

Member and Family Care Plan

The deployment

Deployment/Exercise/Course: _____

Location: _____

Estimated date departure: _____ Estimated date return: _____

Are there any restrictions on communication with the member while they are away (e.g. weight limits on postal items, access to internet, etc.)? Yes / No

If so, what? _____

Unit contact details

Supervisor(s):

Name Contact number

Name Contact number

After hours / Duty Officer:

Name Contact number

Unit Welfare Officer:

Name Contact number

Does the partner or dependants have relevant ID to gain access to the military base (i.e. a National Family Access Card or a Dependant Base Card)? Yes /No

If no, contact the Unit Orderly room or Unit Welfare Officer to organise a pass.

Personal details

ADF member

Rank Name

PMKeyS number Date of birth

Mobile number Email address

Postal address while away

Unit / Squadron / Ship Category / Mustering / Trade

Partner

Name

Date of birth

Address during member's absence

Telephone numbers – home / work / mobile

Dependants

Name	Relationship to member	Date of birth	Living with member?
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Schools

Have you informed your child's teachers and / or carers of the member's absence so that they can be supportive of your child's needs? Yes / No

If relocating, have you advised the school of your next location and moving date? Yes / No

Have you informed any in-school Defence Aides or Mentors of the member's deployment? Yes / No

Personal details administration

Have the partner and/or dependants been formally recognised by Defence? Yes / No

If no, the ADF member should complete Webform PE357 for a partner or AD160 for dependants, and submit the forms to their Commanding Officer.

Are all the member's, partner's and dependants' details correct and up-to-date in PMKeyS? Yes / No

Has the member named their Next of Kin and Primary Emergency Contact in PMKeyS? Yes / No

Has the member lodged form AC989 with the National Welfare Coordination Centre (NWCC) to confirm emergency details? Yes / No

Medical

Special needs

Does any member of the family have current special medical needs (including mental health issues or pregnancy) or recognised conditions?		Yes / No
Name	Need/condition	

Are these special needs formally recognised by Defence? Yes / No

If no, you can begin the recognition process by contacting the Defence Family Helpline on 1800 624 608.

Allergies

Does any member of the family suffer from known allergies or adverse drug reactions?		Yes / No
Name	Allergy/adverse reaction	

Medical details

Doctor

Doctor's name

Phone number

Yes / No

Practice

By appointment?

Dentist

Dentist's name

Phone number

Specialists

Type of specialist:	Name
	Phone number
Type of specialist:	Name
	Phone number
Type of specialist:	Name
	Phone number

Private health insurance

Does the family have private health cover?	Yes / No
Fund name	
Fund contact number	
Policy number	
Level of cover	
Includes hospital cover?	Yes / No
Includes ambulance cover?	Yes / No

Immunisation

Are children fully immunised relevant to their age?	Yes / No
Are adults up to date with immunisations (e.g. tetanus)?	Yes / No
Where are the immunisation records kept?	

Other issues

Are there any religious, cultural or other considerations that would have a bearing on medical treatment administered to the family?	Yes / No
If yes, what?	
If yes, have you notified the family doctor and emergency contacts of these issues?	Yes / No

Insurance

Are all insurance policies up-to-date?	Yes / No
Home and contents	Yes / No
If yes, company and policy number:	
Vehicle(s)	Yes / No
If yes, company and policy number:	
Life insurance	Yes / No
If yes, company and policy number:	
Private health insurance	Yes / No
If yes, company and policy number:	
Other:	Yes / No
If yes, company and policy number:	

Finance

Is the partner or person in charge of finances fully familiar with the financial arrangements of the family? Yes / No

Bank account and credit card details

Name of account	Account number	Where held	Expiry date
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Can the partner access and utilise all accounts? Yes / No

If no, what will the arrangements be? _____

Payments

Are there sufficient funds in place to cover all periodic payments (e.g. phone, power, water, insurance and rent or mortgage payments)? Yes / No

Are the regular bills automatically paid from your pay or bank account? Yes / No

If no, how are payments made? _____

Is the partner or person in charge of finances aware of the due dates and payment methods for all regular bills or expenses? Yes / No

Budgeting / financial planning

Do you have a personal tax adviser or financial counsellor? Yes / No

Name	Company	Phone number
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Do you have an up-to-date budget? Yes / No

Is the family sufficiently funded to meet all bills and expenses incurred? Yes / No

Do you have emergency funds available (or someone who would be able to provide you with emergency financial assistance) to deal with unforeseen expenses or an emergency? Yes / No

If yes, provide details: _____

Legal

Wills

ADF member

Does the member have a current Will? Yes / No

If no, you can seek free advice from a Defence Legal Officer, or pick up a Legal Will kit from a Post Office or newsagent.

Is your Will lodged with Defence? Yes / No

We strongly encourage you to forward your Will to DCO for storage.

If no, where is the Will located? _____

Partner

Does the partner have a current Will? Yes / No

Where is the Will located? _____

Who is the Executor?

Name

Contact number

Power of Attorney

Have you appointed a Power of Attorney? Yes / No

Name

Contact number

Where are the Power of Attorney documents kept? _____

Electoral Voting

Have you registered for voting in your current electorate? Yes / No

State Electorate: _____ Council Electorate: _____

Motor vehicle

This includes cars, boats and motorcycles.

Roadside service

Do you have membership with a Roadside Service Provider such as NRMA or RACQ for assistance in the event of a breakdown? Yes / No

Company

Membership number

Phone number

Registration

Vehicle

Registration number

Due date

Vehicle

Registration number

Due date

Vehicle

Registration number

Due date

Will the registration remain current for the period of absence? Yes / No

If no, how will the renewal be paid? _____

Insurance

Vehicle	Insurance company	Policy number
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Vehicle	Insurance company	Policy number
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Vehicle	Insurance company	Policy number
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Will the insurance remain current for the period of absence? Yes / No

If no, how will the renewal be paid? _____

Are all people who may drive the vehicle listed on the insurance? Yes / No

Licences

Member licence number: _____ Expiry Date: _____ State: _____

Other Licence (boat etc): _____ Expiry Date: _____ State: _____

Does the partner and/or dependants have a current driver's licence? Yes / No

Are all licences valid for the current state or territory where you live? Yes / No

Maintenance and service

Are family members fully aware of the general maintenance requirements of the vehicles and how to perform basic checks (e.g. checking oil, water, tyre pressures, or changing a tyre)? Yes / No

Do all vehicles contain sufficient emergency equipment (e.g. spare tyres, jacks, tool kits, First Aid kits)? Yes / No

Who provides maintenance and mechanical repairs to the vehicles?

Vehicle	Company	Phone number
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Vehicle	Company	Phone number
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Vehicle	Company	Phone number
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Are any vehicles due for a scheduled service during the member's absence?
Yes / No

Vehicle	Next service due (date or kilometres)
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Vehicle	Next service due (date or kilometres)
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Vehicle	Next service due (date or kilometres)
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Home and security

Home details

Rental property

Real estate agent:

Company	Agent name	Contact number
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Arrangements for rent payment: _____

Where are lease documents kept? _____

Own home

Arrangements for mortgage payments (if applicable): _____

Where are mortgage papers or house deeds kept? _____

Home and contents insurance

Do you have home and / or contents insurance? Yes / No

Company	Membership/policy number	Due date
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Home arrangements

Are the fire detectors or smoke alarms installed and working? Yes / No

Has any necessary mail redirection been organised? Yes / No / Not applicable

Does everyone in the family know where the spare keys for the house and vehicles are kept? Yes / No

Are all electrical systems and major appliances in good working order? Yes / No

Are fuses and circuit breakers labelled? Are family members aware of the location and function of these? Yes / No

Security

Is there sufficient security for your home while absent? Yes / No

Do you have adequate and functioning locks or bolts on all doors and windows?
Yes / No

Are there any additional security measures to add to the home (e.g. security doors or screens, front door peep hole, sensor lights, etc)? Yes / No

Are all alarm systems and sensor lights in good working order? Yes / No

Maintenance and repairs

Can your partner/dependant maintain the household in your absence? Yes / No

Are all tools in good working order (e.g. lawn mower) and are family members familiar with the location and use of them? Yes / No

Does the family know who to contact for home maintenance or repair issues (e.g. plumbers, electricians, tradespeople, and Defence Housing Australia)? Yes / No

Type of service

Name of company

Phone number

Does any maintenance need to be scheduled during the member's absence (e.g. lawn mowing services)? Yes / No

Important documents

Are your important personal documents secure? Yes / No

Do all family members know where the important documents are kept? Yes / No

Document	Yes / No	Location
Birth Certificates		
Adoption papers		
Marriage Certificate		
Court Orders		
Passports		
Wills		
Power of Attorney		
School reports / records		
Immunisation records		
Medical records		
Dental records		
Investment documents		
Prescriptions		
House deeds		
Mortgage papers		
Vehicle registrations		
Insurance policies		
Tax returns		
Spare keys		
Citizenship papers		
Appliance warranties		



Emergencies

Emergency contacts

If there was a medical or other emergency with the partner, who should be called?

Name	Phone numbers – home / work / mobile
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If there was a medical or other emergency with one of the children and the parent(s) were not contactable, who should be called?

Name	Relationship to child
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Phone numbers – home / work / mobile

Secondary or other person to call in an emergency situation:

Name	Phone numbers – home / work / mobile
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Emergency plans

Does your family have local support in the event of an emergency? Yes / No

Does your family have a prepared emergency kit (including a First Aid Kit, and severe weather provisions)? Yes / No

Do all members of the family know where the emergency kit is located? Yes / No

Does your family have support to assist with the preparation of the home in the event of severe weather? Yes / No

If a member of your immediate family became ill or incapacitated whilst the serving member is absent, what emergency plan do you have in place to ensure your family is cared for and has access to supports if required?

Outline your emergency plan:

Has this emergency plan been discussed and agreed with the person or people who are going to provide the support and care? Yes / No

Emergency support

Are you aware of the emergency support that Defence Community Organisation can provide? Yes / No

Have you registered your family for deployment support contact from DCO? Yes / No

Emergency and support contact details

Defence Community Organisation (DCO)	1800 624 608 The Defence Family Helpline for 24-7 support, advice or referral www.defence.gov.au/dco
Emergency services	000
National Welfare Coordination Centre	1800 801 026 24-7 information and support line during deployments
All-Hours Support Line	1800 628 036 Defence's all-hours mental health support line
Defence Housing Australia (DHA)	139 342 For Defence housing enquiries and maintenance www.dha.gov.au
Unit After-hours / Duty Officer	
Unit Welfare Officer	
Chaplain	
Hospital	
Local doctor	
Family emergency contact # 1	
Family emergency contact # 2	