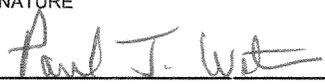


FORM PROCESSING ACTION REQUEST <i>(Read Instructions on back and in DoD 7750.07-M before completing this form.)</i>				1. DATE OF REQUEST (YYYYMMDD) 20120306	
2. FROM (DoD Component OPR Organization and complete mailing address) Marine Corps Community Services ATTN: Mr. Watson BOX 63002 MCBH Kaneohe Bay, HI 96863-3002		3. THRU (DoD Component FMO Organization and complete mailing address) N/A		4. TO (Organization and complete mailing address) Forms Management Officer ATTN: Base Adjutant BOX 63002 MCBH Kaneohe Bay, HI 96863-3002	
5. FORM DESIGNATION AND NUMBER <i>(Leave blank if a new form)</i>		6. EDITION DATE (Enter only if cancelling a form)	7. FORM TITLE Exceptional Family Member Program Respite Care Request		
8. ACTION TYPE (Select one) New	9. FORM TYPE (Select one) Prescribed	10. SUBJECT GROUP <i>(Leave blank if a new form)</i>	11. PRESCRIBING ISSUANCE(S) MCBH MCCS 5000/17		
12. FORM DISPOSITION (List all forms to be replaced by proposed form)			13. PROPOSED FORM DESIGN CONSIDERATIONS		
a. FORM NUMBER (Enter "N/A" if none)	b. EDITION DATE	c. DISPOSITION	a. DESIGN TYPE	b. SUGGESTED SIZE	c. PRINTING SPECIFICATIONS
N/A	N/A		Print and Fill	8.5x11	No
			d. CLASSIFIED	e. CONTROLLED FORM	f. DIGITAL SIGNATURE FIELD
			No	No	No
			g. AVAILABILITY (Select one)		
			Physical Product - Stocked and issued by OPR		
14. PURPOSE AND DESCRIPTION OF USE (Attach continuation page if necessary.) Information required for families to receive the free child care for children enrolled in the EFMP program.					
15. INTERNAL COORDINATION AND CONCURRENCE					
	(1) APPLICABLE? (Yes/No)	(2) REMARKS (Enter applicable remarks related to coordination, and attach appropriate documentation.) (If space permits, enter coordinator email address here.)		(3) COORDINATOR	
				NAME	OFFICE SYMBOL
a. PRIVACY ACT	Yes	NM05000-1		Ms. Amy Madsen	MP&A
b. POSTAL	No				
c. DATA ELEMENTS	No				
d. RECORDS MGMT	Yes	Destroy when 2 years old		Ms. Amy Madsen	MP&A
e. OTHER	No				
f. REPORTS					
RCS	No				
OMB	No				
16. EXTERNAL COORDINATION AND CONCURRENCE (Not required for SD, DoD Component, or Command forms. Attach continuation page if necessary.)					
a. DOD COMPONENT	b. COORDINATOR				
	NAME	OFFICE SYMBOL	TELEPHONE NO. (Include area code/DSN)	EMAIL ADDRESS	INITIALS
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.					
17. DOD COMPONENT OPR AND/OR ACTION OFFICER					
a. TYPED NAME AND TITLE Mr. Paul Watson		b. TELEPHONE NUMBER (Include area code/DSN) 808-254-7684		c. SIGNATURE 	
18. DOD COMPONENT APPROVING OFFICIAL			19. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER		
a. DATE SIGNED (YYYYMMDD)	b. TYPED NAME, TITLE, AND SIGNATURE		a. DATE SIGNED (YYYYMMDD)	b. TYPED NAME, TITLE, AND SIGNATURE	
20. APPROVING FORMS MANAGEMENT OFFICER					
a. TYPED NAME Ms. Amy Madsen	b. DATE SIGNED (YYYYMMDD) 20120307	c. SIGNATURE MADSEN.AMY. SUE.1076100256			

Digitally signed by MADSEN.AMY.SUE.1076100256
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=USMC, cn=MADSEN.AMY.SUE.1076100256
Date: 2012.03.07 08:13:51 -10'00'