

Family Readiness Information

(Please fill in all applicable areas)

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 3012. PRINCIPLE PURPOSES): To assist Army Agencies and Commands in their mission of providing care and assistance to families of Service members who are required to be away from their home station. ROUTINE USES: (1) To identify specific problems and service needs of Soldiers and their families. (2) To gather data that will assist in the development of appropriate programs and services. (3) To serve as a record of services provided. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary information is required to assist the individual and his/her family members. Failure to provide the required information could result in a delay in providing assistance to the individual and/or family members.

Military member's name: _____

Spouse/next of kin's name: _____

Home address: _____

Home phone _____

E-Mail address: _____

Place of employment: _____ Work phone: _____

Please list all children:

Name _____ Age _____ School _____

Do you have any special needs or circumstances you would like the FRG to be aware of during a deployment? Yes _____ No _____

Explanation: _____

Do you have a reliable vehicle? _____

Do you have a drivers' license? _____

Are you expecting a child? If so, when is the baby due? _____

What is your native language? _____

EMERGENCY CONTACT:

Other than your service member, who should be notified in an emergency (friend/neighbor, family member)?

Name: _____ Relationship: _____

Phone: _____ Address: _____

CASUALTY NOTIFICATION

In the event of casualty notification, who LOCALLY would you want to have with you for support?

Name _____ Relationship _____

Phone number _____

Name _____ Relationship _____

Phone number: _____

Name _____ Relationship _____

Phone number _____

FRG INFORMATION

Could you help with any of the following? (Check any that apply.)

FRG Activities ___; Telephoning ___; Fundraising ___; Newsletter ___; Baking/Cooking ___;

Planning: ___; Emergency meals ___; Welcoming new families: ___; Virtual FRG ___;

Other (Specify) _____

What topics would you like to discuss or hear about at a Family Readiness Group meeting?

Do you wish to be contacted by the FRG key caller? _____

In order to receive information from the Family Readiness Group, family members must sign the privacy act statement, agreeing to have their name and phone number printed on the phone tree list, which is distributed to the appropriate volunteer.

YES, I will allow my name and phone number to be printed on the phone tree roster to be called for unit informational purposes and social functions.

Signature: _____ Date: _____

NO, do not release my name and number to the phone tree call roster. I understand that I may not receive information about the unit, the FRG, or its activities.

Signature: _____ Date: _____