

FAMILY READINESS INFORMATION SHEET

AUTHORITY: Title 10 USC, Section 3012

PRINCIPLE PURPOSE(S): To assist Family Program personnel in its mission providing care and assistance to families of service members who are required to be away from their home station.

ROUTINE USE(S): (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 ARNG programs and services. (3) To serve as a record of services provided.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: Voluntary information is required to assist the individual and his/her family members. Failure to provide the needed information could result in a delay in providing assistance.

Soldier's Name	Sex	Pay Grade	Unit	Have you ever been mobilized before? Y N When: _____ Where: _____	
Soldier's Home Address			City	State	Zip
Soldier's Home Phone Number: () _____			Soldier's E-mail: _____		
Soldier's Employer:			Soldier's Work Number: () _____		
Marital Status (circle appropriate status): SINGLE MARRIED DIVORCED SEPARATED WIDOW(ER)					
Married Dual Military Couple (circle) YES NO NA		Single Pregnant (circle) YES NO NA		Single Parent (circle) YES NO NA	
Primary POC Name:	Relationship	Birthdate	Anniv. Date	Home/other phone:	Best time to call:
POC Native Language:		POC E-mail		Is your POC pregnant? Y N If yes, due date: _____	
POC Address (if same as soldier put HOR):			City	State	Zip
POC's Employer:			Work phone: () _____		
Alternate POC's Name:		Address:	City, State, Zip		Phone: () _____ E-mail: _____
Name of Children		Date of Birth	Children's Current Mailing Address (if same as soldier put HOR)		
Other Dependent Family Members		Relationship	Current Mailing Address (if same as soldier put HOR)		
Do your dependents have Current MIL ID cards? Y N	Do you have a budget plan? Y N	Are your bank accounts joint? Y N	Is there a need for special allotments? Y N	Do you have a POA and/or Will? Y N	
Are there any special needs, concerns, medical or financial problems in your family that require special attention or assistance as a result of your absence? If so, state the problem and request assistance below (continue on reverse):					
My family will/ will not (circle one) relocate as a result of this deployment (if they will, indicate new address and phone number):					
How is your spouse/family member handling this deployment? Very well _____ O.K. _____ Not Well (explain) _____			How are you handling this deployment? Very Well _____ O.K. _____ Not Well (explain) _____		
I verify that the information provided above is correct to the best of my knowledge					
Signature of Service Member: _____ Date: _____					

Alternate Relationship: