

# FAMILY ASSISTANCE INFORMATION SHEET

## PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 3012. PRINCIPLE PURPOSE(S): 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.

## Sponsor/Soldier Information

Name:		Rank/Grade:		SSN:		
Address of Residence:						
City:		State:		Country:		
Zip:						
Home Phone: (including area code)						
Military Status:	<input type="checkbox"/> Active	<input type="checkbox"/> National Guard	<input type="checkbox"/> USAR(TPU)	<input type="checkbox"/> USAR(IMA)	<input type="checkbox"/> USAR(IRR)	<input type="checkbox"/> CIV
Unit:			Unit Address:			

## Soldier and Family Member Information

Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Divorced (Name of ex-spouse: _____)		<input type="checkbox"/> Dual Military
Spouse's Name:			Native Language:		
Address: (if different from sponsor)				E-mail:	
Home Phone: (including area code)			Nearest Military installation to spouse:		
Children:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Name(s):	Age:	Gender:	Address: (If different from spouse)		

## Next of Kin (other than spouse)

Name:		Native Language:		Relationship:	
Street Address:					
City:		State:		Country:	
Zip:		E-Mail Address:			
Home Phone: (including area code)			Nearest Military installation to NOK:		

## Evaluate Potential Family Issues/Concerns During your Absence

**A. Special Needs** Are there any special needs in your family?  Yes  No

If yes, state problem and assistance needed:

**B. Financial** What arrangements have been made to provide financial support to spouse/children?

Check to Bank (Sure Pay)  Allotment  Other (*Specify*)

**C. Housing** Will your family (spouse/children) relocate as a result of this deployment?  Yes  No

If Yes, Relocation Address: Street Address:

City: State: Country: Zip:

Phone: (including area code)

If **NOT** relocating, are there any concerns about current housing situations?  Yes  No

**Specify Concerns:**

**D.**

**Transportation** Does your spouse/ NOK drive?  Yes  No

Will transportation be a problem during your absence?  Yes  No

Specify Concerns:

**E. Other Concerns** List any other pertinent issues which will have an adverse affect on your deployment.

## Documents Checklist

*Do you or your family members have the following documents:*

ID Cards  Yes  No

Power of Attorney  Yes  No

Family Care Plan (required for single parent, dual-military couples, or pregnant soldiers)  Yes  No

If Yes (FCP), does the family care provider have an installation access letter?  Yes  No

Would you like your family member to be contacted by the family service center from the nearest military installation?  Yes  No

**Signature:**

**Date:**