticket: Date of arrival to Hawaii or Statement from the Unit Commander certifying their date of arrival in command. Copy of travel itinerary is not acceptable.
 - Bona Fide Hawaii Resident? (Tax return, Hawaii Birth Cert, High School Diploma, College Enrollment)
 - DD214: (if spouse recently separated from Military Service in Hawaii)

- DA 5888**

Date Provided DA 5888: _____

Remind Soldier to:

 - Enroll family in Hawaii TRICARE
 - Make a Physical Exam Appointment
 - Make Tripler EFMP Screening Appointment

Date submitted to DHR _____ Data base entry date _____

Command Sponsorship Checklist

Last Name: _____ First Name _____ Phone # _____

REQUIREMENTS FOR PROCESSING

Please enter an X in each item before submitting this packet to ensure completeness.

- Go to the TRICARE Office to change family to Hawaii Western Region. 808-433-8485, Schofield Bldg 676, Rm 217
- Call 808-433-2778 to make an appointment to have your family process their physicals at the Schofield Medical Clinic or Tripler Army Medical Center.
- Once physicals are done, call EFMP at 808-433-4441 to review the physicals and authenticate the DA 5888-R

Documentation for packet:

- 1) DA Form 4187- Personnel Action requesting command sponsorship
- 2) PCS orders (front and back) and Amendments
- 3) ERB (Enlisted Record Brief) or ORB (Officer Record Brief) from Emilpo- .Soldier must have 36 months from the day of arrival to Hawaii. Service member's ETS date must meet the DEROS date or go beyond.
- 4) DD 93 (Record of Emergency data) showing family member's names and current Hawaii address. Please ensure address is the same as the Request for dependent travel form (DO NOT INCLUDE COPY OF SGLI)
- 5) Marriage Certificate needed to verify date of marriage, needs to show official seal.
- 6) Children Birth Certificate. to identify dependents name, age, Mother's name and Father's name.
 - Check for father/mother name on birth certificate (service member)
 - No father /mother name on birth certificate (notarized letter verifying status of support and identify if was married) _____
 - Biological father /mother name on birth certificate (court documents confirming full/joint geographical physical custody of child (sign by a judge). _____
- 7) DA form 5888-R: Give to Mr. Lopez or Mrs. Abregano.
- 8) Proof of Dependants in Hawaii:
 - Copy of airline ticket stub:** date of arrival to Hawaii or Statement from the unit commander certifying their date of arrival in command. Copy of travel itinerary is not acceptable.
 - For Bona fide Hawaii residents:** need the following documents to prove Hawaii residency: tax return, Hawaii birth certificate, high school diploma, or college enrollment.
 - DD214**(Report of Separation from Active Duty): Spouse recently separated from the Military in Hawaii and staying in Hawaii.

VERY IMPORTANT: please safe keep all approval letter or memo for future proof of command sponsor upon PCSing from Hawaii. Any question? Please contact Mr Lopez or Mrs. Abregano at 808-655-0681/ 8270.

FAMILY MEMBER DEPLOYMENT SCREENING SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC Section 3013.
PRINCIPAL PURPOSE: Personnel support.
ROUTINE USES: To validate family member deployment screening, and to provide gaining command with data to assist in making an assignment decision.
DISCLOSURE: The provision of requested information is mandatory. Failure to respond may preclude successful processing of an application for family member travel/command sponsorship and may lead to appropriate administrative or disciplinary action against the soldier.

PART A - SOLDIER/FAMILY MEMBER DATA

1. NAME OF SOLDIER <i>(Last, first, MI)</i>	2. SOCIAL SECURITY NUMBER	3a. RANK	3b. MOS/BRANCH
4a. HOME ADDRESS	5a. DUTY ADDRESS Garrison Replacement Detachment Schofield Barracks, Hawaii 96857		6. DATE OF EDAS CYCLE OR RFO (OFF) DATE NA
4b. HOME PHONE NO. <i>(Include Area Code)</i>	5b. DUTY PHONE NO. a. DSN b. COMMERCIAL <i>(Include area code)</i>		

7. FAMILY MEMBERS

a. NAME	b. RELATIONSHIP	c. DOB (YYYYMMDD)	d. HOME ADDRESS

8. AUTHENTICATION

a. MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY REPRESENTATIVE'S NAME	c. RANK <i>(Grade)</i>	d. SIGNATURE
b. TITLE		e. DATE (YYYYMMDD)

PART B - FAMILY MEMBER SCREENING RESULTS

9. NAME	EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT <i>(Check one)</i>				
	a. NOT WARRANTED	b. CONSIDERATION WARRANTED <i>(Date sent for Coding)</i>	c. SUBSTANTIAL CHANGE SINCE ENROLLMENT		
			NO	YES	DATE SENT FOR CODING
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

10. ARMY MEDICAL TREATMENT FACILITY (MTF) EFMP MEDICAL PRACTITIONER COMPLETING THIS FORM

a. PRINTED NAME OF MEDICAL PRACTITIONER	b. SIGNATURE	c. DATE (YYYYMMDD)
d. ADDRESS	e. PHONE NUMBER <i>(Include Commercial and DSN)</i>	

11. ARMY MTF EFMP PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes this form.)*

a. TYPED OR PRINTED NAME OF PHYSICIAN	b. TITLE	c. RANK
d. SIGNATURE		e. DATE (YYYYMMDD)