DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

SPECIAL NEEDS PROGRAM - FAMILY SUPPORT SERVICE DECLINATION FORM

PRIVACY ACT STATEMENT

AUTHORITY: The Homeland Security Act of 2002, Pub. L. No. 107-296; Federal Records Act, 44 U.S.C. 3101; 5 U.S.C. 301, and COMDTINST 1724.7 (series).

PURPOSE: To identify active duty members eligible for enrollment in the Special Needs Program who do not wish to receive family support services from the Health, Safety, and Work-Life Regional Practice (HSWL RP) staff.

ROUTINE USES: To verify that active duty members eligible for enrollment in the Special Needs Program voluntarily decline services from the HSWL RP Family Resource Specialist (FRS) in relation to their enrollment in the Special Needs Program. Information provided on this form will not be disclosed except in accordance with DHS/USCG-007 Special Needs Program System of Records, 76 FR 24905 (May 3, 2011).

DISCLOSURE: Voluntary; however, failure to provide information may delay or prevent appropriate action.

I. FAMILY INFORMATION

SPONSOR'S NAME	EMPLOYEE ID NUMBER

NAME OF THE FAMILY MEMBER(S) ENROLLED IN THE SPECIAL NEEDS PROGRAM:

1.	2.
3.	4.

II. FAMILY SUPPORT SERVICE DECLINATION

I understand that enrollment in the Special Needs Program is mandatory, but I hereby decline the Special Needs Program support services provided by the HSWL RP FRS.

I further understand that this declination is effective on the day this form is signed, and will expire when my enrollment in the Special Needs Program ends, or when I revoke it. I understand that I may contact the FRS, or the FRS may contact me, to update my enrollment information during the time this declination of services is in effect.

SPONSOR'S NAME	RELATIONSHIP TO THE FAMILY MEMBER WITH SPECIAL NEED
SPONSOR'S SIGNATURE	DATE

SPOUSE/ADULT FAMILY MEMBER'S WITH SPECIAL NEEDS NAME:	SPOUSE/ADULT FAMILY MEMBER'S WITH SPECIAL NEEDS SIGNATURE	DATE

III. FAMILY SUPPORT SERVICE REINSTATEMENT

I hereby revoke my Family Support Service Declination and agree to receive regular services from the HSWL RP FRS.

SPONSOR'S NAME	RELATIONSHIP TO THE FAMILY MEMBER WITH SPECIAL NEED
SPONSOR'S SIGNATURE	DATE

SPOUSE/ADULT FAMILY MEMBER'S WITH SPECIAL NEEDS NAME:	SPOUSE/ADULT FAMILY MEMBER'S WITH SPECIAL NEEDS SIGNATURE	DATE

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