

**Addendum (MCAS Miramar)**  
**Exceptional Family Member Program (EFMP)**  
**Respite Care Reimbursement Program**  
**Statement of Understanding**

|\_\_\_\_\_| I understand that the hold harmless agreement must be on file and approved for each provider prior to submitting Respite Care Reimbursement Logs.

|\_\_\_\_\_| I understand that monies will be reimbursed through direct deposit. EFT form must be completed with sponsors account information.

|\_\_\_\_\_| I understand that both sponsor and spouse (If applicable) must attend this training to ensure each member received a clear understanding of the Respite Care Program, in addition to having all their questions and/or concerns answered and addressed.

**By signing this addendum Statement of Understanding, I acknowledge my understanding of the terms listed above, and agree to the same. Suspected fraudulent activity will be reported to the appropriate authority for investigation.**

\_\_\_\_\_  
**Sponsor Name (Print)**

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Rank**

\_\_\_\_\_  
**Signature of Sponsor or Agent of Power of Attorney**

\_\_\_\_\_  
**Agent Name (Print)**

\_\_\_\_\_  
**POA Expiration Date (If POA used)**

\_\_\_\_\_  
**EFMP Staff Signature**