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# Essential PCS Contacts

*What I need to know about my new state, installation, and county*

## State Resources

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Parent Training & Information Center (PTI): [Find your PTI](#)

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Name of Organization: \_\_\_\_\_

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Military Outreach: \_\_\_\_\_

Family Voices: [Find your Family-to-Family program](#)

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Name of Organization: \_\_\_\_\_

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Parent to Parent (P2P): [Find your P2P program](#)

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Name of Organization: \_\_\_\_\_

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## State Disability Program

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Name of Organization: \_\_\_\_\_

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

Application Website: \_\_\_\_\_

Email: \_\_\_\_\_

Medicaid Waivers: [Find your state Medicaid program](#)

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Name of Organization: \_\_\_\_\_

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

Application Website: \_\_\_\_\_

Email: \_\_\_\_\_

Applicable Waiver(s): \_\_\_\_\_



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Social Security Income (SSI): [My Social Security Account](#)

Report changes in address within 10 days to avoid fines and penalties.

## My Installation Contacts

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### Exceptional Family Member Program (EFMP) Family Resources

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

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

Email: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Title: \_\_\_\_\_

### Exceptional Family Member Program (EFMP) Medical

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

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

Email: \_\_\_\_\_

Title: \_\_\_\_\_

### School Liaison: [Find your School Liaison](#)

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

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

Email: \_\_\_\_\_

### TRICARE Representative

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Some installations have a TRICARE representative located at the military treatment facility (MTF). Contact the regional contractor to locate the closest regional or local TRICARE representative.

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

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

Email: \_\_\_\_\_



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# State & County Education Contacts

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## State Department of Education

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## School Choice Options: [Find your School Choice options](#)

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- Educational Savings Account (ESAs)
- Tax-Credit Education Savings Account (ESAs)
- Individual Tax Credits & Deductions

- School Vouchers
- Tax-Credit Scholarships

Name of Organization: \_\_\_\_\_

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## State MIC3 Commissioner: [Identify your Commissioner](#)

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

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

Email: \_\_\_\_\_

## [SchoolQuest™](#):

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Username: \_\_\_\_\_

Password: \_\_\_\_\_



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### School District

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

Website: \_\_\_\_\_

### Special Education Program Coordinator

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

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

Email: \_\_\_\_\_

### School

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

Website: \_\_\_\_\_

### Front Office/Admin

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

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Special Education Manager

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

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

### School Nurse

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

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

Email: \_\_\_\_\_



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### School Counselor

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

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

Email: \_\_\_\_\_

### Special Education Teacher

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

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

Email: \_\_\_\_\_

## Local Community Programs

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### Community Pantry

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Program

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_



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## Respite Care

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## Transportation Program

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## Utilities Assistance Program

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

## Recreation Programs

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Email: \_\_\_\_\_



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[Move.mil:](#)

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Username: \_\_\_\_\_

Password: \_\_\_\_\_

[Moving and PCS: militaryonesource.mil/moving-pcs/](#)

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Username: \_\_\_\_\_

Password: \_\_\_\_\_

[EFMP & Me: efmpandme.militaryonesource.mil/](#)

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Username: \_\_\_\_\_

Password: \_\_\_\_\_