

## SERVICE MEMBER FAMILY READINESS INFORMATION

### PRIVACY ACT STATEMENT

**AUTHORITY:** AR 608-1 Appendix J & NGR 600-12 Paragraph 1-8 & 2-7, Proponent Agency is DCSPER  
**DISCLOSURE:** Failure to provide information may result in Service Member's Family NOT receiving pertinent Family Readiness Information.  
**PRINCIPLE PURPOSE:** For use by Unit Family Readiness Group to develop FRG telephone trees & family newsletter and email lists in order to disseminate pertinent information. To gather data that will assist in the development of appropriate programs and services.

### SERVICE MEMBER READINESS INFORMATION

NAME	SEX	RANK	UNIT NAME	UNIT LOCATION (City)	
ADDRESS	<b>CURRENT MARITAL STATUS</b> <input type="checkbox"/> SINGLE SINGLE PARENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MARRIED DUAL MILITARY COUPLE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW(ER)		<b>HAVE YOU EVER BEEN MOBILIZED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  WHEN:   WHERE:		
CITY					COUNTY
STATE					ZIP
HOME PHONE #					
CELL PHONE #					
AKO EMAIL					
OTHER EMAIL					

**EMPLOYMENT** Company Name, Supervisor, Address, Phone Number or School attending: Please note if unemployed.

**CHILDREN** Please list any additional children on the back of this form.

NAME	AGE	GENDER	BIRTHDATE	Does child live with Service Member?	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO <small>List address on back of this form.</small>
				<input type="checkbox"/> YES	<input type="checkbox"/> NO <small>List address on back of this form.</small>
				<input type="checkbox"/> YES	<input type="checkbox"/> NO <small>List address on back of this form.</small>

**OTHER** For Family Readiness situational awareness only – other dependents (special needs, parents, grandparents, siblings, grandchildren), pregnancy due date, language barriers etc.

### PRIMARY POINT OF CONTACT

NAME	ADDRESS	RELATIONSHIP	
CITY	COUNTY	STATE	ZIP
HOME PHONE #	CELL PHONE #	EMAIL ADDRESS	

**SECONDARY POINT OF CONTACT** The Secondary Point of Contact is **OPTIONAL** and only contacted if the Primary Point of Contact is unreachable or if requested by the service member **IN ADDITION TO** the Primary Point of Contact.

NAME	ADDRESS	RELATIONSHIP	
CITY	COUNTY	STATE	ZIP
HOME PHONE #	CELL PHONE #	EMAIL ADDRESS	

**EVACUATION INFORMATION** Please provide contact information of who would **KNOW** where you and/or your family would go if evacuation were required due to natural disaster or state & national emergencies. Who would be the first person you would call to inform you were all OK?

NAME	ADDRESS	RELATIONSHIP	
CITY, STATE, ZIP	HOME PHONE # / CELL PHONE #	EMAIL ADDRESS	ZIP

**SIGNATURE** I authorize the unit's Family Readiness Group to contact the Primary Point of Contact and/or the Secondary Point of Contact listed above. I understand that I must keep my contact information current with the unit.

NAME	DATE
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