



FIGURE 2-3

# Family Care Plan Discharge Checklist

Reference: AR 135-178 (Enlisted Separations); AR 600-20 (Army Command Policy)

Name: \_\_\_\_\_ RANK: \_\_\_\_\_ MSC/ Unit: \_\_\_\_\_

Circle Duty Status: M-DAY      TECH      AGR

Current Mailing Address: \_\_\_\_\_

Submit the following documents through chain of command to the State processing authority via IPPS-A

### INVOLUNTARY DICHARGE

Completed DA 4187 (Signed by the Soldier, Company Commander, Battalion Commander and Brigade Commander). Remarks Section: Reason and counseling statement input.

Completed DA Form 4856, "Development Counseling Form"

Incomplete DA Form 5305 (Family Care Plan)

Copy of the cleared OCIE Clothing Record with the CIF Stamp

Copy of the DD Form 362 (Statement of Charges/Cash Collection Voucher)

A copy of the signed FLIPL with the Battalion CDR signature

### VOLUNTARY DICHARGE

Completed DA 4187 (Signed by the Soldier, Company Commander, Battalion Commander and Brigade Commander). Remarks Section: Reason and counseling statement input.

Incomplete DA Form 5305 (Family Care Plan)

Copy of the cleared OCIE Clothing Record with the CIF Stamp

Copy of the DD Form 362 (Statement of Charges/Cash Collection Voucher) \*\*Required if the Soldier has not cleared CIF\*\*

A copy of the signed FLIPL with the Battalion CDR signature

**NOTE: At least 90 days (M-day) or 60 days (AGR) must be allowed from the original counseling date for the Soldier to provide a current Family Care Plan.**

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Ensure the following information is inputted in the PAR description Field: Workflow: GA  
HR Service Transitions

PAR Description: Family Care Plan Discharge Request, MSC name

Example: Family Care Plan Discharge Request, AVN TC

\*Packets must be reviewed and validated at all levels prior to routing the request to G-1