



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**DEPLOYMENT PREPARATION PLAN**

**PRIVACY ACT STATEMENT**

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read before completing.

**PURPOSE:** To ensure Public Health Service officers are prepared to manage their responsibilities when deployed, travel or train. This includes planning for their dependents (if applicable), financial and other responsibilities to ensure officer readiness.

**ROUTINE USES:** Complete a Deployment Preparation Plan (DPP) annually, or if your circumstances change.

**DISCLOSURE:** Understand and acknowledgement. Completion of a DPP is required to maintain Basic Readiness. Failure to maintain basic readiness could result in administrative Action or Separation (see Conditions of Service).

**SUPPLEMENTAL GUIDE:** A reference guide accompanies this template and serves as a planning tool. The plan should not be submitted with the DPP.

**PART I. OFFICER INFORMATION**

OFFICER NAME		RANK	SERNO
OFFICER PRIMARY PHONE	AGENCY		
SUPERVISOR NAME	SUPERVISOR WORK PHONE	SUPERVISOR E-MAIL	
AGENCY LIAISON	LIAISON WORK PHONE	LIAISON E-MAIL	

**PART II. OFFICER ACKNOWLEDGEMENT**

- A. I understand and acknowledge the need for making and keeping current plans and arrangements to permit me to be available for worldwide deployment and other standard U.S. Public Health Service (USPHS) obligations.
- B. I understand and acknowledge that supporting documents (e.g., Will, Power of Attorney, Custody Agreement) are not required to be submitted with the DPP. However, if utilized, officers should ensure these documents comply with state requirements.
- C. I understand that this is a mandatory requirement, and I must submit an annual DPP and update this plan after changes in family circumstances and personal status (e.g., marriage, birth, death, and divorce). I understand that failure to have an updated and current DPP will constitute a failure to meet readiness requirements and may result in administrative action per CCI 241.01
- D. **Regarding dependents:** I am confident that my DPP is reasonable, practical and to the best of my knowledge, the caregiver(s) I have designated are willing and able to carry out the responsibilities of caring for my dependent(s).

**If not applicable, initial here**

- E. I understand developing a complete and workable DPP requires consideration of many life aspects, including dependent logistic arrangements, legal, and financial considerations.
- F. I understand and acknowledge that it is my responsibility to maintain a copy of my DPP and to provide necessary individuals identified in this plan with instruction and guidance needed to execute in my absence.

**I understand and acknowledge the statements above. Officer's Initials:**

*(continued on next page)*

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**PART III. FAMILY MEMBER INFORMATION**

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I am responsible for individuals who may be impacted by my deployment/travel for official business.

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IF APPLICABLE, LIST ALL DEPENDENTS, INCLUDING NAME, AGE, SPECIAL NEEDS/ACCOMODATIONS, AND RELATIONSHIP.

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IF YOU LISTED A SPOUSAL DEPENDENT ABOVE, IS THIS PERSON A MEMBER OF A UNIFORMED SERVICE?

Yes      No

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IF YES, LIST SPOUSE'S UNIFORMED SERVICE

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**PLEASE NOTE:** If you and your spouse are active duty, you will need to identify an additional support person in your preparation plan narrative below. If your spouse is a USPHS Commissioned Corps officer, both of you are required to submit separate plans.

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I do not provide care to any individuals who will be affected by my deployment.

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**PART IV. DEPLOYMENT PREPARATION PLAN NARRATIVE**

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Please narrate your deployment preparation plan below. It should include the following basic components: 1) on-call schedule for the year (specific assigned months); 2) plan and any special needs or accommodations for spouse, children to include appointment coverage plan/ transportation, other family member and pet care plan; 3) back up plan should the caregiver become unavailable; 4) home maintenance plan; 5) logistical considerations; 6) and legal and financial arrangements such as bill payment and unexpected costs. (Reference basic components of DPP under CCI 241.01 Readiness and Duty Requirements).

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**PART V. ACKNOWLEDGEMENT**

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BY SIGNING THIS DOCUMENT, I FULLY UNDERSTAND THE FOLLOWING:

Completion of this plan is required per Commissioned Corps Instruction 241.01, for PHS Readiness and Duty Requirements. The purpose of this Deployment Preparation Plan (DPP) is to provide specific guidance to ensure proper preparation and readiness for the care and support of my dependent(s) in my absence due to expected short-term or long-term separation/deployment/incapacitation of myself or my designated caregiver(s). This information is considered FOR OFFICIAL USE ONLY (FOUO) and will remain protected per the Privacy Act of 1974. It is a requirement to update/complete the DPP yearly, or after a change in family circumstances or personal status. I understand and acknowledge that it is my responsibility to maintain a copy of my Deployment Preparation Plan (DPP) and to provide necessary individuals identified in this plan with instruction and guidance needed to execute in my absence.

OFFICER'S PRINT NAME	SIGNATURE <small>this can be a wet or dry signature</small>	DATE <i>(mm/dd/yyyy)</i>
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