.

**01 March, 2014**

**MCAS Yuma**

**Wounded Warrior/ Exceptional Family Member Waiver Process**

Wounded Warrior Program Participants

Wounded Warrior Program Participants (WW) residing in Marine Corps Privatized homes who consume significant amounts of electricity as a direct result of their unique circumstances may request a waiver from participation in RECP. If approved, the sponsor (primary lease holder) must agree not to be eligible for a credit payment if their monthly metered electricity usage is less than the lower limit of the monthly usage buffer.

Waivers will be considered on a case-by-case basis. The Military Housing Office (MHO) Director together with the Lincoln Military Housing (LMH) District Manager have the authority to approve a waiver request, but do not have the authority to disapprove a waiver request. If the MHO Director and District Manager cannot come to an agreement or feel the request lacks sufficient justification, the request will be forwarded to the Commanding Officer, MCAS Yuma for final decision.

Exceptional Family Member Program Participants

Registered Exceptional Family Member Program (EFMP) participants residing in Marine Corps Privatized homes who consume significant amounts of electricity as a direct result of their unique circumstances may request a waiver from participation in RECP. If approved, the sponsor (primary lease holder) must agree not to be eligible for a credit payment if their monthly metered electricity usage is less than the lower limit of the monthly usage buffer.

Waivers will be considered on a case-by-case basis. The Military Housing Office (MHO) Director together with the Lincoln Military Housing (LMH) District Manager have the authority to approve a waiver request, but do not have the authority to disapprove a waiver request. If the MHO Director and District Manager cannot come to an agreement or feel the request lacks sufficient justification, the request will be forwarded to the Commanding Officer, MCAS Yuma for final decision.

*There are no other recognized Programs or conditions that exist by which any other form of RECP Waiver Request will be accepted or considered.*

**RECP Wounded Warrior Program and Exceptional Family Member Program Waiver Request Process (includes members of other Services residing in Marine Corps privatized housing)**

1. Wounded Warriors and sponsors of EFMP participants who consume significant amounts of electricity as a direct result of their unique circumstances may request a waiver from participation in RECP.

2. The Wounded Warrior or EFMP sponsor may request a waiver by submitting an Administrative Action Form (AA Form) NAVMC10274 if attached to a marine squadron or a letter on squadron letterhead if attached to another service. The AA Form or Waiver Request Letter must be addressed to the CO, MCAS Yuma, via the squadron CO with an endorsement, via the CO, MAG 13 (if applicable) with an endorsement and via the MHO Director, MCAS Yuma. There must be a Waiver Request form completed and enclosed with the request (see page three below).

3. The Waiver Request form allows the sponsor to either provide EFMP documentation (page 7 of DD Form 2792), or provide an endorsement from the EFMP Case Manager that a requirement for electrical consuming equipment exists. The Waiver Request form and any substantiating documentation must be submitted as an enclosure to the Waiver Request.

4. The service member requesting the waiver must provide sufficient information so that a determination can be made as to whether the program participant’s home is clearly required to consume substantially more electricity than the average resident. Broad statements such as “I must use a humidifier,” or “I am required to use a powered nebulizer,” are, by themselves, insufficient. To be effective, the request should be substantiated by objective data and details such as a list of specific electric equipment that the program participant requires solely due to the medical need, how frequently the equipment must be used, and information about its power consumption demands.

5. The MHO will notify the service member of the final decision. In the event that the MHO Director and LMH District Manager recommend disapproval of a request, the disapproval recommendation will be forwarded through the Director, Installations and Logistics to the Commanding Officer, Marine Corps Air Station Yuma for final decision.

6. If you have questions or need more information, please contact:

**Military Housing Office - (928) 269-2826/3643**

**Lincoln Military Housing - (928) 344-1240**

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**Wounded Warrior /Exceptional Family Member Waiver Request Form**

**Resident Energy Conservation Program (RECP)**

Date: \_\_\_\_\_\_\_\_

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: Rank/Rate Name (First, MI, Last)

To: Director, Family Housing

Via: EFMP Manager (if applicable)

Subj: RESIDENT ENERGY CONSERVATION PROGRAM (RECP) WAIVER REQUEST

1. I request to be granted exempt status from participation in the RECP for the following reasons:

1. I am a (circle one): {Wounded Warrior (WW) Program participant}{Exceptional Family Member Program (EFMP) participant sponsor} whose condition requires that our household consume substantially more electricity than others.
2. If I am applying for an EFMP waiver, I have attached Page 7 of DD Form 2792, EFMP Medical Summary, that documents the electricity consuming equipment, or I prefer not to provide documentation and have instead provided validation below from the EFMP Manager that Page 7 on our form identifies the electricity consuming condition.
3. I understand that a medical requirement for electricity consuming equipment, including air conditioning does not automatically justify an exemption for the RECP waiver. I request a waiver from the RECP for the following reasons: (Please provide a written justification as to why your home should be exempt from RECP).

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(Attach a continuation page if necessary. Identify any special equipment requirements, how frequently it is used, and information about its utilities demand.)

1. I understand that if my request is approved, I will remain exempted from participation in the RECP as long as I am a Wounded Warrior and/or as long as my family member is currently enrolled in the EFMP. I also understand that I will not be eligible for a rebate or credit under the RECP program, even if our monthly electricity usage would otherwise qualify me for a rebate.

2. Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Ph# Home Ph# Cell Ph#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address

Subj: RESIDENT ENERGY CONSERVATION PROGRAM (RECP) WAIVER REQUEST

I am aware that the Privacy Act of 1974 prohibits release of personal information without my approval. I do hereby authorize the Military Housing Office to release the information contained in this form to Lincoln Military Housing - Yuma District for purposes of evaluating my RECP waiver request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Privacy Act Statement:

AUTHORITY:

PRINCIPAL PURPOSE(S): Information will be used to evaluate the WW and EFMP needs to determine if they are entitled to be waived from the Residential Energy Conservation Program while residing in a Lincoln Military Housing home.

ROUTINE USE(S): None

FIRST ENDORSEMENT

From: EFM Program Manager, MCAS Yuma

Subj : RECP VALIDATION

I have validated that the DD Form 2792, Page 7 for the EFM Program participant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ indicates that the home requires the electricity consuming equipment as identified above or as attached to this endoersment.

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EFM Program Manager's Signature/Date

(Enclosure 1)