

Family Assistance Information Sheet
Dependant information

Please list children's information on the back, note any special circumstances in Section 4, then sign and date this sheet. All information on this sheet is used by the Family Readiness Office for Soldier and Family Readiness. Please write clearly. Thank you for helping our office to better service your family!

Section 1: Guard Member Information

Name _____ SSN _____ DOB _____
(Last, First, MI)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Unit _____ Branch _____ Rank _____

Marital Status: circle those that apply

Married Single Single Parent Engaged Dating Divorced Separated

Are you and your spouse a dual military couple? Yes or No

If Yes, what is their status and unit? _____

Civilian Employment Information

Company _____ Work Phone _____
Supervisor Name _____ Supervisor Phone _____

Section 2: Family/Spouse/Next of Kin (Primary Point of Contact)

Name _____ Relationship _____ DOB _____
(Last, First, MI)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How would they like to be contacted? (circle all that apply) Phone Email Newsletter

Primary Point of Contact's E-mail Address _____

What is the family's primary language?

Does your Family Member normally attend a Family Readiness Group Meeting?

Would one of your family members be interested in being part of a FRG? Yes or No

Have they ever experienced an overseas deployment? Yes or No

If Yes, When _____

Please list a second person you would like contacted to provide unit information and/or FRG information on special events/activities. (ie: a person who will not be receiving information from your primary contact listed above)

Family/Spouse/Next of Kin (Secondary Point of Contact)

Name _____ Relationship _____ DOB _____
(Last, First, MI)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How would they like to be contacted? (circle all that apply) Phone Email Newsletter

Secondary Point of Contact's E-mail Address _____

Soldier Signature and Date

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.

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Section 3: Dependant Information

List all the individuals (children/family members not listed above) who rely upon you for dependent care:

Name _____ Gender _____ DOB _____

Relationship to Soldier: _____ Does the dependent reside with the sponsor? Yes or No

If No, with whom do they reside?

(Last, First) Relationship
Address _____ City _____ State _____ Zip _____ Home# _____

School Attended _____ Grade _____

Name _____ Gender _____ DOB _____

Relationship to Soldier: _____ Does the dependent reside with the sponsor? Yes or No

If No, with whom do they reside?

(Last, First) Relationship
Address _____ City _____ State _____ Zip _____ Home# _____

School Attended _____ Grade _____

Name _____ Gender _____ DOB _____

Relationship to Soldier: _____ Does the dependent reside with the sponsor? Yes or No

If No, with whom do they reside?

(Last, First) Relationship
Address _____ City _____ State _____ Zip _____ Hp _____

School Attended _____ Grade _____

Name _____ Gender _____ DOB _____

Relationship to Soldier: _____ Does the dependent reside with the sponsor? Yes or No

If No, with whom do they reside?

(Last, First) Relationship
Address _____ City _____ State _____ Zip _____ Home# _____

School Attended _____ Grade _____

I give my permission for the State Family Office to contact my child/children's school about a deployment?
Yes or No

Are there any special needs, concerns, medical, or financial problems in your family that requires special attention or assistance as a result of your absence? **If so, request assistance in section 4.**

Section 4:

Service member's comments and additional information.

I do not wish to provide information on Section 4.

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