



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND PACIFIC
HEADQUARTERS, UNITED STATES ARMY GARRISON DAEGU
UNIT #15746
APO AP 96218-5746

AMIM-DAG-ZA (100)

06 MAY 2024

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Standard Operating Procedures (SOP) for Administrative Management of Home Based Business (HBB) on U.S. Army Garrison (USAG) Daegu

1. References:

- a. AR 210-7, Personal Commercial Solicitation on Army Installations, 11 May 2021.
- b. AR 210-22, Support for Non-Federal Entities Authorized to Operate on Department of the Army Installation, 12 May 2022.
- c. AR 420-1, Army Facilities Management, 12 February 2008.
- d. USFK Reg. 643-2, Transfers of Duty-Free Items, 8 November 2017.
- e. DoD 4525.6-M, Department of Defense Postal Manual, 15 August 2002.
- f. AR 608-10, Child Development Services, 11 May 2017.
- g. Army Directive 2018-29, Non-Federal Entity Competition With Appropriated and Nonappropriated Fund Activities on Army Installations, 17 December 2018.
- h. OPORD 20-045, Installation Home Based Business Program Application and Process Enhancement and Quarterly Reporting Requirement, 11 May 2020.
- i. Policy Memorandum, IMCOM Home Based Business (HBB) Program, 12 June 2023.

2. Purpose: To establish procedures and the administrative management of HBBs operating within USAG Daegu.

3. Applicability: This SOP applies to NSMD, DFMWR and HBBs operating within USAG Daegu. DFMWR is responsible for the management of HBBs within USAG Daegu.

4. Ethical Considerations:

- a. Non-Federal Entities (NFEs) are self-sustaining organizations, incorporated or unincorporated, that are not an agency or instrumentality of the Federal Government.

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The membership of these organizations consists of individuals acting exclusively outside the scope of any official capacity as officers, employees, or agents of the Federal Government.

b. NFEs are not entitled to, and will not receive, Army endorsement by virtue of their contributions to the military community or installation. To prevent the appearance of official sanction or support by the DoD, NFEs will not use the seals, logos, or insignia of the DoD, or any DoD component, organizational unit, or installation on organization letterhead, correspondence, titles, or in association with organization programs, locations, or activities in accordance with AR 210-7.

5. General:

a. Military spouses' ability to secure employment significantly impacts the quality of family life in the Armed Forces. Ultimately, unemployment and underemployment of spouses, resulting from frequent moves or unfavorable location factors, can influence Armed Forces retention. HBBs are hailed by many military spouses as an answer to the employment issues facing them. AR 420-1, paragraph 3-19, encourages commanders to permit the limited use of military and off post housing for commercial activities. However, parties interested in conducting a home-based enterprise are cautioned to consider the surrounding legal issues such as SOFA and customs regulations.

b. The sales or services generated by an HBB generally do not compete with an installation's officially sanctioned commerce. When they appear to compete, the GC may consider HBBs an acceptable 'supplement' to military exchanges and Family and Morale, Welfare and Recreation (FMWR) programs, or resale activities, as appropriate in the GC's discretion.

c. Authorization to operate within the community of USAG Daegu is granted for 3 years and becomes transferrable to your next Garrison if it is still valid. A new application for renewal must be submitted 60 days before the expiration date of the current authorization. The Garrison Commander may revoke the HBBs permission to operate at any time.

6. Responsibilities:

a. NSMD, DFMWR, USAG Daegu is the agency responsible for exercising staff oversight, on behalf of the Garrison Commander.

b. NSMD, DFMWR will:

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(1) Act as the overall monitoring agency to ensure compliance with applicable regulations and directives.

(2) Initiate the route of all requests for the approval of all HBBs and maintain a tracking system to ensure the timely approval/disapproval of all requests.

(3) Review the status of all documents submitted while all validating the contents to ensure HBBs are operating within the confines of Army Regulations and Policies.

(4) Maintain an Activity Log for all requests for HBBs to attend FMWR community wide events on the Installation.

(5) Report no later than 5 business days to IMCOM HQ on the HQ SharePoint site, https://armyeitaas.sharepoint-mil.us/sites/IMCOM-HQ-G9/SitePages/HBB_Data_Call.aspx, how many approved HBBs are on USAG Daegu.

(6) DFMWR will make the HBB application guidance to include the SOP readily available for both employees and business owners on the Garrison and FMWR websites.

c. HBB owner will:

(1) request and receive written permission from the GC before operating on Army Installations.

(2) Obtain the necessary local licensure or certifications (if applicable), and liability insurance. The HBB owner also is responsible for any damages to third parties arising from the conduct of the business.

(3) Comply with all Federal, State, Local, and Host Nation tax laws and codes. It is the HBB owner's responsibility to contact the proper tax officials to ensure compliance.

(4) Inform the NSMD, DFMWR of any major changes such as a change in location address, PCSing, or the cessation of operation.

7. Procedures:

a. Permission to Operate: The application for all HBBs can be found electronically on the USAG Daegu Garrison website and the USAG Daegu FMWR website. Applications can also be picked up manually at the DFMWR's headquarters building on Camp Walker.

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b. The application must be signed by the USAG Daegu's Housing Manager, Safety Officer, and Preventative Medicine (if the business involves food) before it can be turned back into DFMWR. In addition the application must also have attached with it:

- (1) A Good Health Certificate (Encl 2) if the business is to be selling food items.
- (2) A Food Handler's Certificate if the business is to be selling food items.
- (3) Permission from the Unit Commander if a service member.

c. Services for Minors (under the age of 18): An HBB owner providing services to minors must submit a signed memorandum (Encl 4) with their application.

(1) If accompanied by their parent or legal guardian, HBBs may provide services to minors.

(2) If not accompanied by their parent or legal guardian, HBBs may provide services to minors under the following conditions:

(a) The HBB obtains and retains a signed "Hold Harmless Agreement" (Encl 5) between the HBB and parent or legal guardian.

(b) The "Hold Harmless Agreement" is completed each time service is provided when the parent or legal guardian is not present.

(c) An HBB may not provide services to unaccompanied minors for more than 10 child-hours per week.

d. Once the application is returned to DFMWR and all requirements are met, the packet will be routed to servicing legal office and then ultimately the Garrison Commander for approval.

8. General restrictions:

a. Installations are prohibited from approving any HBBs as a tattoo or body art business. Body art operations as defined in DA PAM 40-1: "Body art operations. Body art businesses involving tattooing, application of permanent makeup, body piercing (except for ear piercing), Henna, and other invasive treatments." Ear piercing is an authorized service only through AAFES and will not be conducted as a HBB.

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b. Childcare, as outlined in AR 608-10, is not to be performed by any HBBs in USAG Daegu. Babysitting will not be approved without prior approval by Child Youth Services Division, DFWMR and the applicant is on the approved trained babysitters list.

c. Activities that "interfere with community tranquility or present safety hazards" will not be approved, AR 420-1, paragraph 3-19 b(1).

d. HBBs will not be approved if the sponsor or applicant's sponsor's DEROS date is within 3 months of application.

e. In accordance with DoD 4525.6-M, Sending or receiving items through the Intra-theater Delivery Service (IDS) (Military Postal System) to advertise home businesses, to sell merchandise, or to conduct business or for commercial purposes is prohibited.

9. The point of contact for further information regarding Home Based Business is, Kang, Po Kyong, Home Based Business Coordinator at DSN: 763-6075 or email: pokyong.kang.ln@army.mil.

10. The proponent for this SOP is Ms. Julie A. Kircher, NAF Support Manager at email: julie.a.kircher.naf@army.mil or DSN: 315-763-5940.

5 Encls

1. Home Based Business Application
2. Good Health Certificate
3. DD Form 2870
4. HBB Rules for Providing Services to Unaccompanied Minors on USAG Daegu (if applicable)
5. USAG Daegu Hold Harmless Agreement and Waiver


DAVID F. HENNING
COL, CA
Commanding

Example Application for Home-Based

DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a; Title 10, USC 3013. Purpose(s): The requested information will be used by the Senior Commander or their designee to determine whether or not to grant this request. This checklist is designed as a template to be modified for use at each Army installation.

Home-Based Business Owner

<u>Name (Last, First, MI)</u>		<u>Name of Business</u>	<u>Telephone Number</u>
<u>Address of Proposed Business:</u>		<u>Email Address:</u>	<u>Previously Approved?</u>
<u>Installation if Previously Approved:</u>		YES	NO
<u>Briefly describe the proposed business activity:</u>			
<u>Business Category:</u>	<u>Spouse Owned and Operated?</u>	<u>Application Submission Date:</u>	

The following rules are written to ensure that a HBB does not negatively affect the safety, community tranquility, or the good order and discipline of an Army installation. The business owner acknowledges that the following conditions must be met:

- The HBB owner must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to opening/operating.
 - The HBB owner is responsible for any damages to third parties arising from the conduct of their business.
 - HBB owners providing child care must register with the installation Child, Youth and School Services office as part of the Family Child Care (FCC) provider system.
 - The HBB owner is required to comply with and is subject to inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements.
 - HBB's involved in food preparation may need to be approved by Army Public Health and/or the Local Health Department. The applicant must provide documentation that states the HBB meets all applicable food safety and sanitation conditions.
 - The residential character of the property shall be maintained. The HBB may not occupy more than 25 percent of the home's gross floor area. Parts or materials related to the HBB shall be screened from public view and will be limited to the interior of the structure or the side and rear yards of the property. Signage is limited to what can be displayed in a single window from the inside and may not be illuminated.
 - Customers may only patronize a HBB between the hours of 0600 and 2000.
 - Noise, vibrations, or odors shall not be detectable beyond the property line.
- The HBB owner residing in privatized on-post housing must obtain approval to operate in writing from the community manager before submitting a request to the Senior or Garrison Commander.

Home-Based Business Owner: I certify that the above statements are true and that I have read and will abide by the rules above any additional guidance contained within the installation's HBB policy letter.

Signature: _____ Date: _____

Installation Coordination

Directorate / Office	Building	Telephone #	Recommendation		Initial	Date
Directorate, Family, Morale, Welfare and Recreation	Camp Walker S-374	050-3363-6075	Application Pick-up			
Installation Safety	Camp Henry Bldg. 1211	050-3363-5990	Approval	Disapproval		
USAG Daegu Housing Manager	Camp Walker Bldg. 330	050-3363-4570	Approval	Disapproval		
Preventive Med (If the business has food involved)	Camp Walker Bldg. 303	0503-3337-4700	Approval	Disapproval		
Directorate, Family, Morale, Welfare and Recreation	Camp Walker S-374	050-3363-6075	Application Turn-in			
Judge Advocate General (Legal Review)	Camp Henry Bldg. 1814	050-3363-4437	No Legal Objection	Legally Insufficient		

Reason for Disapproval

Installation Approval Authority

I have reviewed the above application for HBB permit and I have decided to approve / disapprove same.

DAVID F. HENNING
COL, CA
Commanding

Expiration Date: _____
(3 years from date of signature unless otherwise indicated)

USAG Daegu Home Based Business

Good Health Certificate

Dear Physician:

The individual named below is submitting a proposal to operate a Home-Based Business (HBB) at USAG Daegu that will require the individual to handle food. The Family and Morale, Welfare and Recreation (FMWR), NAF Support Management Division (NSMD) under direction of the Garrison Commander, is responsible for ensuring that Individuals requesting HBB proposals that require the handling of food are in generally good health to handle it.

Please review the applicant's medical records to determine if there is any reason, in your professional judgment, which would disqualify the individual from operating a HBB requiring the individual to handle food. In particular:

- All applicants must possess general good physical, mental, and emotional health.
- All applicants must be free of contagious diseases.
- All residents in the applicants' household, including minor children, are required to have negative tuberculin test.
- All residents living in the applicants' household must have current and updated immunization records.

Applicant's Name: _____

DOB: _____

____ I have reviewed the medical files of the home based business applicant and the family members that reside with that applicant. I find the applicant to be in generally good physical, mental, and emotional health. The Family members, including applicant, are free of contagious disease and have negative tuberculin tests. All children living in the household have current and updated immunization records.

____ I have reviewed the medical files for all family members and the applicant. I **DO NOT RECOMMEND** that the applicant's home based business be approved for medical reasons. I have listed the following concerns or items missing from their medical records:

Physician's Name / Stamp: _____

Physician Signature: _____ Date: _____

IMPORTANT NOTE: per AR 40-66, paragraph 2-3(b)(1), NAF Support Management will not accept this completed Good Health Certificate, unless a DD Form 2870, Authorization For Disclosure Of Medical Or Dental Information, is completed for each Family member residing at the applicant's home. Please return this form to the applicant or the NAF Support Management Division, DFMWR at Building 374, Camp Walker, USAG Daegu & Area IV. For any questions regarding this form, please contact the NAF Support Management Office at DSN 763-6075.

AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: Public Law 104-191; E.O. 9397 (SSAN); DoD 6025.18-R.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME <i>(Last, First, Middle Initial)</i>	2. DATE OF BIRTH <i>(YYYYMMDD)</i>	3. SOCIAL SECURITY NUMBER
4. PERIOD OF TREATMENT: FROM - TO <i>(YYYYMMDD)</i>	5. TYPE OF TREATMENT <i>(X one)</i> <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> INPATIENT <input type="checkbox"/> BOTH	

SECTION II - DISCLOSURE

6. I AUTHORIZE _____ TO RELEASE MY PATIENT INFORMATION TO:
(Name of Facility/TRICARE Health Plan)

a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN	b. ADDRESS <i>(Street, City, State and ZIP Code)</i>
c. TELEPHONE <i>(Include Area Code)</i>	d. FAX <i>(Include Area Code)</i>

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION *(X as applicable)*
 PERSONAL USE CONTINUED MEDICAL CARE SCHOOL OTHER *(Specify)*
 INSURANCE RETIREMENT/SEPARATION LEGAL

8. INFORMATION TO BE RELEASED

9. AUTHORIZATION START DATE *(YYYYMMDD)* 10. AUTHORIZATION EXPIRATION
 DATE *(YYYYMMDD)* ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR §164.524.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE	12. RELATIONSHIP TO PATIENT <i>(If applicable)</i>	13. DATE <i>(YYYYMMDD)</i>
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SECTION IV - FOR STAFF USE ONLY *(To be completed only upon receipt of written revocation)*

14. X IF APPLICABLE: <input type="checkbox"/> AUTHORIZATION REVOKED	15. REVOCATION COMPLETED BY	16. DATE <i>(YYYYMMDD)</i>
17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE		SPONSOR NAME: SPONSOR RANK: FMP/SPONSOR SSN: BRANCH OF SERVICE: PHONE NUMBER:



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AMIM-DAW-N (210-7a2)

MEMORANDUM FOR RECORD

SUBJECT: Home Based Business Rules for Providing Services to Unaccompanied Minors on United States Army Garrison (USAG) Daegu

1. _____ seeks to offer services to minors under the age of 18 on USAG Daegu.
2. The HBB owner will:
 - a. Acknowledge and comply with AR 210-22 and the SOP for HBB on USAG Daegu.
 - b. Provide services to unaccompanied minors no more than 10 child-hours per week.
 - c. Obtain and retain a signed "Hold Harmless Agreement" between the HBB and the parent or legal guardian for each occurrence that services are provided to an unaccompanied minor.
3. The point of contact for further information regarding Home Based Business is, Kang, Po Kyong, Home Based Business Coordinator at email: pokyong.kang.ln@army.mil or DSN: 315-763-6075.
4. The proponent for this memorandum is Ms. Julie A. Kircher, NAF Support Manager at email: julie.a.kircher.naf@army.mil or DSN: 315-763-5940.

_____ I have carefully reviewed and acknowledged the contents of this memorandum.

(Applicant Name)
(Business Name)

(Date)

USAG DAEGU HOLD HARMLESS AGREEMENT AND WAIVER

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. This document affects your legal rights. You should read it carefully. If you have any questions, please ask us or consult an attorney. Use of [insert name of HBB] will not be allowed without proper completion of this document.

The [insert name of HBB] and USAG Daegu, wants to inform you of some of the risks associated with use of services provided by [insert name of HBB]. We ask that you read, sign, and complete this document.

ACKNOWLEDGMENT OF RISK

The [insert name of HBB] has not undergone appropriate background checks normally required of individuals who have regular contact with children under 18 years of age.

There are risks associated with leaving your child with an individual who has not undergone appropriate background checks. Appropriate background checks screen for and identify potential risks related to the individual. Background checks generally ensure the individual does not have a conviction history that could endanger a child's health and safety, including criminal history and sex offender registry. By leaving your child with an individual who has not undergone appropriate background checks, there is a chance of negligence, injury, and / or abuse to a child. Negligence, injury, and / or abuse can include physical, emotional, and / or sexual. There is a chance the individual intentionally or negligently causes harm or places a child in danger. In extreme cases, such danger could result in trauma or death to a child.

This list is not an exhaustive or exclusive list of possible injuries, trauma, or accidents that may occur while leaving a child with an individual who has not undergone appropriate background checks. Most of these injuries are rare and you are not likely to encounter them. However, such injuries have occurred to people engaged in these types of activities and you need to know about them as well as other possible injuries not specifically mentioned above.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully aware of the risks associated with leaving a child with an individual who has not undergone appropriate background checks normally required of on-post childcare providers. I certify that I have read the above statement on some of the possible risks associated with these individuals. I understand the possible risks and acknowledge that no one is forcing me to use [insert name of HBB]. I certify I am aware that [insert name of HBB] is not

affiliated with or part of USAG Daegu, the Department of the Army, or the United States Government.

I acknowledge that my use of [insert name of HBB] is voluntary on my part. I also assume full responsibility for myself, my family members, and minors under my care or supervision, for abuse, bodily injury, death, and loss of personal property and any expenses as a result of the negligence of [insert name of HBB]. I agree to indemnify and hold harmless the USAG Daegu, the Department of the Army, and the United States Government, as well as any members, agents, and employees of the aforementioned entities from all claims, damages, losses, injuries, and expenses arising out of or resulting from my use of an HBB service provider who has not undergone appropriate background checks, including use by any member of my family or any minor under my care or supervision. I further agree to release, acquit and covenant not to sue the USAG Daegu, the Department of the Army, the United States Government and its members, agents and employees for all actions, causes of action, claims or damages of whatever kind arising out of my use of [insert name of HBB], including use by any member of my family or any minor under my care or supervision. In short, I cannot sue the USAG Daegu, the Department of the Army, the United States Government, or any member, agent or employee of any of these entities. I further understand that if I do sue, I cannot collect any money.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself, and my family members. I affirm that I am of lawful age and legally competent to sign this waiver as the parent or guardian of the minor/s named below on this _____, day of _____, 20__.

I have read and understood this agreement.

Parent or Guardian Signature

ADDRESS: _____

Telephone: _____

Printed Name of Child

Printed Name of Parent or Guardian

In case of emergency, please contact: _____
Telephone number (including cell phone number): _____.