



**Section 2b: Emergency Point of Contact (EMPOC)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If No Home phone say "Same as Cell")

Email Address: \_\_\_\_\_ Enrolled in DEERS: Yes No

**Section 2c: Evacuation Point of Contact (EVPOC) (See Note Below)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last, First, MI)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(If No Home phone say "Same as Cell")

Email Address: \_\_\_\_\_ Enrolled in DEERS: Yes No

**NOTE: EVACUATION POINT OF CONTACT CAN'T LIVE AT THE SAME RESIDENCE OR BE A PPOC.**

**Section 3: Special Needs for Soldier or Family Member**

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, request assistance below.

Service member's comments and additional information.

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**When you have completed Section's 1 through 3 of the Soldier and Family Member Sheet and have no dependents STOP and go no further. You are done. If you have dependent children below 18 years of age or Family members who you legally provide care for as a dependent proceed to Section 4.**

### Section 4: Dependent Information

List all individuals (children below 18 years/Family members) who rely upon you for dependent care:

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

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrolled in DEERS: Yes No  
(Last, First, MI)

Special Needs? Yes No If yes, explain \_\_\_\_\_

Gender: Male Female Relationship to the Soldier: \_\_\_\_\_ Does dependent reside with you? Yes No  
If "NO", with whom and where does your dependent reside?

My dependent lives with: \_\_\_\_\_  
(Last, First, MI) (Relationship to Dependent)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

Dependent's School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Daycare Home Schooled

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Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrolled in DEERS: Yes No  
(Last, First, MI)

Special Needs? Yes No If yes, explain \_\_\_\_\_

Gender: Male Female Relationship to the Soldier: \_\_\_\_\_ Does dependent reside with you? Yes No  
If "NO", with whom and where does your dependent reside?

My dependent lives with: \_\_\_\_\_  
(Last, First, MI) (Relationship to Dependent)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

Dependent's School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Daycare Home Schooled

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Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrolled in DEERS: Yes No  
(Last, First, MI)

Special Needs? Yes No If yes, explain \_\_\_\_\_

Gender: Male or Female Relationship to the Soldier: \_\_\_\_\_ Does dependent reside with you? Yes No  
If NO, with whom and where does your dependent reside?

My dependent lives with: \_\_\_\_\_  
(Last, First, MI) (Relationship to Dependent)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

Dependent's School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Daycare Home Schooled

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