

SERVICE MEMBER FAMILY INFORMATION FORM

SDNG Form 600-12-11



PURPOSE *of form*

- The form is primarily used to warehouse **points of contact (family) information** for the service member used in creating:
 - **Family Readiness Group telephone tree**
 - One contact per service member
 - **Family Readiness Group mailing lists** for newsletters and other information
 - No limit on number of contacts
 - **Family Readiness Group Email lists**
 - No limit on number of contacts

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 | CURRENT MARITAL STATUS <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) | | | HAVE YOU EVER BEEN MOBILIZED? <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 |
|------|------|

Service Member Information Form

- Asks about Family members who are ill, undergoing surgery or pregnant
- Asks for alternate point of contact information
- Lists children – good tool for FRG planning
- Evacuation information – in case of natural disasters or other emergencies – where would you go if something happened or who would be the first person you called to inform that you were OK?
- Has date prepared/reviewed

FORM COMPLETION

- Accuracy in completion of form is imperative
- Ensure it is complete and current