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PAVE

## 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

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

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

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

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

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

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

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

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

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

### Exceptional Family Member Program (EFMP) Medical

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

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

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

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

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

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

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

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

### TRICARE Representative

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™: <https://schoolquest.militarychild.org/>

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

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

### School District

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

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

Special Education Program Coordinator

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



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

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

## School

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

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

## Front Office/Admin

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

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

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

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

## Special Education Manager

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

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

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

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

## School Nurse

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

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

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

## School Counselor

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

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

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

## Special Education Teacher



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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: \_\_\_\_\_

### Respite Care

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

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

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

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

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

### Transportation Program



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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: \_\_\_\_\_

Move.mil: <https://move.mil/> \_\_\_\_\_

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

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

Military OneSource: <https://www.militaryonesource.mil/moving-housing/> \_\_\_\_\_



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

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

EFMP&Me: <https://efmpandme.militaryonesource.mil/>

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

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