

## WARNING

In accordance with National Defence Security Policy, form **DND 2886-E - Family Care Plan (FCP) Declaration** is designated "**Protected B**" information once completed.

Completed "Protected B" forms **MUST NOT BE SAVED UNENCRYPTED** on any network and workstation drive or storage media. "Protected B" forms, when completed, **MUST BE ENCRYPTED USING THE DND ISSUED PKI SMARTCARD**. Failure to respect this requirement will result in a breach of security and sanctions shall be applied in accordance with the policy.

## Family Care Plan (FCP) Declaration

(All members shall complete Part I, see page 2 for instructions.)

DAOD Form 5044-1A

### Part I - Identification, Declaration, and Administration

Surname	Given name	SN	Rank	Unit	
I have read and understood the FCP section in DAOD 5044-1, <i>Families</i> , and declare that: <i>(check the applicable situation)</i> <input type="checkbox"/> I am not presently responsible for providing care to a family member and have no requirement for an FCP. <input type="checkbox"/> I am presently responsible for providing care to a family member and my FCP is set out in Part II. <input type="checkbox"/> I am presently responsible for providing care to a family member and have a FCP, but choose not to set it out in Part II.		Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>	I authorize the disclosure of the personal information in this declaration to my unit's MFRC.  I authorize the destruction of any previous copies of the FCP when it has been replaced with a new version.	
Member's signature			Date		

### Part II - Family Care Plan (Optional)

#### SECTION A - FAMILY MEMBER IDENTIFICATION

Spouse or common-law partner surname	Given name	Telephone	
		Home:	Work:
Family members provided care	DOB (yyyy-mm-dd)	Health problems / Special care	
1.			
2.			
3.			
4.			
Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:			

#### SECTION B - CAREGIVER IDENTIFICATION

1st Caregiver		2nd Caregiver	
Surname and given name	Relationship to member <i>(if applicable)</i>	Surname and given name	Relationship to member <i>(if applicable)</i>
Agency <i>(if applicable)</i>		Agency <i>(if applicable)</i>	
Address <i>(Street/PO Box, City, Province, Postal code)</i>		Address <i>(Street/PO Box, City, Province, Postal code)</i>	
Telephone:		Telephone:	
Potential difficulties <i>(if applicable)</i>		Potential difficulties <i>(if applicable)</i>	

# Instructions on Completing the FCP Declaration

## Part I - Identification, Declaration and Administration

Part I is used to identify the member and to indicate the member's family situation. Selecting the second or third situation indicates to the CO that the member has an FCP and that any family care responsibilities which could, at any time, prevent an absence for duty, have been fully taken into account in the preparation of the FCP.

Part I is also used to indicate if the member authorizes:

- the release of the personal information contained in the FCP Declaration to the unit's Military Family Resource Centre (MFRC); and
- the destruction of any previous copies of the FCP Declaration when it is replaced with a new version. Only the most current copy of the FCP Declaration is kept on the member's personal file. When the FCP Declaration is updated, the previous one must be returned to the member unless its destruction is authorized in writing.

## Part II - Family Care Plan

### Section A - Family Member Identification

Section A is to identify family members and to set out any health problems or special care required.

### SECTION B - CAREGIVER IDENTIFICATION

Section B is used to identify the caregiver. It must contain the names of at least two persons or agencies able to care for the family members in the event of an absence for duty reasons. In most cases the first caregiver would be the member's spouse or common-law partner. Address, phone numbers and potential difficulties with the caregiver assuming their responsibilities should also be indicated. It can also be used to indicate to the CO any potential difficulties that a member may experience in carrying out the FCP, e.g., movement of the children or the caregiver, sufficient financial capability, travel escort, special requirements, etc.

**"The personal information provided on this declaration is collected under the authority of the *National Defence Act* and will be used by the Department of National Defence to assist members of the Canadian Forces with family care planning. This information is protected from unauthorized disclosure by Canada's *Privacy Act* and you may request it at any time by quoting Personal Information Bank (PIB) number DND PPE 818".**