

FAMILY ASSISTANT INFORMATION SHEET

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 3012. **PRINCIPLE PURPOSE(S):** To assist 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 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 /her family members

1. SPONSOR INFORMATION: (PLEASE PRINT LEGIBLY)

NAME: _____
 LAST **FIRST** RANK/GRADE SSN

ADDRESS _____
 STREET **CITY** **STATE** **ZIP** **COUNTRY**

HOME PHONE NUMBER W/AREA CODE: _____

2. MILITARY SATUS ACTIVE _____ NATIONAL GUARD _____ USAR (TPU) _____ USAR (IRR) _____ CIV _____

UNIT _____ UNIT ADDRESS _____

3. MARITAL STATUS (CIRCLE ONE): SINGLE MARRIED DIVORCED _____

EX-SPOUSE NAME

4. SPOUSE'S NAME _____

5. CHILDREN (CIRDLE ONE) YES NO

NAME(S)	AGES	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. PRIMARY NEXT OF KIN (PNOK) (CAN BE YOUR SPOUSE, PARENTS, SISTER, BROTHER FRIEND, OR OTHER)

NAME _____ RELATIONSHIP _____

ADDRESS _____
 STREET **CITY** **STATE** **COUNTY** **ZIP**

HOME PHONE NUMBER W/AREA CODE: _____

EMAIL ADDRESS _____

NATIVE LANGUAGE SPOKEN BY SPOUSE/PNOK _____

NEAREST MILITARY INTALLATION TO YOUR SPOUSE/PNOK: _____

7. SECONDARY NEXT OF KIN (SNOK) (CAN BE YOUR SPOUSE, PARENTS, SISTER, BROTHER FRIEND, OTHER)

NAME _____ RELATIONSHIP _____

ADDRESS _____
 STREET **CITY** **STATE** **COUNTY** **ZIP**

HOME PHONE NUMBER W/AREA CODE _____

8. EVALUATE POTENTIAL FAMILY PROBLEMS /CONCERNS DURING YOUR ABSENCE:

A. SPECIAL NEED: ARE THERE SPECIAL NEEDS IN YOUR FAMILY? (CIRCLE ONE) YES NO

IF YES, STATE THE PROBLEM AND ASSISTANCE NEEDED _____

B. FINANCIAL WHAT ARRANGEMENTS HAVE BEEN MADE TO PROVIDE FINANCIAL SUPPORT TO YOUR SPOUSE/CHILDREN? (CIRCLE ONE) SURE PAY ALLOTMENT OTHER, SPECIFY _____

C. HOUSING. WILL YOUR FAMILY (SPOUSE/CHILDREN) RELOCATE AS A RESULT OF THIS DEPLOYMENT? (CIRCLE ONE) YES NO

IF YES RELOCATION ADDRESS _____
STREET CITY STATE COUNTRY ZIP

IF NO, ARE THERE ANY CONCERNS ABOUT CURRENT HOUSING SITUATIONS?

EXPLAIN _____

D. TRANSPORTATION. DOES YOUR SPOUSE PNOK DRIVE? (CIRCLE ONE) YES NO

WILL TRANSPORTATION BE A PROBLEM DURING YOUR ABSENCE (CIRCLE ONE) YES NO

E. LIST ANY OTHER PERTINENT ISSUES WHICH WILL HAVE AN ADVERSE AFFECT ON THIS DEPLOYMENT?

9. FAMILY DOCUMENTS CHECKLIST: DO YOU OR YOUR FAMILY MEMBERS HAVE THE FOLLOWING DOCUMENTS?

ID CARD (CIRCLE ONE) YES NO

POWER OF ATTORNEY (CIRCKE ONE) YES NO

FAMILY CARE PLAN (CIRCLE ONE) YES NO (SINGLE PARENT, DUAL-MILITARY COUPLES OR PREGNANT SOLDIERS) IF YES, DOES TH FAMILY CARE PROVIDER HAVE INSTALLATION ACCESS LETTERS? CIRCLE ONE YES NO

10. WOULD YOU LIKE YOUR FAMILY MEMBER TO BE CONTACTED BY THE FAMILY SERVICE CENTER FROM THE NEAREST MILITARY INSTALLATION? (CIRCLE ONE) YES NO

SIGNATURE _____ **DATE** _____

INTERVIEWED BY _____