



On-Demand Request Process

- On-Demand Resources for the National Guard and Reserves and Active Duty, and their families, were developed in 2005 in response to the need to provide confidential, non-medical counseling support.
- MOS and the MFLC Programs are centrally managed by the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy (ODASD(MCFP)).
- On-demand MFLC support is available to the Guard and Reserve and their families for pre-deployment, deployment, and reintegration events.
 - Members of the Guard and Reserve must be **federally activated** or serve as F/T Guard.
 - Members of the Guard and Reserve and their families are **eligible up to 180 days post demobilization**.
 - Events including, but not limited to, the Yellow Ribbon Reintegration Program, drill weekends, family events, annual training, and Strong Bonds may be supported.



On-Demand Request Process (Cont.)

- **MFLCs and CYB-MFLCs** are required to have a minimum of **6 direct face-to-face contacts daily**. CYB-MFLCs generally have more daily contacts. **PFCs** are required to have a minimum of **4 direct face-to-face contacts daily**.
- In an effort to balance provision of support and containing costs, event staffing occurs as follows :
 - Joint Family Support Assistance Program (JFSAP) MFLCs (if not already supporting an event) are requested first.
 - If JFSAP MFLCs are not available, MFLCs on rotational assignments at nearby active duty installations are requested to support an event.
 - If rotational MFLCs are not available, MFLCs nearest the event location are requested.
 - Additionally, MOS Outreach Assistants may be assigned based on availability, event and location.



On-Demand Request Process (Cont.)

On-demand request form is at jfsap.mhf.dod.mil

- **All information** requested on the form must be completed or an event may not be supported. If all information is not received within 7 days of the event, the event will not be supported.
- Initial requests for MOS and MFLC counseling, briefings and presentations, program overview, and/or a resource table or booth must be submitted **at least 30 calendar days** before the event occurs.
- A **minimum of 75** people must attend an event in order for a MFLC to be present at the event. **Special circumstances** such as recent KIAs or suicides may warrant consideration of reducing this 1:75 ratio. Submission of event agendas may support this consideration



Scheduling

Request for Resources Joint Family Resource Center

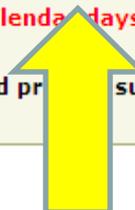
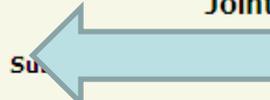
* Request Date 23-AUG-2010

* Date Event Begins
DD-MON-YYYY

* Date Event Ends
DD-MON-YYYY

Submit minimum of 30 calendar days prior to event

* indicates field must be completed prior to submission



Command/Unit Information

Point of Contact Information (including military or civilian rank)

This should be the person to be contacted to confirm event details

* Name

* Position/Title

* Email Address

* Email Address (re-enter)

* Work Phone

* Cell Phone



Name/Address of Command/Unit

* Unit Name

* Unit Address

* City

* State/Territory

* Zip Code

Eligibility is "activated Guard or Reserve or 180 days post deactivation".

* Military Status of Command/Unit

If this is an activated Guard or Reserve please choose Guard or Reserve not Active

Active Duty Guard Reserve N/A

* Military Branch of Command/Unit

Army Navy Marine Corps

Air Force Joint Command N/A

Address Line2

* City

* State/Territory

* Zip Code

Command/Unit Special Circumstances

* Deployment Status of Unit

Unit is not in Deployment Status Pre-Deployment/Pre-Mobilization

Deployed/Mobilized Demobilization (Initial Reintegration)

Post-Deployment

DATES ARE VERY IMPORTANT



Command/Unit Special Circumstances

*** Deployment Status of Unit**

- Unit is not in Deployment Status
- Pre-Deployment/Pre-Mobilization
- Deployed/Mobilized
- Demobilization (Initial Reintegration)
- Post-Deployment

*** Length/Dates of most recent deployment**

*** Number of Unit Casualties, if any (e.g. KIA/Wounded/Suicide)**

*** Approx Length/Dates of Planned Deployments**

Programs and Services Requested

For a detailed program and service description, [click here](#)

Military OneSource

- Program Overview
- Training
- Resource Booth/Table
- Materials Only

Has the State JFSAP MOS confirmed support for this event? Yes No If yes, is Additional support required? Yes No

Military Family Life Consultant

- *Counseling (Addressing situational "problems-in-living")
- Program Overview
- Training/Briefings
- Resource Booth/Table

Has the State JFSAP MFLC confirmed support for this event? Yes No If yes, is Additional support required? Yes No

Number of Adult MFLCs Requested

Number of CYB MFLCs Requested

Personal Financial Consultant

- *Counseling (Personal Financial Counseling)
- Program Overview
- Training/Briefings
- Resource Booth/Table

Has the State JFSAP PFC confirmed support for this event? Yes No If yes, is Additional support required? Yes No

Number of PFCs Requested

Event Information

Event Information

Attendance Mandatory

Yes No

* Total number of Anticipated Attendees

Please identify numbers of service members; family members; and/or children; and include the "additional relevant information" in the text area at the bottom of this form.

Please include SM/FM i.e.
125 SM / 75 FM

Event Coordinator

Complete only if different from Unit POC.

Name

Email Address

Work Phone

Address of Event

* Address

* City

* State/Territory

* Zip Code

Event Submitter

Complete only if different from Unit POC and Event Coordinator.

Name

Email Address

Work Phone

* Please

Include: special circumstances, agendas, event details, family adjustment etc...

[Submit Request](#)

Event (Select all that apply)

Day 1

Day 2

Day 3

Start Time

Stop Time

Facility

* Type of Event

Please go to the "Additional Relevant Information" section instead of completing this form.

Type of event will be discussed on next slide.

* Number of Children Attending Event?

Age 0 - 6 Age 7 - 12 Age 13 - 18

Military Branch of Attendees (select all that apply)

Army Navy Marine Corps Air Force

Military Status of Attendees (select all that apply)

Active Duty Guard Reserve

* Id

Only include the time you need MFLC/PFC support in this box.



Event (Select all that apply)

	Day 1	Day 2	Day 3
Start Time	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>
Stop Time	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>
Facility	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>	<input type="text" value="[Select]"/>

*** Type of Event**

-
- Annual Training (ADT)
- Children/Youth Event
- Crisis situation (death(s), suicide, wounded, etc)
- Deployment Support/Yellow Ribbon (YRRP)
- Deployment Support/non Yellow Ribbon (active duty)
- Drill Weekend
- Event for Command Leaders
- Family Event
- FRG Meeting
- Job/Career Fair
- Staff Professional Development
- SRP (Military Member Readiness Processing)
- Strong Bonds Retreat
- Wellness Fair
- Wounded Warrior

For each day of service

Select the event that closest describe your request.

On-Demand Counseling Staff Regions

Email: [Region 1 Coordinators](#)

Email: [Region 2 Coordinators](#)

Email: [Region 3 Coordinators](#)

Email: [Region 4 Coordinators](#)

