



Welcome,

We would like to officially welcome you to Naples, Italy and to our Area Orientation (AO) Program (AO)! Our AO team at NSA Naples, along with our sponsors, are here to help you with your transition into the community. This packet will provide you with pertinent information and assist you in having the necessary paperwork and information that you will need to make this transition smooth and efficient.

At Area Orientation, you will have in-person subject matter experts present the important services and organizations here at NSA Naples. There will also be an AO Fair where many of the organizations that are unable to present will be available for questions and clarification regarding volunteer options and various available services through non-governmental organizations. Please review the schedule that is distributed one week before your scheduled AO briefing, and take your time to fill out all paperwork located in your packet so you are well prepared to turn them in at Area Orientation. Also, work with your assigned sponsor to discuss logistics in advance of your move. Let us know if you're having any issues connecting with your sponsor and we can help!

In-person AO will begin at the time specified in the schedule attachment and will be a multi-day process that will help introduce you to all the departments at NSA Naples.

The location for AO will be at the Freedom MWR Movie Theater on the Support Site base, near the NEX food court.

If you have any questions, comments, or concerns, please reach out to your sponsors or our Area Orientation team. We are located on the Italian first floor of the Navy Lodge at Fleet and Family Support Center (FFSC) open from 0730-1600, M-F. Thank you and welcome to Naples!

AO OFFICE DSN: [314-629-6945](tel:314-629-6945); [+39-081-811-6945](tel:+39-081-811-6945); AO DUTY CELL: [+39-335-848-4641](tel:+39-335-848-4641)

AO COORDINATORS EMAIL: nsanaplesao@eu.navy.mil

AVAILABLE ON WHATSAPP



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ARRIVAL CHECKLIST:

Transport from the Airport

Area Orientation

Sojourner Permit and Codice Fiscale

Child Care and Youth Programs

School Registration

Pet Registration

Vehicle Registration

Gasoline and Oil

Purchasing, Selling and Scrapping a Vehicle

Driving Overseas

Finding a Home

Overseas Electricity

Area Orientation Childcare

Use Link below to guide you through your checklist and any questions that may arise:

<https://cnreurafcnt.cnrc.navy.mil/Installations/NSA-Naples/New-Check-ins/Area-Orientation/>



DOCUMENTS REQUIRED

COPIES ARE FREE AT FLEET AND FAMILY SUPPORT CENTER LOCATED ON THE 1ST
FLOOR OF THE NAVY LODGE (OPEN: 0730-1600 M-F)

AFI DRIVER'S LICENSE:

ALL OF THESE DOCUMENTS MUST BE **HAND DELIVERED** TO THE MVRO OFFICE

DRIVERS LICENSE APPLICATION, ALCOHOL AND YOU, DRIVERS LICENSE
CONSENT FORM

1 X PHOTOCOPY OF VALID STATESIDE DRIVER'S LICENSE (FRONT ONLY)

SOJOURNER'S APPLICATION:

The following documents are needed for EACH Navy/Marine Corps **DEPENDENT, AND ALL DOD, HRO, U.S. HIRES, AND THEIR DEPENDENTS FOR SOJOURNER'S APPLICATIONS:**

2 x PASSPORT SIZED PHOTOS (NEX CUSTOMER SERVICE PROVIDES THIS
SERVICE)

2 x PHOTOCOPY OF NO FEE PASSPORT PAGE

1 x PHOTOCOPY OF NO FBE VISA PAGE

1 x PHOTOCOPY OF NO FBE OFFICIAL LANGUAGE (PG 26/27)

1 x COPY OF SPONSOR'S ORDERS

SOJOURNER'S PERMIT processing for all AIR FORCE and ARMY spouses/ family member will be completed via the Provost Marshall's Office at JFC.

P.O. BOX REGISTRATION:

1 x COPY OF SPONSOR'S ORDERS

HOUSING APPLICATION:

1 x PHOTOCOPY OF SPONSOR'S PASSPORT PHOTOPAGE

1 x COPY OF SPONSOR'S ORDERS

TRICARE REGISTRATION:

1 x COPY OF SPONSOR'S ORDERS

NAVSUPPACT SHUTTLE BUS SYSTEM

Effective date:
19 December 2022

Single sailors living in the barracks and PCs transiting personnel have boarding priority. All others ride space available only.

MONDAY TO FRIDAY (US WORKDAYS)										WEEK-ENDS & US HOLIDAYS							
LEAVE S.SITE	BUS	ARRIVE CAPO	LEAVE CAPO	BUS	ARRIVE S.SITE	LEAVE S.SITE	BUS	ARRIVE JFC	LEAVE JFC	BUS	ARRIVE S.SITE	LEAVE S.SITE	BUS	ARRIVE CAPO	LEAVE CAPO	BUS	ARRIVE S.SITE
0530	2	0555	0530	1	0600							0530	1	0600	0600	1	0630
0610	1&1A	0645	0600	2	0630							0645	1	0715	0730	1	0800
0630	2A	0700	0650	1	0720	0720	3	0750				0800	1	0830	0900	1	0930
0645	2	0715	0730	2	0800							0930	1	1000	1230	1	1300
0710	1A	0745	0900	1	0930							1330	1	1400	1515	1	1545
0725	1	0800	1030	1	1100	1100	1	1130	1135	1	1215	1545	1	1615	1730	1	1800
0800	2	0835	1300	1	1330							1900	1	1930	2100	1	2130
0935	1	1015	1505	1	1535							2130	1	2200	2330	1	2400
1220	1	1300	1615	1	1650												
1335	1	1415	1615	1A	1650												
1535	1	1615	1645	2	1710												
1650	1	1730	1730	1	1800												
1715	2	1745	1900	1	1930												
1805	1	1845	2100	1	2130												
1935	1	2010	2200	1	2240												
2130	1	2200	2330	1	2400												
2300	1	2330															

BUS STOP LOCATIONS:

Capodichino: NGIS (at all times) - and Supply at curb cutoff by west gate (after 8am - outbound only) - JFC: Passengers
 exit on the first roundabout, third exit adjacent to the JFC Main Complex; passengers board the bus on the parking lot adjacent to the Motor Pool. Support
 Site (Six stops): just behind single sailor housing (Bus Stop F) - West end of Main Entrance road (Bus Stop A) - across from CDC on main road as you exit (Bus Stop B) - NEX (Bus Stop D) - Hospital (Bus
 Stop E) - TLA (Bus Stop C). All departure times on schedule are from single sailor housing (Bus Stop F).

PLEASE, NO STANDING ALLOWED DUE TO SAFETY REGULATIONS.

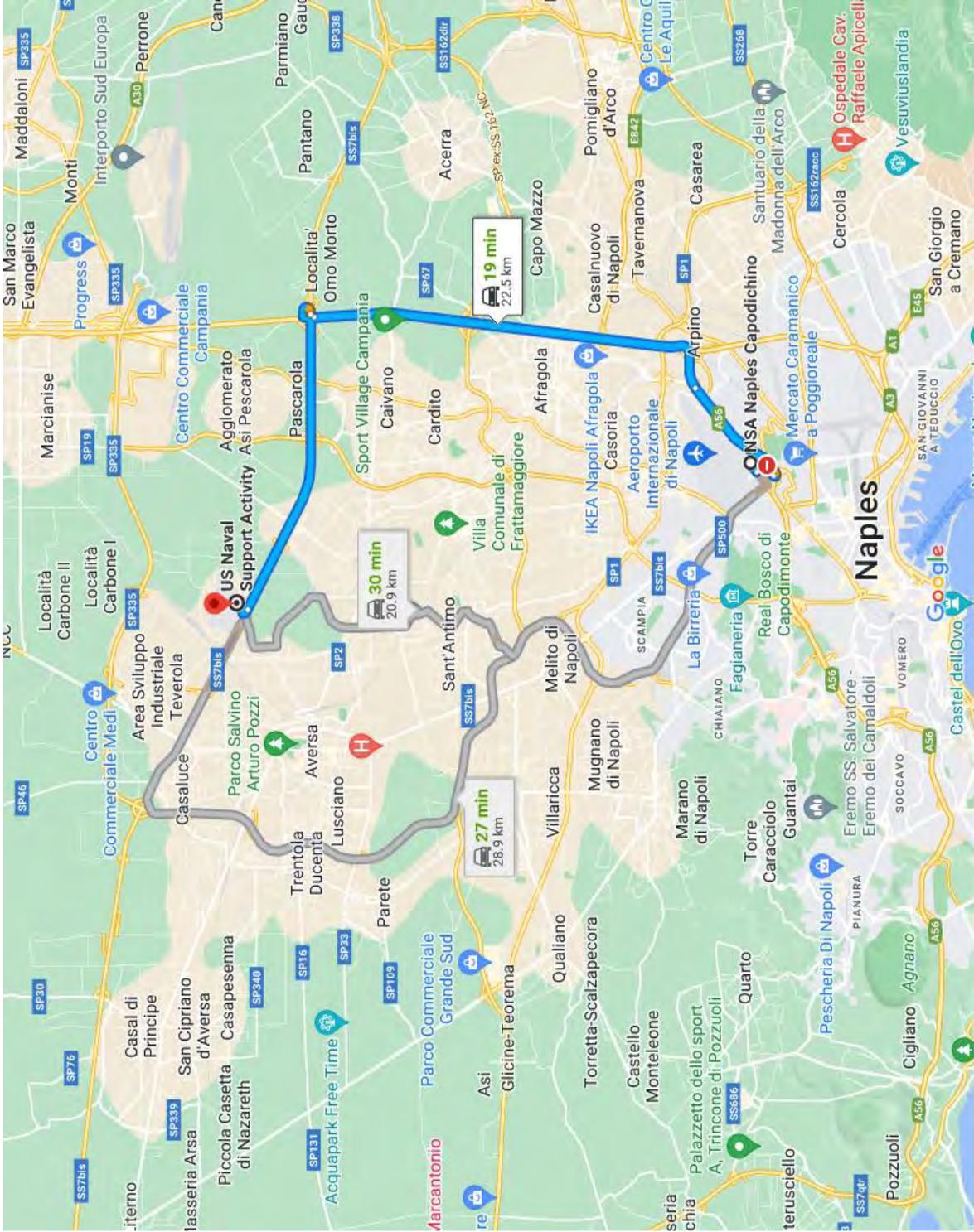
Be at the desired bus stop 10 minutes PRIOR to the departure time to avoid missing the bus - No eating or drinking on the bus please!
FOR YOUR OWN SAFETY, PLEASE REVIEW THE SAFETY BROCHURE POSTED AT EACH BUS STOP PRIOR TO UTILIZING THE BUS SERVICE

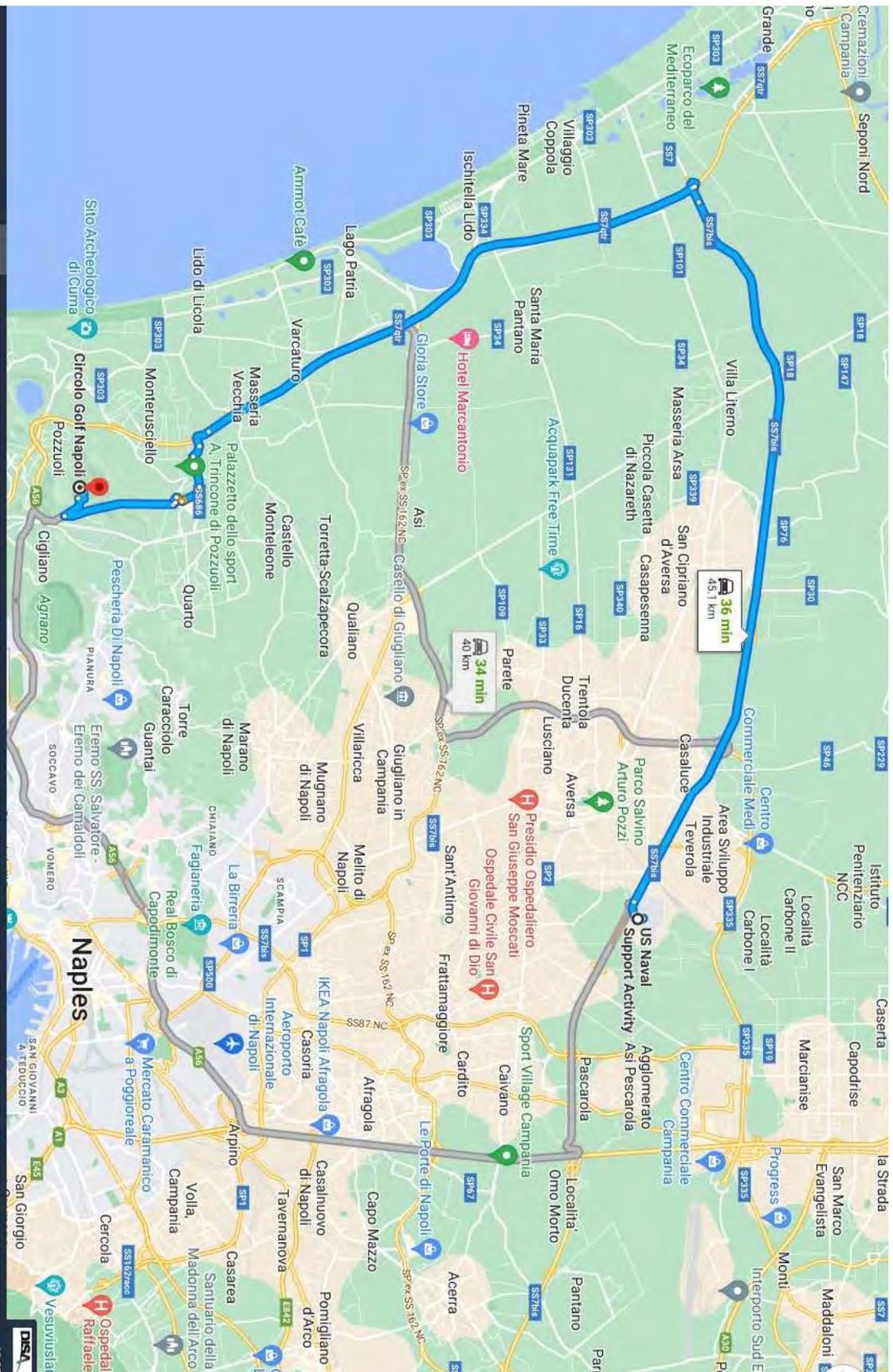
For questions or concerns please contact PWD Transportation

at 337 124 7413 (BUS QAE) or 337 127 4659 (TRANS OPS) or 081-568-6866 (TRANS BRANCH HEAD)

You may e-mail us at: shuttlebusnaples@eu.navy.mil







Fleet and Family Support Center Handy Dandy Phone Listing

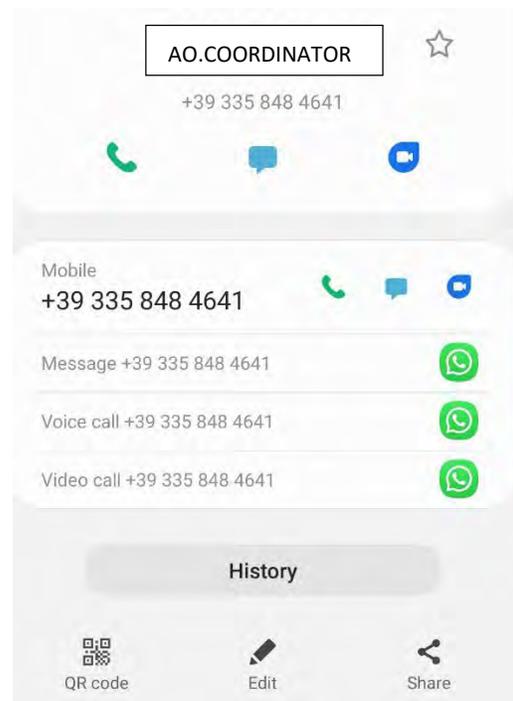
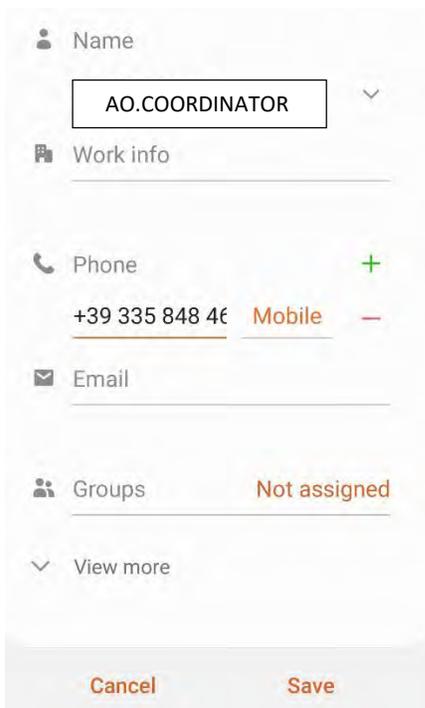
UPDATED: November 2022			
COMMERCIAL PREFIXES	HOUSING	EMERGENCY	OTHER NUMBERS
JFCN 081-721	After-hours trouble calls 626-5547	Emergency ON+BASE 911 OFF BASE 081-568-4911	Air Terminal 626-5369
Capodichino DSN 626	Assignments 629-4468	Non-Emergency 081-568-38/5639 DSN 626-5638-5639	AFN (S.S) 629-6915
Carney Park NO DSN	On Base Housing 629-4930	Carabinieri 112 Polizia 113 Italian Fire Dept. 115	American Red Cross 626-4788
Gricignano(S.Site) DSN 629	Off Base Housing 629-4466	NSA Qrt. 626-5547 Ital. Ambulance 118	CACO - Casualty Assistance 626-8215
Gricignano(S.Site) NO DSN	Unaccompanied On Base 629-4696/4143	MEDICAL FACILITIES	CMVRO (Support Site) 629-6876/4050/6890
Help Desk one net 626-HFLP	Gricignano Warehouse 629-4242	Appointments (SS) 629-6000	CMVRO (CAPO) 626-2831/2832/4454
CHILD & YOUTH PROGRAMS	Housing Maintenance 629-4246	Appointments (Capo) 626-4786	Commissary 629-4871/4879/4872
CDC Capodichino 626-5116	Trouble Desk 629-4285/4286	USNH Quarterdeck 629-6006	Community Bank (Capo) 081-635-5301/2/4/5
CDC Gricignano (Support Site) 629-4989	LODGING	Medical Homeport 629-6271	Defense Service Office 626-3131
Youth Center/SAC 629-4722	Navy Gateway 626-5250	USNH Chaplain 629-6451	GEICO Insurance 629-6568
Youth Center 629-4395	Navy Lodge Comm. 081-813-3443	Dental Clinic (Capo) 626-4644	Environmental 626-6644
Youth Sports 629-4725	Navy Lodge DSN 629-6289	Dental Clinic (S.Site) 629-6007	Fire Prevention (CAPO) 626-6627/6626
School Liaison Officer 629-6549	BEQ (S.Site) 629-4123	EDIS Clinic 629-4676	Fire Prevention (Support Site) 629-4487
SCHOOLS	NAVY EXCHANGE MALL	Emergency Room 629-6150	Hazmat/Hazwaste 626-6643
Naples Elementary 0444716613/646-6613	Customer Service (S.Site) 629-4717	Information Desk 629-6155/6006	HRO (Human Resources) Capo 626-5409
Naples Middle/High 0444716796/646-6796	Main Store 081-813-5372	Immunitations 629-6867	Navy Federal Credit Union 629-4887/8/9
Central Texas College 626-6761	Phone Shop S.Site 081-979-9137	Capo Information Desk 626-5311	Navy & Marine Corps Relief 626-3913
Oklahoma University 626-6672	Auto Port 629-4957	Mental Health 629-6306	NCIS 626-6002
UMGC 626-6673/6675	Barber/Beauty Shop (SS) 081-502-7349	MSU/Inpatient Ward 629-6471	OPSEC Support Team 626-4460
MWR	Ciro's Gourmet Shop 329-782-0156	OB/GYN 629-6404	Pass & ID (Support Site) 629-4264
Auto Hobby Shop 629-4971	KFC-A&W-Taco Bell 081-813-2045	Patient Admin 629-6293	Pass & ID (Capo) 626-4955
Bowling Alley 629-6976/4900	European S.Site 629-4172	Physical Therapy 629-6183	Passport Office/NAVPTO 626-4155/4321
Carney Park Pool 081-526-2140	NEX Depot (Capo) 626-6722	Radiology 629-6168	Personal Property 629-6778/6819/6950
Support Site Pool 629-6513	Electronics 081-813-5353	Tricare Admin Office 629-6330/6331	TSC/PSD ID Cards (Capo) 626-4390/5825
Fit Zone (Capo) 626-4266	Flower Shop 081-526-1579	Lab 629-6190	Post Office (Capo) 626-5371
Fit Forum (S.Site) 629-6604	Frame Shop 349-616-8117	EFMP Coordinator 629-6332	Post Office (S. Site) 629-4336
Golf Course 081-526-4296	Gourmet Shop 320-827-7659	Pharmacy 629-6225	POV Lot 629-6522
Library (Capo) 626-3666	European Capo 081-526-5298	Optometry 629-6386	RAPIDS (CAPO) 626-5632/2940
Library (S.Site) 629-4361	Janz Medical Supplies 081-813-2012	Billing 629-6510/6129	Region Legal Services (RLSO)
Liberty Program S.S. 629-4192	Military Autosource 629-4187	RELIGIOUS SERVICES	Region Support Center Naples 626-2940
Liberty Program Capo 626-4896	Optical Shop 081-502-7113	Chaplains (Capo) 626-3539	Religious Education Coordinator 629-4616/4617
MWR ITT (Capo) 626-4330	Pack & Wrap 081-502-7751	Chaplains (S. Site) 629-4600	SATO (Capo) 081-599-2613/2616
MWR ITT S.S. 629-7907	Residential Services 081-813-5321	Chaplain Duty Phone 366-680-5972	Security Dispatch Support Site/India 7 629-4264
FLEET & FAMILY SUPPORT	Residential Services 081-813-5319	CREDO 626-5255	Security Dispatch (Capo)/India 7 626-5638/5639
Front Desk/Class Sign Up 629-6372	Residential Services 081-813-5357	Security (Capo) 626-2207	Security (Support Site) 629-4269
VA Representative 629-6997/6550	Subway 081-502-7578	Tax Free Products Office 626-5439	Thrift Shop 629-4200
School Liaison Officer 629-6549	Tailor Shop (Capo) 626-4279	Traffic Safety Office 626-3147/5594	USO Capo 626-5713
Retiree Services 629-6372	Tailor Shop (SS) 081-502-7353	USO Support Site 629-4903	Veterinary clinic 629-7913
Sexual Assault Helpline 335-640-6621	Mini Mart (S.Site) 629-6583	WIC Overseas 629-4962	Navy Recruiting 629-4087
FFSC (Gaeta) 629-8354	Mini Mart (Capo) 626-4274	Vehicle Processing Center 629-6522/6768	Emergency Management 626-5240/5057
Area Orientation 629-6945			
Relocation Manager /EFMP 629-6372			
Important Numbers for Newcomers			



HOW TO MAKE CALLS FROM YOUR U.S. PHONE USING WIFI

WHATSAPP

Install WHATSAPP to your IPHONE or Android cellphone



Add the contact you wish to call with the +39 country code

*Save the contact and as long as the other contact has **WHATSAPP** downloaded these options will appear below the number allowing you to call or message them over WIFI*

APPLICATION FOR ALLIED FORCES ITALY (AFI) DRIVERS LICENSE

Please print legibly! All dates in MM/DD/YY format!

SPONSOR'S INFORMATION:

LAST, FIRST, M.I. _____ NATIONALITY _____ BRANCH OF SERVICE _____

COMMAND _____ DATE OF BIRTH (MM/DD/YY) _____ DOD ID NUMBER _____

RATE/RANK _____ ARRIVAL DATE (MM/DD/YY) _____ ROTATION DATE (MM/DD/YY) _____

DUTY PHONE _____ HOME PHONE _____ E-MAIL ADDRESS _____

HAVE YOU PREVIOUSLY BEEN STATIONED IN ITALY? YES NO IF YES: WHEN/ WHERE _____

BASE AT WHICH THEY WILL BE WORKING _____
(i.e. Capodichino, Support Site, JFC, etc.)

DRIVERS LICENSE INFORMATION: (Fill in ALL blanks, even if YOU are the sponsor.)

FULL NAME _____
(LAST, FIRST, M.I.) YOUR NAME AS INDICATED ON YOUR U.S. DRIVERS LICENSE

STATE OF ISSUE _____ U.S. LICENSE NUMBER _____

EXPIRATION DATE _____ GLASSES REQUIRED? YES NO
(MM/DD/YY)

MOTORCYCLE ENDORSEMENT AND SAFETY COURSE COMPLETION DATE _____
(MM/DD/YY)

BRANCH OF SERVICE _____ APPLICANT'S DOD ID: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(MM/DD/YY) (City, State, Country) **DO NOT ABBREVIATE**

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ARE YOU A FAMILY MEMBER? YES NO YOUR RELATION TO SPONSOR _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN ADVISED THAT THE AFI DRIVERS LICENSE IS VALID FOR OPERATION OF A MOTOR VEHICLE IN ITALY WHEN ACCOMPANIED BY A VALID UNITED STATES DOD / UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD. I UNDERSTAND AND AGREE THAT SHOULD I BE FOUND GUILTY OF RECKLESS OR DRUNK DRIVING, MY DRIVING PRIVILEGES MAY BE REVOKED OR SUSPENDED BY ADMINISTRATIVE ACTION, THUS PROHIBITING ME FROM OPERATING ANY MOTOR VEHICLE WHILE IN ITALY.

SIGNATURE OF APPLICANT _____ DATE _____

NOTES:

- You must be at least 18 years of age and you must already possess a valid driver's license in order to apply for and/or receive U.S. Forces in Italy Motor Vehicle Operator's License.**
- Please attach a copy of your valid US driver license to this application.**
- Contractors are required to provide a copy of the Logistical Support Letter prior to the issuance of a U.S. Forces in Italy Driver's License.**

100 Liters of GOVERNMENT GAS RATION Allocation

When you pass the test and receive the driver's license you are authorized 100 liters of "G" ration fuel. The "G" ration card will be picked up at the Residential Services office. The temporary card will be good for the month it is issued.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3012; AR 340-1804; AFR 12-35; SECNAV 52115; Italy Tri-Component Regulation (USAREUR Reg 550-32; CINCUSNAVEURINST 5840.2D; USAFEI 36-101), Agreement Between the Parties to the North Atlantic Treaty regarding the Status of Their Force (NATO SOFA), Italian Presidential Decree Number 495, Article 402, Italian Constitution, Part X, Section 1, law number 241.

PRINCIPAL PURPOSE(S): To assist authorities in determining eligibility for motor vehicle registration under the authority of the U.S. Forces in Italy; to facilitate host nation civil jurisdiction and to monitor compliance with U.S. and Italian law and regulation regarding compulsory third party liability insurance and driver's licensing requirements.

ROUTINE USES: The routine uses of this application are to provide basic information necessary in the preparation and evaluation of requests for U.S. Forces in Italy Motor Vehicle Licensing and registration of motor vehicles under the authority of the U.S. Forces. In addition, information provided may be exchanged with the private insurance company you indicate as the insurer of your motor vehicle to ensure compliance with mandatory insurance requirements. Further, information will be shared with local law, for juridical relevant purposes.

DISCLOSURE: Voluntary disclosure. Nondisclosure precludes consideration of your request for a U.S. Forces in Italy Motor Vehicle License and AFI motor vehicle registration services.

CONSENT: By your signature above and submission of this Driver License Application form you are providing your consent (1) for us to exchange information with your motor vehicle liability insurance company; (2) for your insurance company, as identified on the application, to provide information to us regarding the continued validity of your policy and (3) release relevant information to local authorities and individuals consistent with and to the same extent as such information is releasable under local national law.

Alcohol and You

The legal Blood Alcohol Content (BAC) limit for driving a vehicle in Italy, Spain, and Greece is .05 whereas it is .00 in Bahrain. Both figures are significantly lower than in the US where it is .08. In order to promote the safe use of alcohol and to raise your awareness of how you may be impacted by the new BAC limit, you are required to complete the following quiz prior to the issuance of a NATO driver's license.

Use the attached charts to answer the BAC questions. If you do not drink alcohol at all, then please use this test to educate yourself because your awareness could save another person's life someday.

1. I am a *male/female* (**circle one**). I weigh _____ pounds. My BAC will exceed the legal limit of .05 if I consume _____ drinks in **1 hour**. (*Use only the Step #1 chart for this question*) In fact, each drink raises my BAC by approximately .02% whereas each hour that passes only lowers it approximately .015% (.012 to .017), therefore even if I only consume 1 drink per hour, my BAC will continue to increase until I stop drinking. _____ (**Initial here**)
2. If I drink 5 drinks in 5 hours, my BAC at the 5 hour mark will be _____, and it will take another _____ hours before I am below .05 BAC. (*Use both the Step #1 and Step #2 charts for this question*)
3. If I drink 8 beers/glasses of wine over 5 hours while out with friends (less than 2 drinks per hour), my BAC at the 5 hour mark will be _____, and it will not be below .05 BAC for another _____ hours. Worst of all, if I started drinking at 9pm and finished drinking at 2am, then I will not be 100% sober until _____ am/pm the next day? (*Use both the Step #1 and Step #2 charts for this question*)
4. The effects of alcohol may be increased by many factors so even when your BAC is below .05 you are still at risk of car accidents, or arrest. In fact, research has demonstrated that sober drivers suffering fatigue perform as poorly as drunk drivers. Operating a motor vehicle after 11pm gets increasingly more dangerous due to fatigue and the body's natural sleep/wake cycles so you should never drive with any alcohol in your system late at night. _____ (**Initial here**)
5. Alcohol also should not be consumed when taking *prescription medications/over the counter medications/Both* (**circle one**). The combination of medicine with alcohol could create compound effects which would make the BAC calculations above worthless. In fact, I could be arrested for DUI simply due to the effects of the medicine without any alcohol.
6. Tolerance is a person's ability to consume alcohol without feeling its effects. However, tolerance does/does not (**circle one**) change a person's actual BAC from the calculations above. Therefore, a high tolerance may result in poor judgment when deciding to drive because it causes a false sense of sobriety. Lastly, developing a high tolerance to alcohol can be a sign of regular heavy use or abuse of alcohol which could lead to addiction or other health issues. _____ (**Initial here**)
7. Women absorb and metabolize alcohol differently than men; in general women have less body water to dilute alcohol and smaller quantities of the enzyme dehydrogenase which breaks down alcohol in the stomach than men of similar weight, therefore a woman will absorb about 30% more alcohol than a man of the same weight. _____ (**Initial here**)
8. The Center for Disease Control and the National Institute for Alcohol Abuse and Addiction (NIAAA) define moderate drinking as consuming no more than 2 drinks per day for men and 1 drink per day for women. Furthermore, they define heavy drinking as 5 or more drinks per day for men and 4 or more for women. Lastly, binge drinking is defined as consumption that causes BAC to exceed .08 in a two hour period. **What category do you usually fit in?** To learn more about the impact of your normal alcohol consumption patterns visit <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm> or <http://www.niaaa.nih.gov/alcohol-health/alphols-effects-body>

Need help? Contact your command DAPA or visit the installation Substance Abuse Rehab Program

Based on my calculations here, I have a good idea of how alcohol affects me personally. Therefore, I will strive to consume alcohol in responsible moderation, and **I will not drink and drive!**

Name _____ Date _____ Signature _____

Follow this two step process to determine your BAC for a given amount of alcohol over different periods of time.

STEP #1: Find your approximate BAC for total consumption in 1 hour						
Men (total BAC chart)						
	140lbs	160lbs	180lbs	200lbs	220lbs	240lbs
1 drink	0.03	0.02	0.02	0.02	0.02	0.02
2 drinks	0.05	0.05	0.04	0.04	0.03	0.03
3 drinks	0.08	0.07	0.06	0.06	0.05	0.05
4 drinks	0.11	0.09	0.08	0.08	0.07	0.06
5 drinks	0.13	0.12	0.11	0.09	0.09	0.08
6 drinks	0.16	0.14	0.13	0.11	0.1	0.09
7 drinks	0.19		0.15	0.13	0.12	0.11
8 drinks	0.21	0.19	0.17	0.15	0.14	0.13
9 drinks	0.24	0.21	0.19	0.17	0.15	0.14
10 drinks	0.27	0.23	0.21	0.19	0.17	0.16

STEP #2: Adjust you BAC for consumption over time														
Use the BAC from the Gender/Weight table to find your start on the 1 hour line, then move down the chart to adjust for time														
Question 2	Question 3													
Start here->	9-10pm	0.050	0.060	0.080	0.090	0.100	0.110	0.120	0.130	0.150	0.170	0.200		
2 hours	11pm	0.038	0.048	0.068	0.078	0.088	0.098	0.108	0.118	0.138	0.158	0.188		
3 hours	Midnight	0.026	0.036	0.056	0.066	0.076	0.086	0.096	0.106	0.126	0.146	0.176		
4 hours	1am	0.014	0.024	0.044	0.054	0.064	0.074	0.084	0.094	0.114	0.134	0.164		
5 hours	2am	0.002	0.012	0.032	0.042	0.052	0.062	0.072	0.082	0.102	0.122	0.152		
6 hours	3am		0.000	0.020	0.030	0.040	0.050	0.060	0.070	0.090	0.110	0.140		
7 hours	4am			0.008	0.018	0.028	0.038	0.048	0.058	0.078	0.098	0.128		
8 hours	5am				0.006	0.016	0.026	0.036	0.046	0.066	0.086	0.116		
9 hours	6am					0.004	0.014	0.024	0.034	0.054	0.074	0.104		
10 hours	7am						0.002	0.012	0.022	0.042	0.062	0.092		
11 hours	8am							0.000	0.010	0.030	0.050	0.080		
12 hours	9am								0.000	0.018	0.038	0.068		
13 hours	10am									0.006	0.026	0.056		
14 hours	11am										0.014	0.044		
15 hours	Noon											0.002	0.032	
16 hours	1300												0.020	
17 hours	1400													0.008
		RED - Illegal to drive		YELLOW - Legal but potentially impaired				GREEN - Sober						

NOTE: The metabolism rate of .012 is a conservative estimate and is utilized in the Navy's smartphone application Pier Pressure*. You can also visit www.bloodalcoholcalculator.org to become more familiar with how your typical consumption affects your blood alcohol.

* *Pier Pressure* is a Navy Smartphone App that contains multiple tools including a BAC calculator and taxi service locator. Download it from the Apple App store or the Google Play Store.

Follow this two step process to determine your BAC for a given amount of alcohol over different periods of time.

STEP #1: Find your approximate BAC for total consumption in 1 hour						
Women						
	90lbs	100lbs	120lbs	140lbs	160lbs	180lbs
1 drink	0.05	0.05	0.04	0.03	0.03	0.03
2 drinks	0.1	0.09	0.08	0.07	0.06	0.05
3 drinks	0.15	0.14	0.11	0.1	0.09	0.08
4 drinks	0.2	0.18	0.15	0.13	0.11	0.1
5 drinks	0.25	0.23	0.19	0.16	0.14	0.13
6 drinks	0.3	0.27	0.23	0.19	0.17	0.15
7 drinks	0.35	0.32	0.27	0.23	0.2	0.18
8 drinks	0.4	0.36	0.3	0.26	0.23	0.2
9 drinks	0.45	0.41	0.34	0.29	0.26	0.23
10 drinks	0.51	0.45	0.38	0.32	0.28	0.25

STEP #2: Adjust you BAC for consumption over time														
Use the BAC from the Gender/Weight table to find your start on the 1 hour line, then move down the chart to adjust for time														
Question	Question 3													
Start here	9-10pm	0.050	0.060	0.080	0.090	0.100	0.110	0.120	0.130	0.150	0.170	0.200		
2 hours	11pm	0.038	0.048	0.068	0.078	0.088	0.098	0.108	0.118	0.138	0.158	0.188		
3 hours	Midnight	0.026	0.036	0.056	0.066	0.076	0.086	0.096	0.106	0.126	0.146	0.176		
4 hours	1am	0.014	0.024	0.044	0.054	0.064	0.074	0.084	0.094	0.114	0.134	0.164		
5 hours	2am	0.002	0.012	0.032	0.042	0.052	0.062	0.072	0.082	0.102	0.122	0.152		
6 hours	3am		0.000	0.020	0.030	0.040	0.050	0.060	0.070	0.090	0.110	0.140		
7 hours	4am			0.008	0.018	0.028	0.038	0.048	0.058	0.078	0.098	0.128		
8 hours	5am				0.006	0.016	0.026	0.036	0.046	0.066	0.086	0.116		
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NOTE: The metabolism rate of .012 is a conservative estimate and is utilized in the Navy's smartphone application Pier Pressure*. You can also visit www.bloodalcoholcalculator.org to become more familiar with how your typical consumption affects your blood alcohol.

* *Pier Pressure* is a Navy Smartphone App that contains multiple tools including a BAC calculator and taxi service locator. Download it from the Apple App store or the Google Play Store.

Effects at specific B.A.C. levels

0.02-0.03 BAC: No loss of coordination, slight euphoria and loss of shyness. Depressant effects are not apparent. Mildly relaxed and maybe a little lightheaded.

0.04-0.06 BAC: Feeling of well-being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Some *minor impairment of reasoning and memory, lowering of caution*. Your behavior may become exaggerated and emotions intensified (Good emotions are better, bad emotions are worse)

0.07-0.09 BAC: *Slight impairment of balance, speech, vision, reaction time, and hearing*. Euphoria. Judgment and self-control are reduced, and caution, reason and memory are impaired. *You will probably believe that you are functioning better than you really are.*

Becoming vulnerable

0.10-0.125 BAC: *Significant impairment of motor coordination and loss of good judgment*. Speech may be slurred; balance, vision, reaction time and hearing will be impaired.

RAPIDLY becoming a dangerous scenario from this point forward

0.13-0.15 BAC: Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced and dysphoria (anxiety, restlessness) is beginning to appear. Judgment and perception are severely impaired.

0.16-0.19 BAC: Dysphoria predominates, nausea may appear. The drinker has the appearance of a "sloppy drunk."

0.20 BAC: Feeling dazed, confused or otherwise disoriented. May need help to stand or walk. If you injure yourself you may not feel the pain. Some people experience nausea and vomiting at this level. The gag reflex is impaired and you can choke if you do vomit. Blackouts are likely at this level so you may not remember what has happened.

First mention of the risk of death (asphyxiation)

0.25 BAC: All mental, physical and sensory functions are severely impaired. Increased risk of asphyxiation from choking on vomit and of seriously injuring yourself by falls or other accidents.

Will likely require medical intervention – take person the to a hospital

0.30 BAC: STUPOR. You have little comprehension of where you are. You may pass out suddenly and be difficult to awaken.

0.35 BAC: Coma is possible. This is the level of surgical anesthesia.

0.40 BAC and up: Onset of coma, and possible death due to respiratory arrest.

Administrative Notes:

There are a number of variables in determining the rate at which alcohol is absorbed and metabolized by the body. This test is not meant to address all variables but rather to educate individuals on how their consumption would affect them on average.

The tables were drawn from the University of Virginia website and were cross checked against multiple sources. Variations were minimal.

The rate of alcohol removal used on page one is extremely conservative. Most website calculators are utilizing .015 per hour. However, the Navy appears to have chosen .012 for its rate within the NADAP Pier Pressure smartphone application. In order to keep this test more closely aligned with the NADAP smartphone app, I too chose to use .012.

Grading: Test takers may utilize the charts provided, the Pier Pressure application or the online calculator at www.bloodalcoholcalculator.org to complete the test. Because of the variation in methodology, it is difficult to grade this exam within +/- 1 drink so do not attempt to do so. The real purpose is to force the individual to think critically about their drinking patterns, understand what is happening, and label those patterns.

Feedback is welcome. This is the first version of this training/quiz and it should continue to evolve with instructor feedback. Please send your thoughts to:

CDR Joseph McMonigle, joseph.mcmonigle@eu.navy.mil or call DSN 314-626-6225/ COM +39 081-568-6225

Driver's License acknowledgement and agreement consent form.

I hereby acknowledge that I have viewed and understand the **"Driver Safety/MVRO Virtual AO Presentation"** and all information is correct on my driver's license application form. I understand failure to view and/or understand said presentations may result in misinformation and negligence upon obtaining and possessing an AFI Driver's license. By Signing below I confirm that:

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- **I have viewed and understand** the information in the Virtual AO Presentations **"Driver's Safety/MVRO"** or completed the in-person brief.
- I acknowledge and agree that all my information submitted to MVRO on my Driver license application is up to date and correct.

Print _____ Date: _____

X

APPLICATION FOR ALLIED FORCES ITALY (AFI) DRIVERS LICENSE

Please print legibly! All dates in MM/DD/YY format!

SPONSOR'S INFORMATION:

LAST, FIRST, M.I.	NATIONALITY	BRANCH OF SERVICE
COMMAND	DATE OF BIRTH (MM/DD/YY)	DOD ID NUMBER
RATE/RANK	ARRIVAL DATE (MM/DD/YY)	ROTATION DATE (MM/DD/YY)
DUTY PHONE	HOME PHONE	E-MAIL ADDRESS

HAVE YOU PREVIOUSLY BEEN STATIONED IN ITALY? YES NO IF YES: WHEN/ WHERE _____

BASE AT WHICH THEY WILL BE WORKING _____
(i.e. Capodichino, Support Site, JFC, etc.)

DRIVERS LICENSE INFORMATION: (Fill in ALL blanks, even if YOU are the sponsor.)

FULL NAME _____
(LAST, FIRST, M.I.) YOUR NAME AS INDICATED ON YOUR U.S. DRIVERS LICENSE

STATE OF ISSUE _____ U.S. LICENSE NUMBER _____

EXPIRATION DATE _____ GLASSES REQUIRED? YES NO
(MM/DD/YY)

MOTORCYCLE ENDORSEMENT AND SAFETY COURSE COMPLETION DATE _____
(MM/DD/YY)

BRANCH OF SERVICE _____ APPLICANT'S DOD ID: _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(MM/DD/YY) (City, State, Country) **DO NOT ABBREVIATE**

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

ARE YOU A FAMILY MEMBER? YES NO YOUR RELATION TO SPONSOR _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN ADVISED THAT THE AFI DRIVERS LICENSE IS VALID FOR OPERATION OF A MOTOR VEHICLE IN ITALY WHEN ACCOMPANIED BY A VALID UNITED STATES DOD / UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD. I UNDERSTAND AND AGREE THAT SHOULD I BE FOUND GUILTY OF RECKLESS OR DRUNK DRIVING, MY DRIVING PRIVILEGES MAY BE REVOKED OR SUSPENDED BY ADMINISTRATIVE ACTION, THUS PROHIBITING ME FROM OPERATING ANY MOTOR VEHICLE WHILE IN ITALY.

SIGNATURE OF APPLICANT _____ DATE _____

NOTES:

1. You **must** be at least 18 years of age and you **must** already possess a valid driver's license in order to apply for and/or receive U.S. Forces in Italy Motor Vehicle Operator's License.
2. Please attach a copy of your valid US driver license to this application.
3. Contractors are required to provide a copy of the Logistical Support Letter prior to the issuance of a U.S. Forces in Italy Driver's License.

100 Liters of GOVERNMENT GAS RATION Allocation

When you pass the test and receive the driver's license you are authorized 100 liters of "G" ration fuel. The "G" ration card will be picked up at the Residential Services office. The temporary card will be good for the month it is issued.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 3012; AR 340-1804; AFR 12-35; SECNAV 52115; Italy Tri-Component Regulation (USAREUR Reg 550-32; CINCUSNAVEURINST 5840.2D; USAFEI 36-101), Agreement Between the Parties to the North Atlantic Treaty regarding the Status of Their Force (NATO SOFA), Italian Presidential Decree Number 495, Article 402, Italian Constitution, Part X, Section 1, law number 241.

PRINCIPAL PURPOSE(S): To assist authorities in determining eligibility for motor vehicle registration under the authority of the U.S. Forces in Italy; to facilitate host nation civil jurisdiction and to monitor compliance with U.S. and Italian law and regulation regarding compulsory third party liability insurance and driver's licensing requirements.

ROUTINE USES: The routine uses of this application are to provide basic information necessary in the preparation and evaluation of requests for U.S. Forces in Italy Motor Vehicle Licensing and registration of motor vehicles under the authority of the U.S. Forces. In addition, information provided may be exchanged with the private insurance company you indicate as the insurer of your motor vehicle to ensure compliance with mandatory insurance requirements. Further, information will be shared with local law, for juridical relevant purposes.

DISCLOSURE: Voluntary disclosure. Nondisclosure precludes consideration of your request for a U.S. Forces in Italy Motor Vehicle License and AFI motor vehicle registration services.

CONSENT: By your signature above and submission of this Driver License Application form you are providing your consent (1) for us to exchange information with your motor vehicle liability insurance company; (2) for your insurance company, as identified on the application, to provide information to us regarding the continued validity of your policy and (3) release relevant information to local authorities and individuals consistent with and to the same extent as such information is releasable under local national law.

Alcohol and You

The legal Blood Alcohol Content (BAC) limit for driving a vehicle in Italy, Spain, and Greece is .05 whereas it is .00 in Bahrain. Both figures are significantly lower than in the US where it is .08. In order to promote the safe use of alcohol and to raise your awareness of how you may be impacted by the new BAC limit, you are required to complete the following quiz prior to the issuance of a NATO driver's license.

Use the attached charts to answer the BAC questions. If you do not drink alcohol at all, then please use this test to educate yourself because your awareness could save another person's life someday.

1. I am a *male/female* (**circle one**). I weigh _____ pounds. My BAC will exceed the legal limit of .05 if I consume _____ drinks in **1 hour**. (*Use only the Step #1 chart for this question*) In fact, each drink raises my BAC by approximately .02% whereas each hour that passes only lowers it approximately .015% (.012 to .017), therefore even if I only consume 1 drink per hour, my BAC will continue to increase until I stop drinking. _____ (**Initial here**)
2. If I drink 5 drinks in 5 hours, my BAC at the 5 hour mark will be _____, and it will take another _____ hours before I am below .05 BAC. (*Use both the Step #1 and Step #2 charts for this question*)
3. If I drink 8 beers/glasses of wine over 5 hours while out with friends (less than 2 drinks per hour), my BAC at the 5 hour mark will be _____, and it will not be below .05 BAC for another _____ hours. Worst of all, if I started drinking at 9pm and finished drinking at 2am, then I will not be 100% sober until _____ am/pm the next day? (*Use both the Step #1 and Step #2 charts for this question*)
4. The effects of alcohol may be increased by many factors so even when your BAC is below .05 you are still at risk of car accidents, or arrest. In fact, research has demonstrated that sober drivers suffering fatigue perform as poorly as drunk drivers. Operating a motor vehicle after 11pm gets increasingly more dangerous due to fatigue and the body's natural sleep/wake cycles so you should never drive with any alcohol in your system late at night. _____ (**Initial here**)
5. Alcohol also should not be consumed when taking *prescription medications/over the counter medications/Both* (**circle one**). The combination of medicine with alcohol could create compound effects which would make the BAC calculations above worthless. In fact, I could be arrested for DUI simply due to the effects of the medicine without any alcohol.
6. Tolerance is a person's ability to consume alcohol without feeling its effects. However, tolerance does/does not (**circle one**) change a person's actual BAC from the calculations above. Therefore, a high tolerance may result in poor judgment when deciding to drive because it causes a false sense of sobriety. Lastly, developing a high tolerance to alcohol can be a sign of regular heavy use or abuse of alcohol which could lead to addiction or other health issues. _____ (**Initial here**)
7. Women absorb and metabolize alcohol differently than men; in general women have less body water to dilute alcohol and smaller quantities of the enzyme dehydrogenase which breaks down alcohol in the stomach than men of similar weight, therefore a woman will absorb about 30% more alcohol than a man of the same weight. _____ (**Initial here**)
8. The Center for Disease Control and the National Institute for Alcohol Abuse and Addiction (NIAAA) define moderate drinking as consuming no more than 2 drinks per day for men and 1 drink per day for women. Furthermore, they define heavy drinking as 5 or more drinks per day for men and 4 or more for women. Lastly, binge drinking is defined as consumption that causes BAC to exceed .08 in a two hour period. **What category do you usually fit in?** To learn more about the impact of your normal alcohol consumption patterns visit <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm> or <http://www.niaaa.nih.gov/alcohol-health/alphols-effects-body>

Need help? Contact your command DAPA or visit the installation Substance Abuse Rehab Program

Based on my calculations here, I have a good idea of how alcohol affects me personally. Therefore, I will strive to consume alcohol in responsible moderation, and **I will not drink and drive!**

Name _____ Date _____ Signature _____

Follow this two step process to determine your BAC for a given amount of alcohol over different periods of time.

STEP #1: Find your approximate BAC for total consumption in 1 hour						
Men (total BAC chart)						
	140lbs	160lbs	180lbs	200lbs	220lbs	240lbs
1 drink	0.03	0.02	0.02	0.02	0.02	0.02
2 drinks	0.05	0.05	0.04	0.04	0.03	0.03
3 drinks	0.08	0.07	0.06	0.06	0.05	0.05
4 drinks	0.11	0.09	0.08	0.08	0.07	0.06
5 drinks	0.13	0.12	0.11	0.09	0.09	0.08
6 drinks	0.16	0.14	0.13	0.11	0.1	0.09
7 drinks	0.19		0.15	0.13	0.12	0.11
8 drinks	0.21	0.19	0.17	0.15	0.14	0.13
9 drinks	0.24	0.21	0.19	0.17	0.15	0.14
10 drinks	0.27	0.23	0.21	0.19	0.17	0.16

STEP #2: Adjust you BAC for consumption over time														
Use the BAC from the Gender/Weight table to find your start on the 1 hour line, then move down the chart to adjust for time														
Question 2	Question 3													
Start here->	9-10pm	0.050	0.060	0.080	0.090	0.100	0.110	0.120	0.130	0.150	0.170	0.200		
2 hours	11pm	0.038	0.048	0.068	0.078	0.088	0.098	0.108	0.118	0.138	0.158	0.188		
3 hours	Midnight	0.026	0.036	0.056	0.066	0.076	0.086	0.096	0.106	0.126	0.146	0.176		
4 hours	1am	0.014	0.024	0.044	0.054	0.064	0.074	0.084	0.094	0.114	0.134	0.164		
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Women						
	90lbs	100lbs	120lbs	140lbs	160lbs	180lbs
1 drink	0.05	0.05	0.04	0.03	0.03	0.03
2 drinks	0.1	0.09	0.08	0.07	0.06	0.05
3 drinks	0.15	0.14	0.11	0.1	0.09	0.08
4 drinks	0.2	0.18	0.15	0.13	0.11	0.1
5 drinks	0.25	0.23	0.19	0.16	0.14	0.13
6 drinks	0.3	0.27	0.23	0.19	0.17	0.15
7 drinks	0.35	0.32	0.27	0.23	0.2	0.18
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0.10-0.125 BAC: *Significant impairment of motor coordination and loss of good judgment*. Speech may be slurred; balance, vision, reaction time and hearing will be impaired.

RAPIDLY becoming a dangerous scenario from this point forward

0.13-0.15 BAC: Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced and dysphoria (anxiety, restlessness) is beginning to appear. Judgment and perception are severely impaired.

0.16-0.19 BAC: Dysphoria predominates, nausea may appear. The drinker has the appearance of a "sloppy drunk."

0.20 BAC: Feeling dazed, confused or otherwise disoriented. May need help to stand or walk. If you injure yourself you may not feel the pain. Some people experience nausea and vomiting at this level. The gag reflex is impaired and you can choke if you do vomit. Blackouts are likely at this level so you may not remember what has happened.

First mention of the risk of death (asphyxiation)

0.25 BAC: All mental, physical and sensory functions are severely impaired. Increased risk of asphyxiation from choking on vomit and of seriously injuring yourself by falls or other accidents.

Will likely require medical intervention – take person the to a hospital

0.30 BAC: STUPOR. You have little comprehension of where you are. You may pass out suddenly and be difficult to awaken.

0.35 BAC: Coma is possible. This is the level of surgical anesthesia.

0.40 BAC and up: Onset of coma, and possible death due to respiratory arrest.

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Driver's License acknowledgement and agreement consent form.

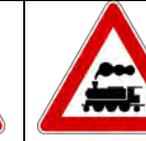
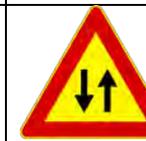
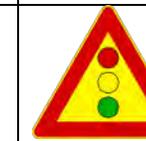
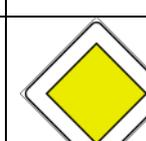
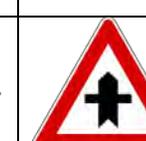
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- I acknowledge and agree that all my information submitted to MVRO on my Driver license application is up to date and correct.

Print _____ Date: _____

X

ITALIAN DRIVER'S LICENSE STUDY GUIDE

 BUMPY ROAD	 HUMPS	 CURVE TO THE RIGHT	 CURVE TO THE LEFT	 DOUBLE CURVE, FIRST TO THE RIGHT THEN TO THE LEFT	 DOUBLE CURVE, FIRST TO THE LEFT THEN TO THE RIGHT	 GUARDED RAILROAD CROSSING	 UNGUARDED RAILROAD CROSSING
 UNGUARDED RAILROAD CROSSING (SINGLE TRACK)	 UNGUARDED RAILROAD CROSSING (MULTIPLE TRACK)	 TRAMS CROSSING AHEAD	 PEDESTRIAN CROSSING	 DANGEROUS DOWNGRADE	 DANGEROUS UPGRADE	 ROAD NARROWS	 ROAD NARROWS ON RIGHT
 ROAD NARROWS ON LEFT	 DRAW BRIDGE	 DANGEROUS VERGES	 SLIPPERY ROAD	 CAUTION SCHOOL ZONE	 DOMESTIC ANIMALS ON THE ROAD	 TWO-WAY TRAFFIC	 ROUNDAABOUT AHEAD
 RIVER BANK	 DANGEROUS UNSTEADY MATERIALS ON THE ROAD	 FALLING ROCKS OR DEBRIS	 TRAFFIC LIGHTS	 SIDE WINDS	 RISK OF FIRE	 WILD ANIMALS	 DANGER
 WORK IN PROGRESS	 ROAD NARROWS	 ROAD NARROWS ON RIGHT	 ROAD NARROWS ON LEFT	 TWO-WAY TRAFFIC	 DANGEROUS UNSTEADY MATERIALS ON THE ROAD	 TRAFFIC LIGHTS	 DANGER
 YIELD RIGHT OF WAY	 STOP	 CROSSROADS WITH RIGHT-OF-WAY FROM THE RIGHT	 PRIORITY TO VEHICLES FROM OPPOSITE DIRECTION	 ROAD WITH RIGHT OF WAY	 END OF ROAD WITH RIGHT OF WAY	 INTERSECTION WITH ROAD THAT DOES NOT HAVE RIGHT OF WAY	 JUNCTION WITH A MINOR SIDE-ROAD FROM RIGHT
 JUNCTION WITH A MINOR SIDE-ROAD FROM LEFT	 MERGING TRAFFIC FROM RIGHT	 MERGING TRAFFIC FROM LEFT	 ONCOMING TRAFFIC MUST WAIT	 ALL VEHICLES PROHIBITED	 ENTRY PROHIBITED	 NO PASSING	 MINIMUM DISTANCE
 SPEED LIMIT IN KILOMETERS	 NO HORN BLOWING	 PEDESTRIANS PROHIBITED	 BICYCLES PROHIBITED	 MOTORCYCLES PROHIBITED	 ALL MOTOR VEHICLES PROHIBITED	 LARGE GOODS VEHICLES PROHIBITED	 MAXIMUM LENGHT IN METERS

MAXIMUM WIDTH IN METERS	MAXIMUM HEIGHT IN METERS	MAXIMUM WEIGHT IN METRIC TONS	MAXIMUM WEIGHT IN METRIC TONS PER AXLE	STOP POLICE ROADBLOCK	STOP CUSTOMS	END OF SPEED LIMIT	END OF MAXIMUM SPEED
END OF NO OVERTAKING	NO PARKING	NO STOPPING	PARKING AUTHORIZED	DRIVE STRAIGHT	TURN RIGHT	TURN LEFT	DRIVE STRAIGHT OR TURN RIGHT
DRIVE STRAIGHT OR TURN LEFT	ROUNDBOUT	MINIMUM SPEED	END OF MINIMUM SPEED	SNOW CHAINS MANDATORY	PEDESTRIAN LANE	END OF PEDESTRIAN LANE	CYCLE LANE
SCHOOL BUS	PEDESTRIAN CROSSING	NO THROUGH ROAD	TUNNEL	AUTOSTRADA MOTORWAY	FREEWAY	ADVISORY SPEED LIMIT	ACCIDENT AHEAD
HOSPITAL	FIRST AID	REPAIR SERVICE	GAS STATION	CAR FERRIES	ONE WAY TRAFFIC	INFORMATION CENTER	CAMPING SITE
EU COUNTRY BORDER	DIRECTIONS IN URBAN AREAS	DIRECTIONS IN URBAN AREAS AND GREEN PANEL INDICATES MOTORWAY	DIRECTIONS ON A MAIN HIGHWAY	DIRECTIONS ON A MOTORWAY	PROVINCIAL BOUNDARY SIGN	PROVINCIAL BOUNDARY SIGN (MOTORWAY)	REGIONAL BOUNDARY SIGN
TOWN NAME SIGN	MOTORWAY DIRECTION	PRIMARY OR SECONDARY ROAD DIRECTION	URBAN AREA DIRECTION	DETOUR	DIRECTION TO TOURIST ATTRACTION		
MERGING LANES	MERGING LANES	MERGING CARRIAGEWAY	ALL TRIANGLES INDICATE A WARNING	ALL CIRCLES INDICATE SOMETHING PROHIBITED	ALL BLUE CIRCLES INDICATE SOMETHING MANDATORY	RED AND YELLOW TRIANGLES INDICATE A TEMPORARY WARNING	



SOJOURNER'S PERMIT CHECKLIST **FIRST TIME APPLICATION**

WHO needs a sojourner permit: A Sojourner's Permit is **REQUIRED for all dependents** and civilians/contractors (Active duty members stationed in Italy and EU-Citizen do not require Sojourner's Permits).

WHERE to apply: RLSO EURAFCENT (Admin II, 1st floor, Capodichino) assists USN/USMC personnel only. USA/USAF personnel should report to their respective provost Marshall office (JFC). Send an email to Naples.Legal@eu.navy.mil or to Simona.Illiano.IT@eu.navy.mil attaching all the required documents listed below (except the photos, which you will drop off in person). You will then receive an appointment to sign your application and to be fingerprinted. RLSO EURAFCENT can help you with your permit *only if you live in the Provinces of Napoli and Caserta*. If you live elsewhere, you will have to apply at your local Immigration Office having jurisdiction on your city.

WHO needs to appear in person: ****ALL APPLICANTS 14 YEARS OLD AND ABOVE MUST APPLY IN PERSON****

WHEN to apply: Generally, within 8 days of your arrival in Italy.

Fingerprints: All applicants **14 years old and above** must be fingerprinted by the Italian Forensic Team that generally comes on board on specific days. You will be invited via email to join next available session.

Applications will NOT be accepted on Italian Holidays.

WHAT documents are required to apply:

FIRST TIME APPLICATION
<p>2 ** IDENTICAL** Passport sized photos (taken within the last 6 months) - Only 2 photos are required for all applicants, no matter the age.</p>
<p>No-Fee/Official Passport (tourist passport for Contractors and non-US citizens only) - bring original AND :</p> <ul style="list-style-type: none"> - 2 copies of photograph page and "official" language page next to it - old US passports have this page at the end, usually page 26 or 27; - 1 copy of "Missione" visa page
<p>Copy of orders: Military Orders, Civilian Orders or letter of accreditation (DOCPER letter).</p>
<p>Copy of your rental lease or hotel receipt/invoice: Only if you live <u>in Naples or its province</u> (Pozzuoli, Monterusciello, Quarto, Lago Patria, etc.) It is not applicable if you are in the province of Caserta (Gricignano Area and on or off Support Site).</p>
<p>Completed Worksheet*: Obtain a copy at the RLSO EURAFCENT Quarterdeck or find it attached. *THIS IS NOT THE APPLICATION</p>

SOJOURNER'S PERMIT WORKSHEET - this is NOT the actual application

PRIVACY ACT NOTICE: Individuals are asked to complete this form voluntarily for us to prepare your Sojourner's Permit reports. Failure to provide this information may result in a denial of a Sojourner's permit. The authority for this request is 5 U.S.C. § 301 and the North Atlantic Treaty Organization Status of Forces Agreement (SOFA). This form is not protected by any attorney-client privilege and may be released to law enforcement upon official request.

APPLICANTS REQUIRED INFORMATION

(Person Applying for Sojourner's permit)

You are requesting a: **1st TIME APPLICATION**
 RENEWAL APPLICATION

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

CITIZENSHIP (check one):

- US
 OTHER (SPECIFY BELOW)

MARITAL STATUS (check one):

- MARRIED
 NEVER MARRIED
 DIVORCED
 WIDOWED

HOME OF RECORD: _____
City State Country

CURRENT ADDRESS IN ITALY (e.g., TLA, CAPO INN, Support Site Bldg/Apt number, hotel name -
NO PSC ADDRESS)

DATE & AIRPORT OF ENTRY INTO **EUROPE** (only 1st time applicants):

_____/_____/_____
DAY MONTH YEAR AIRPORT

YOUR STATUS IN ITALY (check one):

- SPOUSE ON MILITARY ORDERS
 RELATIVE ON MILITARY ORDERS, PLEASE SPECIFY RELATIONSHIP TO
SPONSOR _____
 CIVILIAN (GS /OTHER) ON U.S. GOVT ORDERS
 CONTRACTOR
 FAMILY MEMBER OF CIVILIAN OR CONTRACTOR

CONTINUED ON THE BACKSIDE OF THIS FORM

SPONSOR'S REQUIRED INFORMATION

(your info if you're the sponsor)

LAST NAME: _____ FIRST NAME: _____ MI: _____

RANK/RATE: _____ BRANCH OF SERVICE: _____

COMMAND: _____ TELEPHONE #: _____

E-MAIL (WORK OR PERSONAL): _____

REQUIRED INFORMATION OF CHILDREN UNDER THE AGE OF 14

1. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

2. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

3. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

4. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

5. LAST NAME: _____ FIRST NAME: _____ MI: _____

PLACE OF BIRTH: _____ DOB: _____ / _____ / _____
DAY MONTH YEAR

I CERTIFY THIS INFORMATION IS CORRECT TO USE TO THE BEST OF MY KNOWLEDGE

Date: _____ / _____ / _____
DAY MONTH YEAR

Signature of Applicant: _____

Housing Service Center – Area Orientation

PSC 808 Box 7
FPO AE 09618-0007



Welcome to Naples! The Housing Service Center (HSC) is here to serve all of your housing needs. We understand that PCSing is a stressful ordeal, especially when moving to another country. It's our mission to make this transition easy for you and your family, and we take pride in providing the best service possible.

- Our main office is located in building 2073 on Support Site. This building is located just outside the "back gate". However, this office primarily handles only off-base housing.
- For on-base family housing support, we have a branch office located behind the autoshop on Support Site in building 2074.
- For E1-E4 unaccompanied service members, the main barracks office is located in building 2038 on Support Site. We have our unaccompanied barracks in two locations: one is a collection of buildings known as "the triangle" and the other is in building 2087 located next to the hospital.
- For service members assigned to Gaeta, we have a satellite housing office located next to the post office on the Gaeta base.

Quick Reference Guide

Off-base Housing - DSN: 629-4466 / COMM 081-811-4466

On-base Housing - DSN: 629-4930 / COMM: 081-811-4930

Barracks – DSN: 629-4696 / COMM: 081-811-4696

Email: M-NA-NSAHSGADMIN-GD@EU.NAVY.MIL

The Naples area office hours are Monday – Friday, 0745-1545

The Gaeta area office hours are Monday – Friday, 0800-1630

Follow us on Facebook at
<https://www.facebook.com/NSANaplesHousing/>



For more information about the HSC, to include our welcome booklet, please scan the QR code.



DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY, NAPLES, ITALY
PSC 817 BOX 1
FPO AE 09622-0001

NAVSUPPACTNAPLESINST 1754.7B
N91

5 SEP 2019

NAVSUPPACT NAPLES INSTRUCTION 1754.7B

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: SUPERVISION OF MINOR CHILDREN

Ref: (a) OPNAVINST 3120.32D
(b) U.S. Navy Regulations, 1990, 0702
(c) NAVSUPPACTNAPLESINST 5800.3B
(d) OPNAVINST 1740.4E

Encl: (1) U.S. Naval Support Activity, Naples, Italy Child Supervision Chart

1. Purpose. To promulgate guidance and procedures for the supervision of minor children onboard all U.S. Naval Support Activity (NAVSUPPACT), Naples, Italy, installations.

2. Cancellation. NAVSUPPACTNAPLESINST 1754.7A

3. Definitions

a. Adult. Someone over 18 years of age who is responsible for the supervision of a designated child and is capable of responding within a reasonable amount of time.

b. Babysitter. Someone over 12 years of age who has been given the responsibility to supervise a child/children while the parents are temporarily away.

c. Child. A child is an unmarried person, 17 years of age or under, or one who is incapable of self-support due to mental or physical incapacity. This includes a biological child, adopted child, foster child, stepchild or ward; this excludes active duty members and spouses.

d. Minor Guest. A minor guest is a child visitor who is temporarily residing with a member of the Armed Forces, Department of Defense (DoD) civilian or family member, thereof.

e. Child Neglect. Child neglect is a lack of supervision involving inattention to a child's minimal needs for safety, food, shelter, clothing, medical/dental care, education or well-being, regardless of whether intentional or negligent. The term encompasses both acts and omissions on the part of the responsible person.

f. Supervision. Supervision is the monitoring of the child's whereabouts and activities per his/her maturity level and with regard to the child's mental and physical capabilities in order to ensure his/her safety and well-being.

5 SEP 2019

4. Scope

a. This instruction is applicable to all individuals, military or civilian onboard NAVSUPPACT Naples and family members and guests, thereof. This instruction is not intended to and does not create any rights or entitlements; nor does it confer defenses in favor of any individual. It places no limits on the lawful prerogative of the Commanding Officer (CO), NAVSUPPACT Naples, Italy, or its officials. Authority to implement this policy derives from references (a) and (b).

b. Moral and legal obligations require appropriate measures to safeguard the welfare of children by ensuring they are not left unsupervised in a situation that exceeds their maturity level. Parents and guardians have primary responsibility for appropriate and adequate supervision of their minor family members and guests at all times, whether on or off base, to ensure they are safe and pose no danger to themselves, others, or the public peace by their actions.

c. Violations of this policy may lead to administrative or disciplinary action. Every effort will be made to handle alleged violations with maximum deference to parental rights. However, cases of child neglect will be referred to the appropriate chain of command, and the Family Advocacy Program, as appropriate. Military members who violate the provisions of this instruction may be prosecuted for violation of the Uniform Code of Military Justice, and may be subject to other administrative action. Civilians who violate this instruction shall be subject to administrative action as defined in reference (c).

5. Discussion. The overseas community differs from Continental United States (CONUS) military and civilian environments in many ways. In CONUS, the COs seldom become aware of minor children's misconduct through official channels, as in most cases primary responsibility for child law enforcement resides with the state. On the installations outside CONUS, the CO is responsible for safety and law enforcement. Per reference (a), it is incumbent on the CO to ensure the safety and welfare of minor children.

6. Guidelines

a. To the maximum extent possible, parents and guardians are required to know the whereabouts of their children and minor guests 24 hours a day.

b. To the maximum extent possible, parents and guardians should be aware of the intended activities and schedules of their children and minor guests.

c. Parents and guardians whose children and minor guests participate in unofficial extracurricular activities or gatherings at locations other than Morale, Welfare, and Recreation (MWR) or Department of Defense Education Activity facilities are encouraged to communicate with each other to ensure adequate supervision.

d. Defiance of base guidelines may be cause for referral to Family Advocacy, but is not necessarily considered neglectful behavior unless the alleged act or omission meets the established criteria set forth by DoD in the definitions for child neglect.

e. Participation in Italian cultural events is encouraged. However, it is recommended that parents and guardians implement reasonable safeguards, as warranted by the situation, to ensure the proper conduct, health, and safety of their children, minor dependents, and guests.

f. Parents and guardians will discourage their children and minor guests from loitering in unsupervised locations. The entire community should be vigilant of unsupervised activity of children.

7. Supervision. Primary responsibility for supervision of minor children is with the parent/guardian. Parents are responsible for the behavior, safety, and proper discipline and well-being of their children, regardless of age. A minor child violating the restrictions listed below will be detained by base security until a parent or guardian assumes custody. The following general restrictions apply to all minor children. Parents should assess their child's developmental and maturity levels, and if necessary, raise the minimum age limits listed below to ensure the safety and well-being of their child. A supervision chart can be found in enclosure (1) of this instruction. The supervision restrictions below apply to all NAVSUPPACT Naples installations:

a. Children newborn to four years of age may not be left unattended in quarters, playground areas, or outside of quarters for any length of time and shall not be left unattended in a vehicle.

b. Children ages five and six may be outside the quarters unattended with an adult/babysitter within hearing or visual contact and shall not be left in quarters without adult/babysitter supervision or in an unattended vehicle.

c. Schools and MWR youth activities have the right to enforce their own escort and supervision policies. Absent such policy, the following restrictions apply:

(1) Children ages five and younger must be escorted to and from school and other youth-related functions, as listed below, by someone who is at least nine years of age.

(2) Children ages six years and older may walk to and from school and other adult supervised activities within the fence line of any of the NAVSUPPACT Naples installations, such as ballet, gymnastics, sports practices, boy scouts, girl scouts, and other youth-related functions, without the supervision of an adult, when they have a self-release permission form on record with that specific program.

d. Children between seven and nine years of age shall not be left unattended in a car, left alone overnight, or to care for younger children, to include siblings. Children between seven and nine years of age may be:

• 5 SEP 2019

(1) Left unattended in quarters for short periods of time, not to exceed 30 minutes, with access to an adult by telephone or a neighbor close by who has knowledge that the child is unattended

(2) Unattended in public areas with an adult/babysitter within hearing or visual contact.

e. Children between ten and 15 years of age may be left unattended in quarters, playground, public areas, and outside the quarters.

f. Children over 12 may care for younger children. All children who wish to babysit are strongly encouraged to complete an American Red Cross babysitting course or CPR/First Aid course.

(1) Children under 12 years of age are not allowed to babysit, to include younger siblings.

(2) Babysitters between 12 and 13 years of age may not supervise children past 2200 and are not allowed to babysit overnight.

(3) Adolescents ages 14 and 15 years old may babysit until 2400.

g. Children age 16 years and above may be:

(1) Left unattended in quarters and all outside areas.

(2) Babysit other children to include overnight.

(3) Left in quarters when parents or guardians are on vacation or in a Temporary Assignment of Duty (TAD) status with telephone access to an adult who can provide assistance, if needed. Vacations or TAD should not exceed two weeks. A Family Care Plan must be submitted to the sponsor's command prior to departure.

h. A designated adult should be capable of responding in person within a reasonable amount of time to any child left unattended. Personality, environment, developmental progress, medical conditions, and maturity levels are factors parents must consider when determining whether children are ready to accomplish activities with little or no supervision. Parents should assess their child's maturity and, if necessary, raise the minimum age limits outlined above.

8. Specific Restrictions

a. Barracks. Off-limits to all children under the age of 18 years.

b. Pools. Children under 10 must be accompanied by an adult or a person authorized to babysit. Children between the ages of 10 to 17 must have the Navy Youth Swim License to be at the pool unsupervised. Swim licenses are administered by MWR lifeguards.

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c. Theaters. Per MWR policy, movie ratings shall be enforced. Children under 13 years of age must be accompanied by a parent or legal guardian to all movies. No children under 10 will be admitted to R rated movies. Children under 17 must be accompanied by a parent or guardian for admission to an R rated movie.

d. Single Parents, TAD, and Leave. Personnel in these categories are not exempt from ensuring minor children are supervised per this regulation. Members are expected to fully comply with this instruction and reference (d). Powers of Attorney are strongly recommended when leaving children with a guardian for more than 24 hours. The U.S. Navy Region Legal Services Office Europe, Africa, Central is available to draft and notarize these Powers of Attorney. Members are required to fully brief their designated caregiver on financial and logistical arrangements, location of important papers, and significant medical/dental issues.

e. Shuttle Buses. Children under 12 years of age must be accompanied by a supervising adult or a child 16 years or older. This restriction only applies to NAVSUPPACT Naples shuttle buses, and does not apply to school buses. Schools have a right to enforce their own school bus and supervision policy.

9. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per SECNAV-M 5210.1.

10. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 10 years after effective date unless reissued or canceled prior to the 10-year anniversary date, or an extension has been granted.


T. A. ABRAHAMSON

Releasability and distribution:

NAVSUPPACTNAPLESINST 5216.4CC

Lists: I through IV

Electronic via NAVSUPPACT NAPLES web site:

https://www.cnic.navy.mil/regions/cnreurafswa/installations/nsa_naples/about/departments/administration_n1/administrative_services/instructions.html

5 SEP 2019

U.S. NAVAL SUPPORT ACTIVITY, NAPLES, ITALY, CHILD SUPERVISION CHART

Parents are responsible for the behavior, safety, proper discipline, and well-being of their children, regardless of age. Personality, environment, developmental progress, medical conditions, and maturity levels are factors parents must consider when determining whether children are ready to accomplish activities with little or no supervision. Parents should assess their child's maturity and, if necessary, raise the minimum age limits outlined below.

* Children under 12 years of age will not babysit other children, including their siblings. Babysitters 12 to 13 years of age may supervise until 2200 but are not allowed to sit all night. Children 12 years and older are strongly encouraged to complete an American Red Cross babysitting course or CPR/First Aid Course. Adolescents 14 to 15 years old may babysit until 2400.

Age of Child	Left unattended in Quarters	Left Alone Overnight	Left Unattended in Vehicle	Babysit Others	Left Unattended in Public Areas/ Playground/ Outside of Quarters	Walk to School	Left in Quarters/ Vacation/T AD
Newborn to 4 years	NO	NO	NO	NO	NO	NO	NO
5-6 years	NO	NO	NO	NO	YES with an adult/ babysitter within hearing or visual contact	YES (6 years old)	NO
7-9 years	YES May be left alone for up to 30 minutes with access to an adult/babysitter	NO	NO	NO	YES with an adult/babysitter within hearing or visual contact	YES	NO
10-15 years	YES	NO	YES	* YES (12 years and above)	YES	YES	NO
16+ years	YES	YES with access to an adult	YES	YES	YES	YES	YES, with access to an adult and Family Care Plan

JUST MOVED IN? NEED THE ESSENTIALS?

Take a look in the

LOANER LOCKER



- Plates
- Bowls
- Cups
- Utensils
- Pots and Pans
- and a lot more

FLEET AND
FAMILY SUPPORT CENTER



ATHOC NOTIFICATION REGISTRATION INFORMATION SHEET

User Information

AUTHORITY: DODINST 6055.17, OPNAVINST 3440.17, CNICINST 3440.17, UFC 4-021-01, SORN 1754-4. PRINCIPAL PURPOSE(S): Computer Desktop Notification System (CDNS) serves as part of the Navy Region and Installation Mass Notification System (MNS). CDNS provides pop-up messages to the workstations attached to DoD Networks. In addition, CDNS has the capability to notify members in the database, via electronic mail and telephone, of real-world and exercise threat conditions. ROUTINE USE(S): The system utilizes primarily workstation pop-up messages for emergency alert notification but can utilize additional communications mediums based on the event severity. This can include telephonic alert message to the work, home, mobile phones and text based messages via electronic mail address and Short Message Service (SMS). Additionally, a report can be printed to document confirmation that an alert message was received by the person(s). DISCLOSURE: Disclosure is required for military and key-civilians and voluntary for non-key civilians. Failure to disclose information would result in not being notified of mission or natural disaster alert notifications.

1. Name (Last, First MI): _____

2. Are you a family member?

YES

NO

If yes, what is your Sponsor's full name?

3. Assigned Command/Agency: _____

4. Duty Location:

CAPODICHINO

SUPPORT SITE

JFC/LAGO PATRIA

GAETA

ROME

NAPLES (Other US Government Agency)

OTHER (Specify): _____

5. Scheduled Rotation/Departure Date: _____

REGISTRATION OF MEANS OF NOTIFICATION

Self Service Devices

AUTHORITY: DODINST 6055.17, OPNAVINST 3440.17, CNICINST 3440.17, UFC 4-021-01, SORN 1754-4. PRINCIPAL PURPOSE(S): Computer Desktop Notification System (CDNS) serves as part of the Navy Region and Installation Mass Notification System (MNS). CDNS provides pop-up messages to the workstations attached to DoD Networks. In addition, CDNS has the capability to notify members in the database, via electronic mail and telephone, of real-world and exercise threat conditions. ROUTINE USE(S): The system utilizes primarily workstation pop-up messages for emergency alert notification but can utilize additional communications mediums based on the event severity. This can include telephonic alert message to the work, home, mobile phones and text based messages via electronic mail address and Short Message Service (SMS). Additionally, a report can be printed to document confirmation that an alert message was received by the person(s). DISCLOSURE: Disclosure is required for military and key-civilians and voluntary for non-key civilians. Failure to disclose information would result in not being notified of mission or natural disaster alert notifications.

6. LIST ALL (Duty & Personal) EMAIL ADDRESSES YOU WOULD LIKE TO RECEIVE NOTIFICATIONS

7. LIST ALL LANDLINE PHONE NUMBERS YOU WOULD LIKE TO RECEIVE NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 011-Country Code-City Code-Local Number (example: Italy: 39), Example: 01139XXXXXXXXXX))

8. LIST ALL MOBILE/CELL PHONE NUMBERS YOU WOULD LIKE TO RECEIVE VOICE AND TEXT (SMS) NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 011-Country Code-City Code-Local Number (example: Italy: 39), Example: 01139XXXXXXXXXX))

PLEASE RETURN THE COMPLETED FORM TO THE NSA NAPLES EMERGENCY MANAGEMENT DIVISION VIA EMAIL TO m-na-nsaopsemdispatch-gs@eu.navy.mil

CHECK IN

PG

Date _____

CHECK OUT

Clerk Init: _____

*****PRINT NEATLY AND LEGIBLE*****LAST NAME: _____
(PLEASE INCLUDE ANY DIFFERENT LAST NAMES)FIRST NAME: _____
(PLEASE INCLUDE ANY NICKNAMES)

RANK/GRADE SPONSOR: _____ (CHECK IN ONLY)

BRANCH OF SERVICE (Please circle one): USN USMC USA CONTRACTOR GS EMPLOYEE

****CONTRACTORS – ORDERS NEED TO STATE 6 MONTHS OR MORE FOR PSC RECEPTACLE. LESS THAN 6 MONTHS CALL POSTAL OFFICER BEFORE ASSIGNING.**

PSC _____ BOX _____ FPO AE _____

DOD ID# _____ PRD: _____ (CHECK IN ONLY)

FAMILY MEMBER NAMES:

PHONE NUMBER: _____ (CHECK IN ONLY)

EMAIL ADDRESS: _____ (CHECK IN ONLY)

FORWARDING ADDRESS: _____ (CHECK OUT ONLY)

"FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE - Any misuse or unauthorized disclosure can result in both civil and criminal penalties."

For Post Office Use

PSC Receptacle opened/closed (DD 2262). Init: _____

Shelves checked for packages on hand. Init: _____ Date: _____

Information added/removed SST/AMPS/Excel Spreadsheet. Init: _____ Date: _____

PBIL Website verified Init: _____ Date: _____

Packages moved from PG shelf to delivery shelf Init: _____ Date: _____

Checked by Postal Officer/CPO or assigned postal clerk:

PSC MAILBOX AGREEMENT

(REV. 26FEB2017)

I, (Print Last, First, MI)

Understand that my personal mail receptacle privileges are contingent as following:

- A.) Personal receptacles will be issued only to personnel billeted to Naples, Italy and assigned to an eligible UIC. Upon issue, the member's orders and valid identification (ID) will be provided for verification of eligibility. One copy of the member's PSC Mailbox Agreement will be kept on file at the main post office where the PSC Mail box is located and properly disposed upon PCS of the command.
- B.) If at any time it is discovered that a mailbox has been improperly issued, or the box holder is otherwise not entitled to mailbox (e.g. possibly due to PCS transfer of the box holder from Naples, Italy to another local command) the box holder shall be given five days (5) notice to vacate the box and register for mail forwarding service to a new address.
- C.) If at any time mail is unclaimed after thirty (30) days, the FPO will close the receptacle and return all mail to the sender endorsed "UNCLAIMED". **As per the DOD 4525.6M**
- D.) In the event that a mailbox appears to be unused or abandoned, the Postal Officer shall order the box closed. A letter will be sent to the service member notifying him/her of the closure via their command.
- E.) In the event that a box holder is unable to pick up their mail on a regular basis, **PS FORM 3801 (STANDING DELIVERY ORDER)** must be filled out and kept on file at the NSA CAPODICHINO post office authorizing an agent to pick up the mail in order to prevent over-accumulation. Positive identification (ID) will be required for delivery.
- F.) In the event that a box holder is absent (deployed/TAD/on leave) for seven or more days and authorized dependents/agents are not able to pick up mail in the box holders absence, **DD FORM 2258** must be filled out and kept on file at the NSA CAPODICHINO post office indicating the duration of the member's absence and instructions for the disposition of the member's mail during that time.
FAILURE TO DO SO MAY RESULT IN THE RETURN OF ACCOUNTABLE MAIL TO THE SENDER
- G.) Personal assigned boxes will not allow other personnel other than authorized dependents to use the mailbox number for correspondence. This restriction includes visiting friends and family who are not legal/authorized dependents of the service member or box holder. **IAW ref DOD 4525.6M** states that violations of this restriction could result in appropriate legal action, a 90-day notice of mailbox closure, and termination of Military Postal Service (MPS) privileges.
- H.) **DOD 4525.6M APPENDIX 1** applies: Approval of MPS privileges for agencies, departments, units or individuals, whether or not they have full or any form of limited MPO privileges, unless otherwise specifically stated, does not extend to the receipt of, or mailing at an MPO, of any items intended for resale. This prohibition applies whether sale is authorized MPS users or not, regardless of the beneficiary of the proceeds (i.e. charitable organizations or non-appropriated welfare fund activities).
- I.) Each mailbox has a combination lock, NSA CAPODICHINO post office will retain a file of the mail box combination and one will be issued by an authorized postal clerk to the future box holder. Once issued it is the responsibility of the box holder to maintain control of their combination numbers. If for some reason the combination numbers are forgotten, the NSA CAPODICHINO post office will provide the combination numbers to the box holder. If the mailbox holder PCS or longer here, the mailbox will be close for a year with a new combination numbers for future box holders.

Hours of Operation

*****OPEN 24 HOURS*****

Emergency Department

Inpatient Ward

Outpatient Clinics

Support Site & Capodichino Clinics

Monday – Friday 0800 - 1600

Tuesday 0800 - 1200

Closed weekends & U.S. National Holidays

Dental Clinics

Support Site & Capodichino Clinics

Mon – Fri: 0800 - 1600

Closed weekends & U.S. National Holidays

Pharmacy Hours

Support Site

Mon-Fri: 0800 - 1700

Tuesday: 0800 - 1400

*Sat/Sun/Federal Holidays: 1300 - 1600

*For refill pickup ONLY that are already checked by a pharmacist.

BHC Capodichino

Mon – Fri: 0800 - 1600

Tuesday: 0800 - 1200

Sat/Sun/Federal Holidays: Closed

European Nurse Advice Line

800-979-721

USNH Naples, Italy

Off-Base: IF you do not speak Italian call:

+39-081-568-4911, dispatch will assist.

USNH ambulances do NOT operate off-base

- **118** is the Italian Emergency Number, only speak Italian.

On-Base: dial **911** or **+39-081-568-4911**



International SOS (Tricare):

+44-20-8762-8133

+44-20-8762-8384

- No pre-authorization needed for emergency care

- Keep all receipts and documentation

- Notify your PCM as soon as possible

Dental Emergency Care: Walk-in

appointments for acute dental issues consisting of pain and infection are available Monday-Friday from 0800-0930 for all eligible beneficiaries or visit the ER during weekends and holidays.

COVID 19 Testing:

0900 - 1000, Results available at 1200.

For non-emergent help off base, speaks English.

India 7 Support Site: +39-081-568-5549

India 7 Capodichino: +39 -081-811-4851

Care Locations

U.S. Naval Hospital Naples, Support Site

Branch Health Clinic, Capodichino

Fleet Liaison Det. Landstuhl, Germany

Preferred Provider Network, Naples area



“We Keep Warfighter in the Fight”

Access to Care

Priority for care:

- 1) Active Duty
- 2) Active Duty Family Members

~Members are screened prior to arrival to ensure healthcare needs can be met.

Space-Available

- 3) DOD Civilian/Contractors
- 3) Retirees & their Dependents
- 3) Active Duty NATO
- 3) Active Duty NATO Family Members

~Members are unscreened prior to arrival. Services needed not available at the hospital must be found on the economy.

All Others/non-DOD:

On-Site Emergency Care Only

~Examples include: visiting family members, personnel sponsored on base, etc.

Tricare Beneficiary Services

Griselda Green

DSN: 629-6330

+39-081-811-6330

Central Appointment Line:

DSN: 629-6000

+39 081-811-6000

Option 2 for English;

Option 2 for Appointments;

Option 1 for NSA, 2 for CAPO, 3 for speciality & dental

Dental Clinic

DSN: 314-629-6007/8

+39 081-811-6007/8

~Routine Dental services are only available for Active Duty and Active Duty family members. All others are encouraged to find dental care on the economy.

Medical Services Available

Family Medicine
Nutrition Services
Internal Medicine
Laboratory
Mental Health & Substance Abuse
Radiology
Medical Readiness
**Dermatology
Immunizations
**Urology
Health Promotions & Wellness
**Podiatry
Physical Therapy
Surgery
Anesthesia
Occupational Health
Multi-Service Ward
Travel Medicine
Urgent & Emergency Care
Ear, Nose & Throat
Orthopedics
Pastoral Care
Case Management
Pharmacy
Women's Health & Pregnancy
Children's Educational & Intervention Services
Men's Health
Optometry
Ophthalmology
Audiology
General Dentistry
Pediatric Dentistry
Oral surgery
Periodontics
Endodontics
Prosthodontics
Orthodontics

Services available on a quarterly basis only

Patient Billing

U.S. civilian employees, government contract employees, NATO partners, and other individuals who are not eligible for Tricare and receive care in a U.S. Military Treatment Facility.

The U.S. Naval Hospital Naples or its branch clinic **cannot** give you upfront cost estimates of the care received.

How does U.S. Naval Hospital Naples invoice pay patients?

Following a visit to our facility, details of the encounter are coded into an electronic record. Codes are determined and billed in accordance with the Assistant Secretary of Defense billing rates. After the bill is generated, it is entered into the U. S. Department of Treasury Centralized Receivables Service (CRS) for invoicing. Within 24 hours of the bill being uploaded into CRS the bill will be electronically sent to the insurer on file with the Uniformed Business Officer (UBO) at the hospital.

Military Treatment Facilities do not maintain contractual relationships with insurance companies, so it is important that patients work directly with their insurer to discuss costs of their healthcare invoices.

If your Health Insurance is requesting additional information about your hospital visit, please visit the UBO office and we will assist you.

UBO office

(Ground Floor, Next to the Quarter Deck)

DSN: 314-629-6510/6129/6974

Comm: +39-081-811-6510/6129/6974

Office Hours: Mon & Wed- Fri 0700 - 1600

Tues: 0700 - 1300

usn.naples.navhosnaplesit.list.nhnap-ubo@mail.mil

Hours of Operation

TRICARE Service Center Naples

Location: USNH Naples, RM 1310
Monday-Friday: 0730-1600

US NAVAL HOSPITAL NAPLES

Location: Support Site

Primary Care Clinics

Mon/Wed/Thu/Fri 0730-1600
Tuesday 0730-1200

For Appointments:

COMM: 081-811-6000 DSN: 629-6000

USNH Dental Clinic

Mon/Wed/Thu/Fri 0730-1600
Tuesday 0730-1145
Sick Call 0800-0930

For Appointments:

COMM: 081-811-60078 DSN: 629-60078

USNH Pharmacy

Monday—Wednesday & Friday 0800-1700
Thursday 0800-1400
Sat*/Sun*/Holidays* 1300-1600

*Refill pick up only

BRANCH HEALTH CLINIC CAPODICHINO

Location: Capodichino, Bldg. 457

Primary Care Clinics

Mon/Wed/Thu/Fri 0730-1600
Tuesday 0730-1145

For Appointments:

COMM: 081-568-4786 DSN: 626-4786

Branch Dental Clinic

Mon/Wed/Thu/Fri 0730-1600
Tuesday 0730-1130

For Appointments:

COMM: 081-568-4644 DSN: 626-4644

TRICARE Service Center Naples



*"The information you need, to get
the health care you deserve."*



FACT: Active duty personnel and their family members enrolled in TRICARE Prime receive essentially free health care.

An E-5 family of four would pay an average of over \$5000 a year plus co-pays for a comparable civilian health plan.

mailing address

US Naval Hospital Naples
(attn. TRICARE Operations)
PSC 808 Box 19
FPO AE 09618

COMM phone: 081-811-6330
DSN: 629-6330



Last Update: Oct 2022



TRICARE Service Center Naples U.S. Naval Hospital Naples Italy

TRICARE / Managed Care Representatives

Beneficiary Service Representative

COMM: 081-811-6330
DSN: 629-6330

- ◆ Enrollments / disenrollments & PCM changes
- ◆ Verification of beneficiary coverage
- ◆ Assists with TRICARE-related PCS information
- ◆ TRICARE briefings

Health Benefits Advisors / Preferred Provider Network (PPN) / Claims

Gina Andreaana COMM: 081-811-4132 DSN: 629-4132	Raffaele Esposito COMM: 081-811-4141 DSN: 629-4141
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Marina Tavano COMM: 081-811-6331 DSN: 629-6331	Pasquale De Rosa COMM: 081-811-6212 DSN: 629-6212
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Maurizio D'Arta COMM: 081-811-6636 DSN: 629-6636	
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- ◆ Assist with all aspects of PPN referrals & visits
- ◆ Managed Care Relations Representative
- ◆ Claims Processing

Emergency Response Numbers

ON-BASE: 081-568-4911

OFF-BASE: 118

Nurse Advice Line

Stateside Registered Nurse
available to provide healthcare advice

+1 (800) 874-2273 (opt. 1)

Country-Specific Toll Free (Italy)

(800) 979-721

URL: <https://mhnurseadvice.com/home>

24 hours a day / 7 days a week

DEERS & TRICARE Eligibility

Remember to verify and update DEERS **ANNUALLY** or when you have a change in:

- ◆ Military Career Status (i.e., rank or retirement)
- ◆ Activation (Guard/Reserve)
- ◆ Change of Address
- ◆ Marriage or Divorce
- ◆ Birth or Adoption
- ◆ Full-time Student Age 21 – 23
- ◆ Death of dependent family member

Contact your local ID Card facility @

COMM: 081-568-4390
DSN: 626-4390

TRICARE Websites

TRICARE Overseas

<http://www.tricare-overseas.com>

- ◆ Managed by International SOS (ISOS)
- ◆ Beneficiary programs available in Europe
- ◆ TRICARE Overseas Fact Sheets
- ◆ Find Preferred Providers
- ◆ **ISOS Eurasia/Africa Service Center +44 (208) 762-8384 or Toll Free +1 (877) 678-1207**

TRICARE (CONUS)

<http://www.tricare.mil>

- ◆ Beneficiary Programs available by Region
- ◆ TRICARE Fact Sheets
- ◆ Find Providers
- ◆ Enrollment/Disenrollment Forms & Information
- ◆ Military Treatment Facility & TRICARE Service Center Contact Information
- ◆ Claims Processing Information

TRICARE Dental

<http://www.tricare.mil/coveredservices/dental>

- ◆ Eligibility & Benefits
- ◆ Find Dental Providers
- ◆ Online Enrollment/Disenrollment
- ◆ Claim Forms & Process
- ◆ **1-844-653-4060**

TRICARE Pharmacy Program

<https://www.express-scripts.com/tricare>

- ◆ Registration Forms
- ◆ Order Refill
- ◆ Check status of order

Mil Connect

<https://www.dmdc.osd.mil/milconnect>

USNH Naples

<http://www.med.navy.mil/sites/napoli>



International SOS is honored to continue in our role as the TRICARE Overseas Program (TOP) contractor. We understand that many of our beneficiaries may be deployed or accompanying a sponsor overseas for the first time. As a result, you may be experiencing new languages, assimilating to new cultures, or even learning to navigate new street signs. All of this can be a daunting experience, especially when you first arrive to your Duty Station.

International SOS is committed to providing easy-to-access, high quality health care services, and putting your experience of care at the forefront of all that we do. To this end, International SOS is excited to introduce **MyCare Overseas™** — a secure and user-friendly Beneficiary Mobile App and web-based Portal that will enhance your health care experience.

MyCare Overseas™ is a self-service tool that offers easy access to our services, including checking your TRICARE Health Plan, verifying TRICARE covered services, and accessing other reliable sources of information.



FEATURES

Innovative Self-Service Features to Help Improve Your Patient Experience



24/7 Assistance

Quick access to the local Near Patient Team*, the Global First Call Desk, the Beneficiary Support Center, and Technical Support.



Chat

Access to a self-service ChatBot for immediate answers to FAQs and if needed, a direct link to chat with the Beneficiary Support Center.



My Appointments & Referrals

Keep track of your appointments and view provider contact details. Easy check of referral status and issued authorizations.



Healthcare Finder

Intuitive search tool which assists you in finding a TOP Network Provider.



Country Information

Useful country information such as emergency numbers, medical risk ratings and cultural tips.



My Medical Translations

Submit request for Medical Records Translations and download translated documents. **Note:** Applicable for TOP Prime and TOP Prime Remote ONLY.



Translation Help

Local language support via Microsoft Translate or easily connecting with real-time telephonic language assistance.



My Plan & Claims

Easy check of TRICARE Health Plan enrollment as well as useful links to TRICARE covered services and a direct link to the TOP Beneficiary Secure Claims Portal.

**International SOS' Near Patient Teams are available in Germany, Benelux (Belgium, Netherlands, Luxembourg), Italy, Spain, Greece, Poland, Bahrain, South Korea, and Japan.*

DOWNLOAD NOW

SPREAD THE WORD

Scan the QR code (to the right) or click on the App Store or Google Play buttons to download the new MyCare Overseas™ Beneficiary App!



MyCare Overseas™ is a registered trademark of International SOS Government Services, Inc. All rights reserved.

TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

**WORLDWIDE REACH.
HUMAN TOUCH.**

International SOS administers the TRICARE Overseas Program (TOP) benefit.

www.TRICARE-overseas.com

www.TRICARE.mil



SUPPORTING THE PATIENT JOURNEY

The **MyCare Overseas™** Beneficiary App and Portal was developed based on actual feedback from TRICARE beneficiaries to address pain points, personal needs, and frustrations that may occur when trying to access health care overseas. This results in quicker access to clinical and non-clinical professionals who are dedicated to helping beneficiaries navigate their overseas health care experience.

ACCESSING MYCARE OVERSEAS™ BENEFICIARY APP AND PORTAL

To access the **MyCare Overseas™** Beneficiary App and Portal, simply download the app onto your mobile device and register. This provides secure access to all relevant information and timely notifications, for the best experience of care.

The **MyCare Overseas™** Beneficiary App and Portal is the entry point for all TRICARE Overseas health care services and streamlines access to a convenient, easy-to-use application. This means TOP beneficiaries are empowered to get the information they need when they need it. Beneficiaries can fill out an important Episode of Care feedback form, set up reminders about upcoming medical appointments, access and download International SOS authorizations, locate health care facilities on a map, access translation assistance, or obtain help with follow-on care or other medical instructions.

Scan the QR code below or click on the App Store or Google Play buttons to download the new MyCare Overseas™ Beneficiary App!



Alternatively, to access the new **MyCare Overseas™** web-based Portal using your personal computer or laptop, visit <https://top.internationalsos.com/beneficiary!>

Revised September 2021



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CONSENT FOR RELEASE OF MEDICAL INFORMATION FORM

THIS FORM IS FOR INTERNAL USE BY THE INTERNATIONAL SOS GROUP OF COMPANIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary for the processing of requirements and benefits related to the TRICARE Overseas Program (TOP), including but not limited to medical management, your medical related claims, and proper updates of your medical record.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, failure to provide consent may result in the inability of International SOS to provide the full range of services and benefits under the TOP.

BENEFICIARY DETAILS:

Table with 2 columns: Beneficiary First Name, Beneficiary Last Name, Beneficiary Date of Birth, DoD Benefits Number (DBN), Beneficiary Phone Number, Beneficiary Email Address.

Section is to be signed by TRICARE Beneficiaries ONLY

RELEASE OF MEDICAL INFORMATION

International SOS Government Services, Inc. and its affiliated entities (International SOS) is a data processor on behalf of the Defense Health Agency (DHA) of your personal data. You may contact International SOS at any of its locations or methods as identified on http://www.tricare-overseas.com or in the footer below. Your personal data will be used for the following purposes:

- 1. Collection of medical record to load into the United States (U.S.) Government system of record for TRICARE beneficiaries.
2. Translation of medical records to support your continued health care and maintenance of your medical record in the U.S. system of record.
3. Case Management, utilization management, and other medical management activities required under the TRICARE benefit.
4. Claims inquiries and processing in accordance with the TRICARE benefit.

The categories of personal data you are being asked to consent to International SOS' collection and use are your name, address, email address, telephone number, DoD Benefits Number (DBN), Social Security Number, and Personal Health Information. International SOS will share this information on an as needed and required basis with the DHA, the cognizant Military Treatment Facility, third-party medical translation vendors and/or Wisconsin Physician Services Insurance Corporation.

Your personal data will be transferred out of the European Union or other locality you are in and sent to the entities referenced above which are in the U.S. or on U.S. soil. Your personal data will be processed and stored in accordance with U.S., EU, and other applicable laws and record retention requirements applicable to International SOS.

Under our processes and these laws, you have the right to request access to, rectify, erase and restrict the processing of your personal data. You also have the right to revoke this consent to use your personal data. If you feel International SOS has violated your rights under a cognizant privacy regulation, you have the right to file a complaint with the appropriate supervisory authority.

I consent to International SOS using my personal data for the purposes described in this notice and understand that I can withdraw my consent at any time. This consent authorization shall be in force and effect until two (2) years from the date of execution at which time this authorization expires.

[] I consent [] I do not consent

Signature of Beneficiary or Legally Authorized Representative _____ Date _____

Name and Relationship of Legally Authorized Representative to Patient _____

Address of the Beneficiary or Legally Authorized Representative _____

Note: If the beneficiary is considered a minor, their legal or authorized representative [the parent/s entitled to custody or guardian, and for adults the person in charge or designee] must sign on behalf of the beneficiary.

SPONSOR'S SSN/DBN:

TRICARE PRIME OPTION DESIRED:

- TRICARE Prime:** Active duty service members have to enroll in TRICARE Prime. (Enrollment is not automatic.)
- TRICARE Prime Remote:** If eligible, you may be enrolled in TRICARE Prime Remote or TRICARE Prime Remote for Active Duty Family Members.
- TRICARE Overseas Program Prime:** Family members must be command sponsored and meet specific enrollment criteria of the overseas area. If eligible, you may be enrolled in TRICARE Overseas Program Prime Remote. Retirees are not eligible for TRICARE Overseas Program Prime.
- Uniformed Services Family Health Plan (USFHP):** Available in six locations. Submit the completed Enrollment Application to the USFHP address listed on Page 1. For the service area descriptions and telephone numbers for questions, please visit the TRICARE website at www.tricare.mil/usfhp.

SECTION I - SPONSOR INFORMATION

1. SPONSOR'S NAME (Last, First, Middle Initial) (Must match DEERS)	2. SPONSOR'S SOCIAL SECURITY NUMBER (SSN) (XXX-XX-XXXX) or DoD BENEFITS NUMBER (DBN) (XXXXXXXXXX-XX)
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3. SPONSOR IS: (X one) Active Duty Retired Deceased (Go to Section II.) Unremarried Former Spouse

4. SPONSOR'S TELEPHONE NUMBER (Include Area Code)	5. SPONSOR'S E-MAIL ADDRESS	6. SPONSOR'S DATE OF BIRTH (YYYYMMDD)
a. WORK: _____ c. CELL: _____ b. HOME: _____		

7. SPONSOR'S RESIDENCE ADDRESS (Street, Apartment No., City, State, ZIP Code, Country) New

8. SPONSOR'S MAILING ADDRESS (Provide APO or FPO if stationed overseas) Same as residence New

9. SPONSOR'S MILITARY ASSIGNMENT

a. UNIT _____	c. PLEASE ENTER: Capodichino or Support Site or JFC
b. UNIT IDENTIFICATION CODE (UIC) (If known) _____	

10. SPONSOR'S REQUESTED ACTION (X one)

None (go to Section II) Enroll Transfer Enrollment PCM Change Reenroll (Non-AD only)

Effective Date Requested: _____ Date of arrival in Italy _____

11. SPONSOR'S PCM PREFERENCE (Please list your first and second choices below. PCM assignment depends upon availability and your uniformed service guidelines. Review PCM options online or call your Regional Contractor, preferred MTF, or USFHP member services (non-active duty only) for availability of PCMs.)

a. 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> PRP (ADSM) <input type="checkbox"/> Civilian	FULL NAME or MTF/CLINIC _____ Date of Entry into Italy: _____
b. 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian	FULL NAME or MTF/CLINIC _____

c. PCM SPECIALTY No Preference Family/General Practice Internal Medicine Flight Medicine

d. PREFERRED PCM GENDER No Preference Male Female

SPONSOR'S SSN/DBN:	
SECTION II - ENROLLING FAMILY MEMBER INFORMATION OR PCM CHANGE <i>(Use additional copies of this page as necessary)</i>	
12.a. FAMILY MEMBER NAME <i>(Last, First, Middle Initial) (Must match DEERS)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>
c. REQUESTED ACTION: <input type="checkbox"/> Enroll <input type="checkbox"/> Transfer Enrollment <input type="checkbox"/> PCM Change <input type="checkbox"/> Disenroll Effective Date Requested: _____	
d. RESIDENCE AND MAILING ADDRESS <i>(Provide address, with ZIP Code and Country, if different from Sponsor)</i> <input type="checkbox"/> Same as Sponsor <input type="checkbox"/> New	
e. TELEPHONE NUMBER <i>(Include Area Code)</i> (1) WORK: _____ (2) HOME: _____ (3) CELL: _____	f. E-MAIL ADDRESS
g. PCM PREFERENCE <i>(Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)</i>	
(1) 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
(2) 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
h. PCM SPECIALTY <input type="checkbox"/> No Preference <input type="checkbox"/> Family/General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Flight Medicine	
i. PREFERRED PCM GENDER <input type="checkbox"/> No Preference <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
13.a. FAMILY MEMBER NAME <i>(Last, First, Middle Initial) (Must match DEERS)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>
c. REQUESTED ACTION: <input type="checkbox"/> Enroll <input type="checkbox"/> Transfer Enrollment <input type="checkbox"/> PCM Change <input type="checkbox"/> Disenroll Effective Date Requested: _____	
d. RESIDENCE AND MAILING ADDRESS <i>(Provide address, with ZIP Code and Country, if different from Sponsor)</i> <input type="checkbox"/> Same as Sponsor <input type="checkbox"/> New	
e. TELEPHONE NUMBER <i>(Include Area Code)</i> (1) WORK: _____ (2) HOME: _____ (3) CELL: _____	f. E-MAIL ADDRESS
g. PCM PREFERENCE <i>(Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)</i>	
(1) 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
(2) 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
h. PCM SPECIALTY <input type="checkbox"/> No Preference <input type="checkbox"/> Family/General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Flight Medicine	
i. PREFERRED PCM GENDER <input type="checkbox"/> No Preference <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
14.a. FAMILY MEMBER NAME <i>(Last, First, Middle Initial) (Must match DEERS)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>
c. REQUESTED ACTION: <input type="checkbox"/> Enroll <input type="checkbox"/> Transfer Enrollment <input type="checkbox"/> PCM Change <input type="checkbox"/> Disenroll Effective Date Requested: _____	
d. RESIDENCE AND MAILING ADDRESS <i>(Provide address, with ZIP Code and Country, if different from Sponsor)</i> <input type="checkbox"/> Same as Sponsor <input type="checkbox"/> New	
e. TELEPHONE NUMBER <i>(Include Area Code)</i> (1) WORK: _____ (2) HOME: _____ (3) CELL: _____	f. E-MAIL ADDRESS
g. PCM PREFERENCE <i>(Please list your first and second choices below. PCM assignment depends upon availability and uniformed service guidelines. Review PCM options online or call your Regional Contractor or USFHP customer services for availability of PCMs.)</i>	
(1) 1st CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
(2) 2nd CHOICE <input type="checkbox"/> MTF <input type="checkbox"/> Civilian <input type="checkbox"/> Same as Sponsor	FULL NAME or MTF/CLINIC
h. PCM SPECIALTY <input type="checkbox"/> No Preference <input type="checkbox"/> Family/General Practice <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Flight Medicine	
i. PREFERRED PCM GENDER <input type="checkbox"/> No Preference <input type="checkbox"/> Male <input type="checkbox"/> Female	

SPONSOR'S SSN/DBN:

SECTION III - REASON FOR DISENROLLMENT OR PCM CHANGE

(Complete if disenrolling or making a PCM change)

Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____
Name of Family Member:	<input type="checkbox"/> Relocation	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> PCS	<input type="checkbox"/> Other: _____

SECTION IV - OTHER HEALTH INSURANCE

PLEASE IDENTIFY IF ANYONE IS CURRENTLY COVERED BY OTHER HEALTH INSURANCE.

TRICARE Supplement *(no other information is needed)*

Medical Insurance: Person(s) Covered: _____
 Policy Holder Name: _____ Carrier Name: _____
 Policy Number: _____ Policy Effective Date: _____

Dental Insurance: Person(s) Covered: _____
 Policy Holder Name: _____ Carrier Name: _____
 Policy Number: _____ Policy Effective Date: _____

Vision Insurance: Person(s) Covered: _____
 Policy Holder Name: _____ Carrier Name: _____
 Policy Number: _____ Policy Effective Date: _____

Prescription Insurance: Person(s) Covered: _____
 Policy Holder Name: _____ Carrier Name: _____
 Policy Number: _____ Policy Effective Date: _____

SECTION V - ACCESS WAIVER AND SIGNATURE (REQUIRED)

(X if waiving drive time) If my selected or assigned Primary Care Manager (PCM) is greater than a 30 minute drive-time from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care

I understand if I selected a PCM by name, team, or location (MTF or civilian), TRICARE will enroll me with that PCM subject to PCM availability and uniformed services policy. I understand that it is my responsibility to comply with all TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime, and/or USFHP policies and procedures. By signing this form, I certify the information provided is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and/or imprisonment under applicable Federal law.

1. SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL GUARDIAN OF BENEFICIARY	2. RELATIONSHIP TO SPONSOR	3. DATE SIGNED (YYYYMMDD)

ENROLLMENT NOTE: Prime enrollment start dates are based primarily on the 20th of the month rule (applications received on/before the 20th of the month are effective the first calendar day of the next month). You should confirm enrollment and PCM assignment before obtaining routine medical care. (Note: This does not apply to TRICARE Overseas Prime or to active duty service members.)

DISENROLLMENT NOTE: In some cases, you may not be able to re-enroll in TRICARE Prime for a 12-month period from the date of the disenrollment. This one year period does not apply to any family member whose sponsor is in grade E-1 to E-4.

PAYMENT OPTIONS: See Section VI on next page.

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What to Bring

In most Italian public medical facilities, the patient is expected to provide some, if not all, of their personal care articles. Listed below are just some of the items you may want to bring yourself or have someone bring to you.

- ◆ Night & lounging garments
- ◆ Slippers
- ◆ Toothbrush/toothpaste
- ◆ Towels & wash cloths
- ◆ Soap/shampoo
- ◆ Hand sanitizer
- ◆ Sanitary products & wipes
- ◆ Tissues
- ◆ Bottled water
- ◆ Comb/brush
- ◆ Memo pad for note taking
- ◆ Euro
- ◆ Personal cell phone and 220 volt charger

***Please note:** Wi-Fi is typically not offered in most facilities.

We recommend you bring a personal cell phone as the phones in the room are for room to room service only; minimize bringing valuable personal items. Most facilities also have a small store on site where you or your family can purchase/replenish many of these items. Keep in mind COVID-19 facility restrictions may affect this availability.

Useful Common Phrases

Hello

a salve

Good morning

Boun giorno

Good evening

Buona sera

Thank you

Grazie

Please

61 *Per favore*

Can you call the Doctor?

Puo' chiamare il dottore?

When will the doctor be available?

Quando sara' disponibile il dottore?

Useful Common Phrases Cont.

I have a headache.

Ho mal di testa.

I have nausea.

Ho la nausea.

My chest hurts.

Ho mal al petto.

My stomach hurts.

Mi fa male lo stomaco.

Can I get a translator?

Puo' chiamare un interprete?

May I have something for the pain?

Posso avere qualcosa per il dolore?

I need to go to the bathroom.

Devo andare al bagno.

How long before the test?

Quando faro' l' esame?

Can I have some water?

Posso avere un po' d' acqua?

Can I have something to eat?

Posso avere qualcosa da mangiare?

May I have the menu, please?

Posso ave il menu?

Do you have another one?

Avete un' altro?

I don't know how to use it.

Non so come usarlo.

Can you call my family?

Puo' chiamare la mia famiglia?

Can I access the internet here?

Posso accedere a internet qui?

When will I be discharged?

Quando saro' dimesso?



Navigating the Italian Healthcare System

Contact Information:

Emergency: 081- 568-4911 (Off Base)
911 (On Base)

081-811-6155

**USNH
Naples/Communication
Center:**

**Patient liaison/
Referral Management
Room 1319 (For Non-
Prime beneficiaries):**
335-123-7424 (duty cell)

**TRICARE International
SOS (Intl SOS)**
800-928-033 (on-call)
**Near Patient Team
Regional Call Center**
(For TRICARE Prime/
beneficiaries)
+44-20-8762-8384 or
1-877-678-1207 (stateside)

Case Manager: 331-697-0366

Hospital Admission

Admission to any hospital, no matter the location can be a cause for concern and source of stress and anxiety. When that admission takes place in a foreign country it can easily double the amount of stress and place an unneeded burden on the patient and their family. The goal of U.S. Naval Hospital (USNH) Naples is to provide you and your family with guidance and assistance you may need throughout the hospitalization experience in the Italian facility.

USNH Naples Capabilities

While we pride ourselves in the ability to provide our beneficiaries with a quality healthcare program, there are limitations on certain types of available services (i.e. cardiology, dermatology, high-risk OB) and in our ability to treat the most severe cases of certain types of injuries. For these reasons TRICARE Europe has established written agreements with local Italian Healthcare providers and medical facilities to ensure the more complex needs of our patients can still be met without the need for leaving the area. Apart from the cultural differences, Italian facilities offer a similar quality of care which you might find in the American healthcare system.

Upon Inpatient Admission

Upon admission to an Italian medical facility in the Naples area, USNH Naples is notified and a Patient Liaison will contact you and/or the facility to assist with admission coordination. Patient Liaisons can also help coordinate conferences with the attending Italian physician and medical staff to translate diagnosis, explain test results and establish a care plan. When the admission occurs within reasonable distance and the Patient Liaison and Intl SOS are authorized to travel, assistance will be provided in-person at the facility.

*If you have not heard from a Patient Liaison within the first four hours after admission, please call the USNH Communication Center at 081-811-6155 and the 24-hour On Call Patient Liaison will be notified.

If admitted to a hospital or clinic outside the Naples area, please contact the Intl SOS (U.S. active duty) overseas at +44-20-8762-8384 or all others contact Patient Liaison. Intl SOS or Patient Liaisons will immediately begin coordinating your care with the admitting facility's medical staff.

A USNH physician will be in contact with the attending Italian physician during your stay to monitor your status and follow up after discharge at the Military Treatment Facility (MTF). USNH Naples providers are not licensed to practice in Italian healthcare facilities and are unable to treat or prescribe medications to a patient while admitted.

What can I expect in an Italian Hospital?

Italian healthcare is in many ways the same as the American system you are accustomed to and in other ways it can be vastly different. Italians pay for a lifetime of healthcare via their taxes; this health coverage is primarily a socialized medicine system consisting of mostly public healthcare with some private and semi-private facilities available.

Unlike most hospitals in the US, the number of Italian facilities that provide private rooms is very limited and most have none at all. Most rooms in a public facility do not possess the same modern look as a private hospital but they still contain modern medical technology and provide the same high quality treatment capabilities that would be afforded in similar size American hospitals or military treatment facilities.

The type and quality of nursing care is also much different from an American hospital. As Americans we have come to expect a nurse to perform many bedside tasks while the Italian culture places a large emphasis on family and the healing qualities a family can bring.

As a patient in an Italian facility, you may be expected to have your family or friends assist you with some personal hygiene tasks such as bathing or dressing.

Despite these differences, and the occasional language barrier, the goal is exactly the same: quality health care.

Some things to keep in mind during your stay:

- ◆ Italian physicians should answer all your questions when asked, but generally do not volunteer all results and information. Patients/parents are encouraged to ask doctors and nurses about treatment plans.
- ◆ For infection control purposes, visitors are asked not to lie in the hospital bed with or without the patient. In pediatric wards parents may request an additional bed to sleep near their child. However, this is only possible if space is available. Please be respectful to other patients who share the same room.
- ◆ Standards of privacy vary between Italian and American facilities. Italian physicians may not always have a standby when examining patients of the opposite sex.

Pain and symptom management

Italian medical providers do not usually order pain medications to be administered around the clock. It is best for you to communicate with the nursing staff and request medication regularly rather than wait for it to be brought to you. Similarly, you should communicate any concerning symptoms with the medical staff or nursing staff.

If you are TRICARE Prime beneficiary (e.g. U.S. active duty and family members) and you need assistance in communicating with the Italian staff member, please contact International SOS. If unsuccessful in contacting Intl SOS, please contact USNH Patient Liaison.

If you are a Non-TRICARE beneficiary (e.g. DOD civilian, NATO, retired service member and families) and you need assistance in communicating with the Italian staff member, please contact USNH Patient Liaison.

Visiting Hours

As with most hospitals in the U.S., visiting hours and the number of visitors allowed are normally limited, especially in the Intensive Care and Trauma Units. In some Italian facilities a family is allowed to stay with the patient for morale and comfort support. Children under 12 years of age are not allowed on most wards.

Each facility has their own policy and while the USNH Patient Liaison has no control over those policies, they can assist you with learning the rules and regulations of the facility to which you are admitted.

Cafeteria Services

Breakfast, lunch, and dinner are served to inpatients. Breakfast in the hospital usually consists of a tea, milk, or coffee and bread with marmalade.

Patient's Responsibility

As a patient receiving care, it is your responsibility to be involved in your healthcare. If there is something that you are concerned about, please approach or call a member of our staff and we will be happy to assist you.

Upon discharge, it is the responsibility of the patient to submit discharge instructions for translation to referral management at USNH Naples room 1319, and schedule a follow up appointment with their USNH Primary Care Manager within 24-72 hours of your return with all follow-on treatment orders.

Temporary COVID-19 Restriction Subject to Change

Patient liaisons, Intl SOS, and MTF staff members usually visit patients in-person while admitted, but current restrictions only allow contact via phone as most Italian facilities have restrictions on who is allowed inside the facility.

Bedside supporting family member will be required to have a negative COVID-19 test along with the patient prior to admission. Family members will be recommended to stay bedside for the entire admission due to the requirement of needing a COVID-19 test.

Transition Resources

NSA NAPLES

School Liaison Officer

NaplesSLO@eu.navy.mil

081-811-6549 / DSN 629-6549

www.navymwrnaples.com/child-youth/school-liason-officer



PARENT LETTER

Click a link to learn more about the School Liaison Officer (SLO) for Naval Support Activity Naples. The program is here to support your children in their schooling needs that coincide from grades Pre-K to 12. Attached are the same introductory information for school start and registration. When any further questions please reach out to me at naples.slo@eu.navy.mil.

The DDCSA Naples Elementary School Home of the Dolphins is located on the Support Site near the main entrance to the Support Site. The school serves approximately 1,200 students with various educational programs. The school also provides a variety of extracurricular activities including sports, music, and art. For more information, please contact the School Liaison Officer at naples.slo@eu.navy.mil.

SCHOOL REGISTRATION

Your roadmap to Naples Elementary School New Student Registration

- 1. Visit Website:** Visit the website for more information.
- 2. Register:** Register your child for school.
- 3. Transportation:** Determine transportation options.
- 4. School Start:** Prepare for the start of the school year.
- 5. Registration:** Complete the registration process.

INTERNATIONAL SCHOOLS

Alternative Childcare and Educational Options in the Naples Area

International Schools and Childcare:

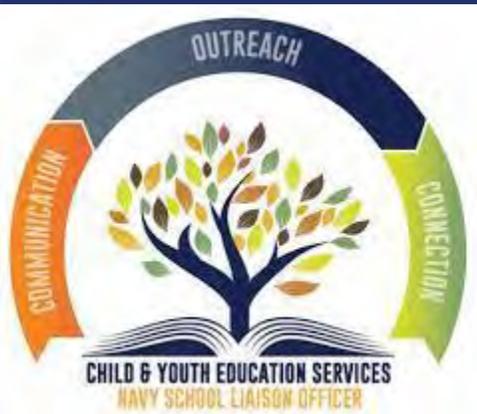
- The American International School of Naples:** 10000 International Blvd, Naples, FL 34109. Phone: 813.973.8342.
- The English School:** 10000 International Blvd, Naples, FL 34109. Phone: 813.973.8342.
- Cambridge International School:** 10000 International Blvd, Naples, FL 34109. Phone: 813.973.8342.

IMPORTANT WEBSITES

<http://www.navymwrnaples.com/child-youth/school-liason-officer>

<https://cnreurfcent.navy.afpims.mil/Installations/NSA-Naples/About/Installation-Guide/Department-Directory/N926C-School-Liaison-Officer/>

<https://www.facebook.com/napleschildandyouthprograms/>





Your roadmap to Naples Elementary School New Student Registration

● **Get Ready**

Gather your documents



- » Proof of sponsor's overseas status (orders, employment status or billing letter)
- » Proof of relationship to sponsor
- » Proof of age (birth certificate or passport)
- » Immunization record and other pertinent medical information
- » Emergency contact information
- » Previous school records (official or unofficial)
- » Copy of IEP or 504 plan, if applicable

Note: Families paying tuition should complete review of information before registration.

● **Register**

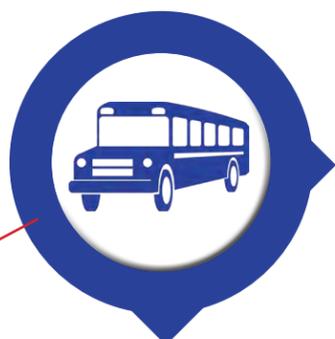
Preregistration begins online



- » Create a DoDEA Online Registration for Students (DORS) account at <https://dodeasis.myfollett.com/aspn/logon.do>
- » Upload supporting documents and information.
- » Notify school registrar at NaplesES.Registrar@dodea.edu of online completion.

● **Transportation**

Ask questions and make an appointment



- » School Transportation Office at Naples Elementary School: COMM:+39 044-471-6832 or 6833 / DSN 646-6832 or 6833

Naples.SBO@dodea.edu

● **School Meal Program**

Online instructions for SY22-23



- » To apply for free or reduced-priced student meals, visit family.titank12.com and click "Apply Today."
- » Incoming families should re-apply for the school meal program as previous location qualifications may be different.
- » For questions about the school meal program, call NEX Customer Service at +39 081-811-4717 / DSN 629-4717.
- » **Allergies? See the school nurse.**

● **Communication**

Get the latest information



- » La Delfina Newsletter (emailed on Fridays)
- » <https://facebook.com/NaplesES>
- » <https://facebook.com/groups/naplespta>
- » <https://www.navymwrnaples.com/child-youth/school-liaison-officer>
- » <https://facebook.com/napleschildandyouthprograms>
- » Have questions? Contact the NSA Naples School Liaison Officer at +39 081-811-6549 / DSN 629-6549 or via email at NaplesSLO@eu.navy.mil.



Your roadmap to Naples Middle High School New Student Registration

● **Get Ready** Gather your documents



- » Proof of sponsor's overseas status (orders, employment status or billing letter)
- » Proof of relationship to sponsor
- » Proof of age (birth certificate or passport)
- » Immunization record and other pertinent medical information
- » Emergency contact information
- » Previous school records (official or unofficial)
- » Copy of IEP or 504 plan, if applicable

Note: Families paying tuition should complete review of information before registration.

● **Register** Preregistration begins online



- » Create a DoDEA Online Registration for Students (DORS) account at <https://dodeasis.myfollett.com/aspn/logon.do>.
- » Upload supporting documents and information.
- » Notify school registrar at Michela.Pellecchia.LN@dodea.edu of online completion.
- » Wait for an academic counselor to review records and send parent meeting link.

● **Transportation** Ask questions and make an appointment



- » School Transportation Office at Naples Elementary School
COMM: +39 044-471-6832 or 6833 / DSN 646-6832 or 6833
Naples.SBO@dodea.edu

● **School Meal Program** Online instructions for SY22-23



- » To apply for free or reduced-priced student meals, visit family.titank12.com and click "Apply Today."
- » Incoming families should re-apply for the school meal program as previous location qualifications may be different.
- » For questions about the school meal program, call NEX Customer Service at +39 081-811-4717 / DSN 629-4717.
- » **Allergies?** See the school nurse.

● **Communication** Get the latest information



- » Wildcat News: <https://sites.google.com/student.dodea.edu/wildcat-news>
- » Student links: <https://sites.google.com/a/student.dodea.edu/naples-middle-high-school1/home>
- » Parent links: <https://sites.google.com/a/student.dodea.edu/naples-middle-high-school1/parent-links>
- » Facebook: <https://facebook.com/DoDEA.NaplesMHS/>
- » PTSA: <https://facebook.com/groups/NaplesMiddleHighSchoolPTSA>
- » SLO: <https://navymwrnaples.com/child-youth/school-liason-officer>
- » CYP/SLO: <https://facebook.com/napleschildandyouthprograms>
- » Have questions? Contact the NSA Naples School Liaison Officer at +39-081-811-6549 / DSN 629-6549 or via email at NaplesSLO@eu.navy.mil.



WELCOME TO NAPLES VTF!

TELEPHONE: DSN 629.7913 OR 081.811.7913

EMAIL: usn.naples.navhospnaplesit.mbx.vet-clinic@mail.mil

OFFICE HOURS: MON, TUES, WED AND FRI / 0900-1600 (except 1230-1330)

****CLOSED on THURSDAYS and every last day of the month for inventory****

- **PLEASE PROVIDE THE FOLLOWING WITH THIS FORM WITHIN 30 DAYS OF ARRIVAL/ ADOPTION :**
MILITARY ID + VACCINE HISTORY + MEDICAL RECORDS OF CHRONIC DISEASE + PRESCRIPTIONS
- REGISTRATION OF YOUR PET(S) CAN BE DONE IN PERSON OR ONLINE and YOU DO NOT NEED AN APPT
- YOUR PET(S) DOES NOT NEED TO BE PRESENT FOR REGISTRATION UNLESS REQUESTED!

SPONSOR INFORMATION:

SPONSOR NAME: _____ RANK: _____

COMMAND: _____ SPOUSE NAME: _____

MAILING ADDRESS: _____

PHONE: _____ WORK: _____ CELL: _____

SPOUSE CELL: _____ E-MAIL(s): _____

BRANCH: _____ ACTIVE DUTY/ RESERVE/ RETIRED/GS /CIVILIAN (circle one)

PLANNING TO LIVE ON/OFF BASE? _____ PRD: _____

PREVIOUSLY SEEN AT ANOTHER MILITARY VTF? WHERE? _____

STATESIDE ADDRESS: _____ PHONE: _____

PET #1: NAME: _____ CAT / DOG

DOB: _____ SEX: MALE/FEMALE SPAYED/NEUTERED/INTACT

BREED: _____ COLOR: _____

WEIGHT: _____ MICROCHIP # _____

PET #2: NAME: _____ CAT / DOG

DOB: _____ SEX: MALE/FEMALE SPAYED/NEUTERED/INTACT

BREED: _____ COLOR: _____

WEIGHT: _____ MICROCHIP # _____

Sponsor Name: _____ Pet(s) name(s): _____

Please read the complete VTF Client Policy Letter provided via email attachment or during in-person registration.

Main points to remember:

NO SHOW POLICY:

All appointments are considered to be a “No Show” when clients do not show up during appointment time or comes in 15 minutes late with no notification.

(a) The first missed appointment will be notated in the patient’s record without any repercussions.

(b) The second missed appointment will be notated in the patient’s record and service privileges will be suspended for 30 days.

(c) The third missed appointment will be notated in the patient’s record and VTF service privileges will be suspended for six months.

(d) If the pattern of missing appointments continues, service privileges may be revoked permanently.

FACILITY ETIQUETTE:

Any client who uses profanity, abusive and disrespectful language towards any member of the VTF staff will be asked to leave immediately and will no longer be authorized services.

APPOINTMENTS:

Due to higher tier mission priorities, the VTF provides medical care for privately- owned animals on a space-available basis and may not have availability on a short notice or emergency basis.

Pets are seen by appointment only. Please arrive at least 10 minutes prior to allow time for check-in.

EMERGENCY VETERINARY CARE

The clinic does **NOT** provide emergency care for privately-owned animals.

I have read the Naples VTF Client Policy letter and acknowledge the above statements:

_____ (Signature)

Print Name:

Unit Command:

Date:

Phone number:

Email:

Welcome and we look forward to getting to know and serving you and your pets!



PET CHECKLIST UPON ARRIVAL to NSA NAPLES:

-
- Register your pet at the Veterinary clinic **within 30 days** of arrival/ adoption.
 - Register your pet at the ASL and get a pet passport **within 6 months of arrival/adoption.**
 - Find Italian vet clinic for Emergency and local prescriptions
 - Maintain an annual rabies vaccinations during overseas tour
 - Get updated ID tags with new local contact information
 - Update your microchip contact information with your new telephone and address
 - USE heartworm and flea and tick preventative medication that will protect against sand flies that can transmit the Leishmaniasis disease year round. (Only Seresto collar and K9Advantix have been proven to be effective)
 - Find a boarding center or a reliable pet sitter.
 - Read the NSA Naples Pet Policy.
 - Understand and adhere to local Italian pet laws.
-

PCS from Naples, Italy to the United States

(CONUS ONLY – NOT Hawaii or Guam)

1. Pet needs a **15 digit ISO compliant microchip**
 - Microchip must be implanted **at the same time** as the rabies vaccine (or prior to the vaccine)

2. Pet needs an **up-to-date rabies vaccine**
 - Rabies vaccine must be administered within the past year – Italy does not recognize 3-year rabies vaccinations
 - **After rabies vaccine is administered, you must wait 30 days before flying**
 - If your pet received a rabies vaccine at the NSA Naples veterinary clinic, we will provide an original, signed Rabies Certificate (DD2208)
 - If your pet received a rabies vaccine **off-base**, you will need to obtain an original, signed Rabies Certificate from that clinic

3. When you have a flight date, call to schedule a health certificate exam
 - Health Certificate (DD2209) is **only valid for 10 days**
 - Bring the pet with you to appointment
 - Bring off-post Rabies Certificate if applicable

4. If you are flying **commercial** you will need an EU Pet Passport
 - If you are flying AMC (military rotator flight), you do not need a pet passport but is recommended in case of last minute flight changes
 - Pet passport informational packets available at the reception desk

YOUR PET MUST BE REGISTERED WITH US BEFORE ANY BOOKINGS

REGISTRATION IS DONE ON A WALK-IN BASIS

HOURS: M-Tu-W-F 0900-1230/1330-1600



DEPARTMENT OF THE ARMY
PUBLIC HEALTH ACTIVITY- ITALY
NAPLES BRANCH
PSC 808, BOX2
FPO, AE 09618

MCEU-PHC

04 February 2022

MEMORANDUM FOR Naples Veterinary Treatment Facility (VTF) Clients

SUBJECT: VTF Client Policy Letter

1. ACCESS:

a. Only persons with a valid U.S. Armed Forces Identification Card are eligible for veterinary services at the VTF. Beneficiaries must be enrolled in Defense Enrollment and Eligibility Reporting System (DEERS). Reservists must be on active duty orders for more than 30 days.

b. Per AR 40-905 Chapter 3-4 paragraph, veterinary services will not be provided in support of commercial operations that breed or raise animals for sale or profit.

2. REGISTRATION AND RECORDS:

a. All animals must be registered in the Remote Online Veterinary Record (ROVR) within 30 days of arrival or adoption and maintain a valid rabies vaccination.

b. Pet owners are responsible for ensuring that their pet's vaccinations and medical status remain current.

c. Owners are responsible for transferring their pet's medical records during a Permanent Change of Duty Station, End of Time in Service, or change of ownership. A transfer of ownership letter is required to transfer ownership in ROVR and deliver care to the new pet owner. This letter must include the name of both the previous and new owner(s) and must be signed by the previous owner. Until a transfer is registered under the new owner's name, the previous owner remains legally and financially responsible for the pet.

d. If a pet has not been seen for three consecutive years, the pet's record will be placed in an inactive status. After five years, the record may be purged.

3. APPOINTMENTS:

a. Due to multiple mission priorities, the VTF provides medical care for privately- owned animals on a space-available basis and may not have availability

on a short notice or emergency basis.

b. Pets are seen by appointment only. **Please arrive at least 10 minutes prior** to your scheduled appointment time to allow time for check-in.

c. Payment is due at time of service. In the event of an outstanding balance, your command may be notified. We accept only credit card payment. The DOD requires we charge a \$2.00 user fee on every transaction, including retail purchases.

d. Rabies vaccination status must be current for a pet to receive any service. If no proof of rabies vaccination is on file, the pet will be vaccinated at time of services.

4. FACILITY ETIQUETTE:

a. Any animal interaction can potentially be dangerous. While children are welcome, parents/guardians are responsible for their safety and wellbeing at all times. Children in the clinic must be supervised at all times for their safety.

b. Children and/or pets will not be left unsupervised in the parking lot, vehicles or the waiting room. All pets must arrive on a leash or in a carrier.

c. Any client who uses profanity, abusive and disrespectful language towards any member of the VTF staff will be asked to leave immediately and will no longer be authorized services.

5. NO SHOW POLICY:

a. **Failure to show for an appointment, unless cancelled at least 24 hours in advance, will result in a “No Show”.** We understand that last-minute circumstances arise; we will make exceptions to this policy on a case-by-case basis.

b. All appointments arriving on time will be given priority. **If you are running late, please call +081-811-7913** and we will make every effort to accommodate you. **If you arrive more than 10 minutes late, you may be asked to reschedule.**

c. All appointments that are considered to be a “No Show” will be notated in the patient’s record. The repercussions are as listed below:

(1) The first missed appointment will be notated without any repercussions.

(2) The second missed appointment will be notated and service privileges will be suspended for 30 days.

(3) The third missed appointment will be notated and service will be suspended for six months. If the pattern of missing appointments continues service privileges may be revoked permanently.

6. PRESCRIPTIONS / MEDICATIONS:

a. In accordance with federal law and Army Regulation, prescription medications will not be dispensed without a valid veterinarian-client-patient relationship (VCPR). This requires that the pet be seen in Naples VTF or another US Army Veterinary Clinic within the past 12 months. Prescriptions from other Army Veterinary Clinics can be filled at Naples VTF, as long as there are refills remaining in ROVR. **It is illegal for the VTF to fill a prescription from off-post facilities.** If there is an active VCPR, we may be able to write a prescription upon the approval of the attending veterinarian.

b. Refill requests require 24-hours notice and must be picked up within 48 working day hours.

c. Heartworm preventive for animals over 6 months of age will only be dispensed with written proof of a negative heartworm test performed within the preceding 12 months, unless waived by the attending veterinarian.

7. EMERGENCY VETERINARY CARE:

a. The VTF **does not provide emergency care for privately-owned animals.** We strongly recommend that you identify at least one off-base veterinarian that provides emergency care and keep his or her contact information available. The Naples VTF can provide a list of emergency off-base veterinarians who speak English upon request. This list is provided for your reference, and does not imply DOD endorsement of any specific veterinarian(s).

8. The point of contact for this memorandum is the undersigned and can be reached at paulynne.h.bellen.mil@mail.mil.

PAULYNNE H. BELLEN
CPT, VC
Branch Chief

How to get an ITALIAN Pet Passport & Health/Export Certificate



1. By law, pet **MUST** be registered in the Italian ASL system. **Failure to register your pet can result in a fine of €300,00+**
If you find or adopt or purchase a pet in Italy, you have 20 days to register it
If you import a pet to Italy, you have 90 days to register it

The TNR Italy Facebook group has the blank registration form and instructions under “files”. There is no cost to register.

If you do not know if your pet is registered in the Italian ASL system, you can use these links to enter your pet’s microchip number. If it is registered, the site(s) will tell you which ASL location they are registered at. If nothing is available in the search, it means your pet is not registered. The base vet local microchip database is not connected to the Italian ASL system.

Campania ONLY - <http://www.anagrafecaninacampania.it/>
Italy - http://www.salute.gov.it/anagcaninapublic_new/home.jsp

2. The ASLs are an Italian government entity. They are not affiliated with the base veterinary clinic, any host nation veterinary clinic or the TNR Italy group. You **MUST** know which ASL office to go to and it is based on where you live. Each has their own payment requirement, area of responsibility, business hours and they are **NOT** interchangeable. The information in this document can change at any time.

3. ASL’s in Italy are responsible for people, pets, food safety and many other services. When you search for an ASL, be certain it is for veterinary (veterinario) or you may find yourself at the wrong location. This is the webpage to locate an ASL <http://www.anagrafecaninacampania.it/index.php/ricerca-asl>

4. A pet passport is required to travel on a commercial carrier within and out of Europe. You do not need a pet passport to fly on AMC/Rotator but it is recommended to have one in case you need to fly commercial or use a pet shipper.

5. The rabies vaccination has to be 22+ days old to get the initial pet passport or to renew an existing pet passport. Example: rabies vaccination date 01Feb2022. Count 22 days equals 23Feb2022. From 23Feb2022 forward, you can get or renew the pet passport. Travel to EU countries and the UK is valid (the UK has additional requirements). Travel to the USA is valid on the 31st day after the rabies vaccination. For the most up to date information for ANY country, visit their official government website.

6. You have to have a pet passport before you can get an Italian, ASL issued, health/export certificate.

These are instructions for **3 specific ASL offices in the Campania** region which handle veterinary services. **Use the GPS coordinates provided for the best directions.** If you use an address, you may end up at the wrong location.

Payment for services

You must pay before you visit an ASL location. They do not accept any form of in office payments. If you pay the wrong ASL, you **WILL NOT** receive services or a refund. The payment is valid for 30 days so you can pay long before you visit. Payment detail is listed with each location. There are also photo examples.

The two way to pay are:

Bank transfer – You need the IBAN number

The easiest is to go to Community Bank on Capo. If you do **NOT** have an account, take cash. The price for non-account holders is \$3.00. The price for account holders is \$1.00. Account holders do have the option to set up a direct transfer with their online access, but the process can take a few days to complete. If you cannot go to Community Bank, you can go to a local Italian bank and follow their instructions.

Postal money order – You need the c/c number

There is an Italian Post Office inside the JFC NATO base (hours are Mon – Fri 0830 – 1330 and Sat 0900 – 1200). Many people find this the most convenient but ANY Italian post office can do the money order for €1,50. The form if filled out similar to a bank check. There are examples. One for a **NEW** pet passport and 1 for a health/export certificate. If you need a different service, the prices are listed below.

PRICES as of 27 Apr 2022

The fees are PER PET. Multiply for each pet the cost to determine the number needed.

SERVICE	PRICE	HOW TO WRITE IN ITALIAN
NEW pet passport	€ 23,46	ventitré e quarantasei centesimi
Health/Export certificate and exam	€ 18,00	diciotto e zero centesimi
RENEWAL of current pet passport	€ 6,12	sei e dodici centesimi
2 new pet passports	€ 23,46 * 2 = € 46,92	quarantasei e novantadue centesimi
1 new pet passport + health/export certificate	€ 23,46 + € 18,00 = € 41,46	quarantuno e quarantasei centesimi

Residents of Aversa, the Support Site, Castel Volturno and other nearby areas:

ASL2 Servizio Veterinario (Caserta)

GPS: 40.976663,14.1951093

Office hours: Mon. Tues. Thurs 0900 - 1200

Phone 081 500 1339 Fax 081 814 8900

Email: randagismo@pec.aslcaserta.it

Note: Enter through the main gate, make the first right, go all the way to the end and park. The entrance is on the front of the building. (photo of main gate entrance)



Payment: *ONLY THIS LOCATION* has the option of either a bank transfer or postal money order for payments.

BANK TRANSFER IBAN IT 62 N010 0514 9000 0000 0218 000

POSTAL MONEY ORDER c/c 15917818

Examples in photos

ASL CASERTA location ONLY
 If you live on the Support Site, the above is your Italian address.
 If you live off base -
 VIA -PIAZZA is street address
 CAP is zip code
 LOCALITA is city

*** If you live on the Support Site, this is how you fill out the Italian postal money order form, for the health/export certificate (certificato sanitario di esportazione).
 If you live off base, use your Italian address.
 "VIA -PIAZZA" is street address
 "CAP" is zip code
 "LOCALITA" is city(state)

Residents of Giugliano in Campania: Lago, Licola, Pozzuoli, and nearby areas:

ASL2NORD (Napoli 2 Nord)
 GPS: 40.8976141,14.1753352

Office hours – Mon. Wed. Fri. 0900 – 1300
 Phone 081 586 7105 Fax 081 742 4663

Email: ospedaleveterinario@aslnapoli2nord.it

Note: Parking is extremely limited
 (photo of entrance and parking area)



Payment: BANK TRANSFER IBAN IT 24 E030 6940 1031 0000 0300 014

Residents of Naples:

ASL NAPOLI 1 CENTRO Veterinario
 GPS cords: 40.8781763,14.2278504

Office hours: Mon – Fri 0900 – 1300 & 1500 – 1900 Sat 0900 - 1300
 Phone 081 254 9596 / 081 254 9598 / 081 254 9980

Email: pov.a@aslnapoli1centro.it

Note: Ask the gate guard where the
 “ufficio” (office) is
 (photo of the compound entrance)



Payment: POSTAL MONEY ORDER c/c 41136177

Examples in photos

CONTE CORRENTI POSTALI - Umbria e Terni BancoPosta C/C n. 41136177 di Euro 18 00 IMPORTO IN LETTERE: diciotto e zero centesimi PERMESSO A: ASL NAPOLI 1 CENTRO Veterinario CAUSA: certificato sanitario di esportazione ESIGITO DA: Your Name VIA, PIAZZA: Your street address CAP: Zip code LOCALITÀ: CITY	CONTE CORRENTI POSTALI - Emilia e Romagna BancoPosta C/C n. 41136177 di Euro 18 00 IMPORTO IN LETTERE: diciotto e zero centesimi PERMESSO A: ASL NAPOLI 1 CENTRO Veterinario CAUSA: certificato sanitario di esportazione ESIGITO DA: Your Name VIA, PIAZZA: Your street address CAP: Zip code LOCALITÀ: CITY	CONTE CORRENTI POSTALI - Sicilia e Agrigola BancoPosta C/C n. 41136177 di Euro 18 00 TD 123 IMPORTO IN LETTERE: diciotto e zero centesimi PERMESSO A: ASL NAPOLI 1 CENTRO Veterinario CAUSA: certificato sanitario di esportazione ESIGITO DA: Your Name VIA, PIAZZA: Your Street address CAP: Zip code CITY IMPORTANTE! NON SCRIVERE NELLA ZONA SOTTOSTANTE (CORSO DI SEGRE...) 123>
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This is for the ASL NAPOLI 1 CENTRO location ONLY
 Health/export certificate - certificato sanitario di esportazione

CONTE CORRENTI POSTALI - Umbria e Terni BancoPosta C/C n. 41136177 di Euro 23 46 IMPORTO IN LETTERE: ventitré e quarantasei centesimi PERMESSO A: ASL NAPOLI 1 CENTRO Veterinario CAUSA: Pet Passport (02) (0032) ESIGITO DA: Your Name VIA, PIAZZA: Your street address CAP: Zip code LOCALITÀ: CITY	CONTE CORRENTI POSTALI - Emilia e Romagna BancoPosta C/C n. 41136177 di Euro 23 46 IMPORTO IN LETTERE: ventitré e quarantasei centesimi PERMESSO A: ASL NAPOLI 1 CENTRO Veterinario CAUSA: Pet Passport (02) (0032) ESIGITO DA: Your Name VIA, PIAZZA: Your street address CAP: Zip code LOCALITÀ: CITY	CONTE CORRENTI POSTALI - Sicilia e Agrigola BancoPosta C/C n. 41136177 di Euro 23 46 TD 123 IMPORTO IN LETTERE: ventitré e quarantasei centesimi PERMESSO A: ASL NAPOLI 1 CENTRO Veterinario CAUSA: Pet Passport (02) (0032) ESIGITO DA: Your Name VIA, PIAZZA: Your Street address CAP: Zip code CITY IMPORTANTE! NON SCRIVERE NELLA ZONA SOTTOSTANTE (CORSO DI SEGRE...) 123>
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This is for the ASL NAPOLI 1 CENTRO location ONLY

You can use a single postal money order or bank transfer for multiple services for same day services.

Example: you need two pet passports for two pets can be made with one money order/bank transfer
If you will have multiple services but on different days, you need 2 payments.

Example: pet passport on one day and a health/export certificate at a later date

WHAT YOU NEED TO TAKE for Pet Passports

REGISTERED pets

1. Your PET(s)
2. ORIGINAL rabies certificates
3. Proof of payment
4. Your photo ID. Passport or driver's license

UNREGISTERED pets

1. Your PET(s)
2. ORIGINAL rabies certificates
3. Proof of payment
4. Your photo ID. Passport or driver's license
5. Your codice fiscale
6. The completed registration form
7. Proof of address - lease, bill, etc. (*this is not always checked/requested at the ASL)

IF YOU LIVE ON THE SUPPORT SITE - This is the address the ASL2 Aversa uses, NOT your PSC/FPO address.

Contrada Boscarello
81030 Gricignano di Aversa (CE)

WHAT YOU NEED TO TAKE for Health/Export Certificate

Only the ASL can issue the Italian Health/Export certificate required by pet shippers and commercial airlines. *The base vet clinic can issue a health certificate but NOT the required Export certificate.* The AMC/Rotator only require a valid rabies certificate and a health certificate.

- | | |
|--------------------------------|--|
| 1. Your PET(s) | 4. Your photo ID. Passport or driver's license |
| 2. ORIGINAL rabies certificate | 5. Pet passport |
| 3. Proof of payment | |

ALWAYS search the requirements of your DESTINATION country you are moving to. Important, reliable links are:

<https://www.aphis.usda.gov/aphis/pet-travel?fbclid=IwAR3AkLF4LVhBnIjot0jk9BFpkXIkA0O7IcYTYPhzWMxroX4McDQwseRRup8>

Pets to/from Italy and USA

<https://it.usembassy.gov/embassy-consulates/rome/sections-offices/foreign-agricultural-service/pet-travel-fags-italy-u-s/>

For other countries Google "shipping pets FROM <insert country> TO <insert country>" Look for official government links.



Regione Campania

Regione Campania
Assessorato alla Sanità
Settore Veterinario
Anagrafe Canina

MODULO
RICHIESTA
ISCRIZIONE
ANAGRAFE CANINI

Il sottoscritto (The undersigned; Owner name) _____

Codice fiscal _____ nato a (Country born in) _____

il (Date of birth) _____ e residente in (Resident of) _____

alla via (Address) _____

c.a.p. (Zip code) _____ Tel. (Telephone) _____

chiede, giusto quanto disposto dalla L. 281/91, l'iscrizione all'anagrafe canina del proprio cane/gatto:
(He/She requests the provisions of L. 281/91 for the registration of his dog / cat)

razza (breed) _____ sesso (sex) _____

data di nascita (dob) _____ taglia (size) _____

mantello (color) _____ segni particolari (special markings) _____

Sterilizzato (sterilized) NO SI Il (date) _____

Nome del cane/gatto (name of dog/cat) _____

dichiara le seguenti informazioni sulla provenienza dell'animale (Declares the following information about the animal's origin):

dichiara di essere a conoscenza dei seguenti obblighi de legge (L.R. 3/2019) (Declares to be aware of the following legal obligations):

- denunciare, entro 3 giorni, la morte o lo smarrimento del soggetto; (Report, within 3 days, the death or loss of the pet;)
- denunciare, entro 5 giorni, la variazione della propria residenza o il trasferimento di proprietà' del cane/gatto. (Report, within 5 days, the owner's change of address or the change of ownership of the dog/cat)

Data (date) _____ FIRMA (owner signature) _____

documento di riconoscimento (identification document)

	Microchip assegnato (microchip number)
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Si autorizza il trattamento dei dati personali ai sensi del G.D.P.R. 679/2016 e del D.L.vo 101 del 10 agosto 2018 (The processing of personal data is authorized pursuant to the G.D.P.R. 679/2016 and of Legislative Decree 101 of 10 August 2018)

ASL Il Veterinario
(ASL veterinarian)

_____ FIRMA (signature) _____

Hourly Care

Welcome to our NSA Naples Child and Youth Programs Family!
We provide full-time and hourly care for your children.

Hourly care is based on space availability, Monday-Friday,
6 a.m.-6:30 p.m. Hourly care is available for:

- Infants: Ages 6 weeks-1 year old*
- Pre-toddlers: 1-2 years old*
- Toddlers: 2-3 years old*
- Pre-schoolers: 3-5 years old*
- School age: 5 (Kindergartners)-12 years old**
- Teens: 12 (7th grade)-18 years old**

*Limit of 25 hours per week

**Limit of 10 hours per week for before/after school and 25 hours per week
in SAC Summer Camp.



For full-time care, please visit www.militarychildcare.com.

Online reservations

You may make hourly care reservations*, payments, reprint receipts and print a childcare statement online at
<https://myffr.navyaims.com/wbwsc/europecyms.wsc/wbsplash.html?wbp=1>.

*Please cancel reservations at least 24 business hours in advance.

How to register for Hourly Care

All children must be registered before receiving care, per Per Commander, Navy Installations Command
(CNIC) regulations. Near the end of each Fiscal Year in September, CNIC requires registrations to be renewed.

Please submit the following items to NSA Naples CYP before your child is scheduled for hourly care:

- Registration Packet
- Up-to-date Immunization Record
- Hourly Care Fee Agreement

What to bring to Hourly Care

For children younger than 3 years, please bring the following items:

- Extra set of clothing
- Close-toed shoes
- Wipes and diapers, if your child is not potty trained
- For infants, bottle must be labeled with child's name and date it was prepared.

For children 3-5 years old, please bring the following items:

- Extra set of clothing
- Close-toed shoes
- Blanket
- Toothbrush and toothpaste
- During the summer, bring a water bottle and sunscreen, both labeled with your child's name

Contact us

For more information, please call:
Child Development Center, Support Site
081-811-4989 / DSN 629-4989

School Age Care, Support Site
081-811-4722 / DSN 629-4722

Child Development Center, Capodichino
081-568-5116 / DSN 626-5116

Teen Center, Support Site
081-811-4395 / DSN 629-4395



English – Italian Phrases

ENGLISH	ITALIAN
May we sit at this table?	Possiamo sederci a questo tavolo?
Could you bring us the menu, please?	Può portarci il menù, per favore?
Does this dish have shellfish?	Questo piatto contiene crostacei?
I am allergic to shellfish	Sono allergico/a ai crostacei
I am allergic to seafood	Sono allergico/a ai frutti di mare
We will like to order...	Vorremmo ordinare...
I will have a steak	Prendo una bistecca.
I will have it rare/ medium rare/well done, please.	La prendo al sangue/media al sangue/ben cotta, per favore.
That is all, thank you.	Questo è tutto, grazie.
Where is the restroom?	Dov'è il bagno?
Could I have the bill, please?	Posso avere il conto, per favore?
Could we pay please?	Possiamo pagare, per favore?
Can I have the receipt, please?	Posso avere lo scontrino, per favore?
Do you accept credit cards?	Accettate carte di credito?
The water heater is not working	Lo scaldabagno non funziona.
The toilet is broken.	Il water è rotto.
The roof is leaking	Il tetto perde.
The TV is not working	La Tv non funziona.
The stove is not working	La stufa non funziona.
The refrigerator is broken	Il frigorifero è rotto.
The door lock is broken	La serratura della porta è rotta.
The garage door does not open/close.	La porta del garage non si apre/chiude.
The doorbell does not ring	Il campanello non suona.
The power is out	Manca la corrente.
The automatic gate doesn't open/close	Il cancello automatico non si apre/chiude
The main door does not open/close	La porta d'ingresso non si apre/chiude.
The heating system is broken	Il sistema di riscaldamento è rotto.
The air conditioning is not working	L'aria condizionata non funziona.
Drive carefully	Guidare con prudenza.
Ice on the road	Ghiaccio sulla carreggiata
Slow down	Rallentare
No parking	Divieto di sosta
Do not enter	Divieto di accesso
Do not block the driveway access	Lasciare libero il passaggio
Caution wet floor	Attenzione, pavimento bagnato
Help!	Aiuto!

English – Italian Phrases

ENGLISH	ITALIAN
Call an ambulance	Chiamate un'ambulanza!
I need a doctor	Ho bisogno di un dottore
There's been an accident	C'e' stato un incidente
Are you /Is everyone OK?	Stai/State tutti bene?
My wallet has been stolen	Mi hanno rubato il portafogli
My purse has been stolen	Mi hanno rubato la borsetta
My phone has been stolen	Mi hanno rubato il telefono
My car has been broken into	La mia auto e' stata scassinata e derubata
There's a fire	Attenzione! C'e' un incendio
I got lost	Mi sono perso/persa

AFN

Naples

FIND US ON:

SCAN ME WITH

ANDROID

APPLE



RADIO
97.3 FM

Listen to your local DJs between the hours of 6 a.m.-10 a.m. and 2 p.m.-6 p.m.

You can hear about all the local events going on in your community, as well as some of the best music around.

Here you can listen to your favorite music while also having local weather forecasts, currency exchange rates and much more right at your finger tips.

AFN GO
APP



ONLINE
AFNEurope.net

You can also listen to the radio online as well as view tv schedules, gas prices, exchange rates and much more.

Also be sure to find us on facebook at facebook.com/AFNNaples to stay up to date on what's going on in the area.

Privacy Act Statement

This form is covered by the Privacy Act of 1974; Public Law 93-57-9. The data collected will only be used for official business.

Date: _____

Sailor Sizing Data Sheet

UIC: _____

I. Please Complete Top Section Only

Name: _____ Rank/Rate: _____

Last First Middle

Unit/Ship: _____ Department: _____ Division: _____

Boot Size: _____ Glasses or Contacts: Yes / No Gender: Female / Male

Has subject been previously fitted within the past 5 years? Yes / No Unit: _____

Is there any medical reason you should not complete mask fit testing today? Yes / No

ICPE SIZING / ISSUE INFORMATION

Pre-Fit Equipment:	MCU-2P Caliper	M50 Sizing Tool	M53 Sizing Tool
Pre-Fit Size (Annotate):			

Mask(s) Fitted:	MCU-2P	M40	M50	M53
Actual Size (Annotate):				

	S/XS	S/S	M/S	M/R	M/L	L/R	L/L	XL/R	XL/L	2XL/L	3XL/L
JSLIST Coat											
JSLIST Trousers											

	XS	S	M	L	XL	2XL	Remarks:				
Glove (JB2GU / 25 mil)											
Boot	AFS										
	ALO										
Web Belt											
Canister	Left	Right									
Kit Number	1	2	3	4	5	6	7	8	9	10	IND

II. NAVSEA CSF CBRN-D EQUIPMENT ISSUE RECEIPT

ATTENTION: Section II shall not be filled out until directed by appropriate Fitting & Sizing/ Issuing personnel. By completing this section, this document will act as a hand receipt of items issued to individuals.

Kit ID: _____ Kit Type (Circle One): Individual / Generic

Mask Serial #: _____ MFD: _____ LOT#: _____

Mask Type (Circle One): MCU-2/P / M40 / M50 / M53

Issuer (Print): _____

Recipient (Print): _____ Recipient (Sign): _____

