

FAMILY SUPPORT INTAKE SHEET

Privacy Act Statement AUTHORITY: Section 3013, Title 10, United States Code, Executive Order 9397 PURPOSE: This information will be used by the Army Community Service Staff to ensure appropriate information services are identified for soldier's family. ROUTINE USES: This information will be used to contact family members and provide appropriate information on available services. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF FAILURE TO PROVIDE INFORMATION: Voluntary. Failure to provide the required information could result in a delay in the providing of needed assistance to the individual's family members.				
Name (Last, First, MI)	Rank	SSN	Duty Phone	Home Phone
Unit/Activity (Include Staff Section)				
Local Mailing Address (Include Zip Code)				
Address of Spouse or Next of Kin (NOK), if single, include zip code			Relationship of NOK	
County	Spouse/NOK Phone Number		Native Language of Spouse or NOK	
Family Members (If more space is needed, attach separate sheet)				
Name	Relationship		Age	Sex
Are there any special needs, concerns, or medical problems in your family that require special attention or assistance as a result of your absence? If so, state problem and requested assistance here:				
Does you Spouse Drive: Check one <input type="checkbox"/> Yes <input type="checkbox"/> No				
What pay options do you presently have in effect (I.E., check to bank, class "E" allotment to wife, check to you, etc)?				
FILL OUT ITEMS BELOW ONLY IF DEPLOYED (NOT TRAINING EXERCISE) SIGN AT BOTTOM				
My personal belongings will be: (Personal belongings include clothing, household goods, and POV).	<input type="checkbox"/> Stored	<input type="checkbox"/> Shipped	<input type="checkbox"/> Remain in Place	<input type="checkbox"/> Picked up by a friend.
If they are to be picked up, identify below the individual you have authorized to pick them up				
Name	Address (Include zip code)		Relationship	
Family will <input type="checkbox"/> will not <input type="checkbox"/> relocate as a result of this deployment. (If they do plan to relocate, indicate their new address and phone number here:				
Person to notify in local area, in case of emergency (Name, address, and telephone number				
REMARKS: List any specific instructions you would like the Family Assistance Officer to rely to your spouse/NOK:				
Signature of Service Member (required)				