SERVICE MEMBER FAMILY READINESS INFORMATION

ALL INFORMATION GIVEN ON THIS SHEET IS CONFIDENTIAL AND WILL NOT BE RELEASED TO OTHERS WITHOUT PERMISSION OF THE INDIVIDUALS CONCERNED. PLEASE COMPLETE FORM COMPLETELY IN PENCIL AND PRINT CLEARLY.

_____Date Prepared

_____Date Reviewed

***DO NOT USE COLLEGE ADDRESS UNLESS IT IS A PERMANENT ADDRESS**

SOLDIER INFORMATION

SOLDIER'S RANK/NAME: _____
(RANK) (LAST NAME, FIRST, MI)

MAILING ADDRESS: _____
(PO BOX **OR** STREET) (CITY, STATE, ZIP CODE)

MILITARY UNIT: _____
(UNIT DESIGNATION) (CITY, STATE, ZIP CODE)

SPOUSE / FAMILY MEMBER / FRIEND INFORMATION

NAME _____ RELATIONSHIP _____

WHERE CAN THIS PERSON BE REACHED WHILE THE SOLDIER IS AT TRAINING/DEPLOYED?

_____
MAILING ADDRESS: (PO BOX **OR** STREET) (CITY, STATE, ZIP CODE)

AREA CODE + PHONE NUMBER WHERE THIS PERSON CAN BE REACHED DURING TRAINING/DEPLOYMENT.

_____
(HOME) / (WORK)

WHAT IS THE BEST TIME OF DAY/EVENING TO CALL THIS PERSON? _____

Their Email Address: _____

ALTERNATE INFORMATION (IF ABOVE NAMED INDIVIDUAL CAN'T BE REACHED

NAME _____ RELATIONSHIP _____

AREA CODE + PHONE NUMBER WHERE THIS PERSON CAN BE REACHED DURING TRAINING/ DEPLOYMENT.

_____
(HOME) / (WORK)

DO YOU HAVE ANY FAMILY MEMBERS ILL, UNDERGOING SURGERY, OR PREGNANT? IF SO, PLEASE GIVE NAME AND RELATIONSHIP AND NATURE OF CONDITION. IF PREGNANT INCLUDE DUE DATE.

_____

CHILDREN'S INFORMATION

NAME OF CHILD(REN)	Gender	DATE(S) OF BIRTH / AGES