



EFMP Community Recreation and Support Network Survey
 (Check us out on Facebook - Fort Huachuca ACS EFMP)



Purpose: Obtain input on preferences for recreational and support activities for the Fort Huachuca Exceptional Family Member population. Results will be used to plan events for those enrolled in the EFMP.

Privacy Act Notice: Providing contact information is optional. Contact information will be used to establish a protected ACS EFMP email/phone listing used to disseminate information about upcoming events to ensure widest dissemination to our EFM population in addition to normal installation marketing channels. If you desire to participate in a Parent-to-Parent (P2P) support network disclosure of contact information is required and you consent to allow ACS EFMP to contact you prior to

1. Please check activities listed below that you and your EFM would/could participate in (Select no more than 5):

- | | | | | |
|--|---------------------|---|-------------|----------------|
| Bowling | Horseback Riding | Fishing | Picnic | Pot Luck Event |
| Camping | Hiking | Museum Trip | Movie Night | Swimming |
| EFM Rodeo | Play Group | **Information Seminars/Awareness Month Activities | | |
| Challenger Little League (ages 4-18 Apr-Jun) | Other(specify)_____ | | | |

2. Please provide input concerning the preferred day/time and frequency your family could attend a special event:

- | | | | | | |
|-----------------|---------|-----------|------------------------------------|-------|-----------|
| Weekday: | Mon | Tues | Weds | Thurs | Friday |
| | Morning | Afternoon | Evening (Specify time) _____ | | |
| Weekend: | Sat | Sun | **Overnight Sat with Sunday return | | Monthly |
| | Morning | Afternoon | Evening (Specify time) _____ | | Quarterly |

3. a. Are you interested in attending a Network Support Group to discuss/share information? If so, please specify the type of information you are most interested in and your availability (i.e. Asthma Information/Autism Spectrum Disorders/ADD or ADHD/Low Vision/Community and Installation Resources/Special Education; Friday evening, Saturday afternoon, etc.) *Currently our EFMP Networking Support Group meets the third Wednesday monthly from 5:00 - 6:00 pm in the ACS Conference Room.*

Yes No Preferred Day/Time (Morning/Afternoon/Evening)_____

Topic(s):_____

b. Are you interested in becoming a Parent-to-Parent (P2P) mentor for other EFM Families? Yes No

Contact information:

Name _____ Preferred Contact Phone: _____

Preferred email address: _____

Preferred time to contact (Weekday only) Morning Afternoon Evening

EFMP Manager: audrey.l.peterson-hosto.civ@mail.mil **EFMP Systems Navigator:** lois.r.sagmoe.civ@mail.mil

You can leave this survey at this facility or returnit to ACS.
 You can also email or fax this form directly to ACS EFMP at 520-533-5265 or 520-533-3498