

# MEMBER AND FAMILY CARE PLAN

## PERSONAL DETAILS

Serving Member's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Ship/Unit/Squadron serving with: \_\_\_\_\_

Name of contact at ship/squadron or unit: \_\_\_\_\_

Telephone: \_\_\_\_\_

Partner's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Children's Names:	DOB:	Living With Member and Partner:
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO
_____	_____	YES/NO

Any other recognised dependants of the serving member:

_____	_____	YES/NO
_____	_____	YES/NO

## MEDICAL DETAILS

Does any member of the family have special medical needs or recognised conditions : YES/NO

If YES: Name                      Need/Condition                      Is this known and recognised by  
Defence : YES/NO

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*If NO, please contact your local Defence Community Organisation office to discuss special needs recognition.*

**Are the children fully immunised relevant to their age: YES/NO**

**Where are the children's immunisation records kept:** \_\_\_\_\_

**Who is your local Doctor:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Do you have private medical health cover: YES/NO**

If YES, with whom are you covered and what level of coverage do you have:

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**Do you have Ambulance Cover: YES/NO**

**Are there any religious or other considerations that would have a bearing on medical treatment administered to you or your family: YES/NO**

If YES, have you notified your local doctor and emergency contact people of these issues:  
YES/NO

**Do you or any member of your immediate family suffer from known allergies or adverse drug reactions: YES/NO**

If YES, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If there was a Medical or other Emergency with one of your children and you were not contactable, who should be called:**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile:

\_\_\_\_\_

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**If there was a Medical Emergency or other emergency with you (the parent/s), should the same emergency contact be alerted as with the children? YES/NO**

**Alternative Contact:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile:

\_\_\_\_\_

**If you or a member of your immediate family became ill whilst the serving member was absent on duty, what emergency plan do you have in place to ensure you and/or your children are cared for:**

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**Has this emergency back-up plan been discussed and agreed with the serving member and the person/people who are going to provide the support and care you may require YES/NO**

**FINANCIAL INFORMATION**

**Bank, Credit Card and Store Account Details:**

<b>Name of Account</b>	<b>Account Number</b>	<b>Where Held</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Are both partners familiar with the financial arrangements of the family: YES/NO**

**Can both partners access and utilise all accounts: YES/NO**

**Do you have a personal tax adviser or financial counsellor: YES/NO**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Are you aware of the due dates for all regular payments: YES/NO**

**Are these regular bills automatically paid from your bank account regardless of where you are located at the time they fall due? YES/NO**

**Is your income sufficient to meet your financial commitments: YES/NO**  
If NO, please contact your local DCO office for financial advice.

**Do you have emergency funds available (or someone who would provide you with emergency financial assistance) to deal with an emergency: YES/NO**

**During the serving member's absences, is the family aware of and sufficiently funded to meet all bills and expenses incurred and is there a spending agreement or plan to deal with additional expenses (eg. replacing the washing machine): YES/NO**

**VEHICLES**

**Do you have membership with a Roadside Service Provider such as NRMA, RACQ etc? YES/NO**

**Member Number:** \_\_\_\_\_

**Is your car/vehicles insured and registered? YES/NO**

**Is your Driver's Licence Current?**

License Number of Member: \_\_\_\_\_

License Number of Spouse: \_\_\_\_\_

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**Who provides maintenance and mechanical repairs to your vehicles:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**How often should your vehicles be serviced:** \_\_\_\_\_

**Are family members fully aware of the general maintenance requirements of your vehicles (such as checking oil, water, tyre pressure etc): YES/NO**

## **HOUSEHOLD**

**Who provides maintenance assistance (plumbing, electricity, repairs etc) for your house:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does everyone in the family know where spare keys for the house and car are kept: YES/NO**

**Does everyone in the family know where the Very Important Documents are kept: YES/NO**

**Have you registered for Voting in your current electorate: YES/NO**

## **SCHOOL**

**Have you informed your child/children's teachers and/or child carers of any periods when the serving member will be deployed so that they can be supportive of your child's needs: YES/NO**

**Have you advised the school of your next posting location and moving date so that they can prepare a portfolio on your child's progress and work for the next school: YES/NO**

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## **YOUR WILL**

**My personal Will has been prepared by**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My personal Will is dated** \_\_\_\_\_  
**Copies of my Will are located** \_\_\_\_\_

**The executor (executrix) of my Will is**  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:**  
\_\_\_\_\_

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**My partner's/spouse's Will has been prepared by**

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**My partner's/spouse's Will is dated:** \_\_\_\_\_  
**Copies of my partner's/spouse's Will are located:** \_\_\_\_\_

**The executor (executrix) of my partner's/spouse's Will is**  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:**  
\_\_\_\_\_

**The Guardian of my child/children is**  
**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:**  
\_\_\_\_\_

**NB: All serving full-time members can get a basic Will prepared for them, and where appropriate for their spouse/partner, by a Defence Legal Officer. The Defence Legal Officer will prepare basic Wills only. They will also arrange Powers of Attorney where possible if requested. They do not organise probate or funerals and cannot officially advise the partners of deceased members but most Legal Officers will try and help out if they can. All Defence Establishments operate regular Legal Clinics so you can access a Permanent or Reserve Lawyer.**

**Contact your local Defence Community Organisation Office for details.**

**Note: Anyone serving overseas must have a Will before they undertake an overseas posting or deployment.**

**IMPORTANT DOCUMENTS INVENTORY**

	<b>YES/NO</b>	<b>Location of Document</b>
<b>Birth Certificates (Adoption Papers)</b>	_____	_____
<b>Marriage Certificate/s</b>	_____	_____
<b>Divorce Papers</b>	_____	_____
<b>Court Orders (including Family Court Orders re children)</b>	_____	_____
<b>Passport/s</b>	_____	_____
<b>Will/s</b>	_____	_____
<b>Power of Attorney</b>	_____	_____
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<b>School Reports &amp; Records</b>	_____	_____
<b>Immunisation Records</b>	_____	_____
<b>Medical History/Records</b>	_____	_____
<b>Dental History/Records</b>	_____	_____
<b>Investment Documents</b>	_____	_____
<b>Prescriptions (for glasses, medication etc)</b>	_____	_____
<b>House Deeds</b>	_____	_____
<b>Mortgage Papers</b>	_____	_____
<b>Vehicle Registrations (including trailers, caravans etc)</b>	_____	_____
<b>Life Insurance Policies</b>	_____	_____
<b>Medical Insurance</b>	_____	_____
<b>Tax Returns</b>	_____	_____
<b>Safety Deposit Box Key is Located : _____</b>	_____	_____