

U.S. ARMY CORPS OF ENGINEERS
FAMILY READINESS INFORMATION FORM

For use of this form see ER 600-1-54; the proponent agency is CEHR.

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Privacy Act of 1974, Public Law 93-579, December 31, 1974 (5 U.S.C. 552a), and applicable regulations.

PRINCIPLE PURPOSES: 1) To assist United States Army Corps of Engineers in its efforts to provide care and assistance of civilians and military who are away from their home station and 2) To gather data and foster communication efforts that will assist in the development of appropriate family support programs and services.

ROUTINE USES: The information on this form will be used only by Family Readiness and other authorized staff. This information is protected by the Privacy Act of 1974 and will not be released without the employee's or service member's consent.

DISCLOSURE: Voluntary; however, failure to provide personal information may serve as a basis for denial of your participation.

INSTRUCTIONS

The information on this form is for official use only within the Family Programs and will not be furnished to any commercial enterprise, company, representative, organization, or agency outside the Department of Defense, as established by the Privacy Act of 1974 (5USC 552a and AR 340-21).

SECTION I: COMMUNICATION

1. To ensure your family receives the information and assistance needed, which type(s) of communication may the Family Readiness Team use to contact your family member during your deployment (check all that apply)

- a. Information by mail
- b. Invitation to Family Readiness meetings and events
- c. Information by e-mail
- d. Phone calls from employee and/or volunteer

2. Signature _____

3. Date (DD/MMM/YYYY) _____

4. a. Contractor b. Schedule A c. Military _____ d. DoD Civilian _____

SECTION II: EMPLOYEE INFORMATION

1. Name (Last, First, MI)		2. Date of Birth (DD/MMM/YYYY)	
3. Mailing Address (Home) Street		City State Zip	
4. Home Phone	5. Work Phone	6. Office Symbol	
7. E-mail Address		8. Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed	
9. Home Station (District/Division/Center/Agency)		10. Agency/Company where employed if not USACE	
11. Start Date of Current tour	12. Location	13. End Date of Current Tour	

SECTION III: FAMILY INFORMATION

1. Spouse or Primary Point of Contact	
a. Name (Last, First, MI)	b. Relationship
c. Home Address	
d. Mailing Address (# different from above)	
e. Telephone Number <input type="radio"/> Work <input type="radio"/> Home <input type="radio"/> Cell	f. Alternate Telephone Number <input type="radio"/> Work <input type="radio"/> Home <input type="radio"/> Cell
g. E-mail Address	h. Date of Birth (DD/MMM/YYYY)
i. Preferred Method of Contact	

SECTION III: FAMILY INFORMATION (cont.)

2. Children

Last Name	First Name	MI	Gender	Age	Birth Date	Mailing Address <i>(if different from employee)</i>

3. Household Information

a. What is the primary language spoken at home?				b. Is an interpreter needed? <input type="radio"/> Yes <input type="radio"/> No			
c. Do you have a current power of attorney? <input type="radio"/> Yes <input type="radio"/> No				d. Do you have a current will? <input type="radio"/> Yes <input type="radio"/> No			
e. Does your spouse have a driver's license and access to a vehicle? <input type="radio"/> Yes <input type="radio"/> No				f. Do you have any pets at home? If so, what kind? <input type="radio"/> Yes <input type="radio"/> No			
g. Does your spouse or next of kin have a current passport? <input type="radio"/> Yes <input type="radio"/> No							

4. Special Needs/Concerns

a. Do you or any member of your family have special concerns or needs that may require assistance during a deployment?

b. List any holidays or special family days (anniversaries, birthdays, or other) on which you would like your family contacted by a member of the Family Readiness Team?

SECTION IV: ALTERNATE POINT OF CONTACT

1. Do you have a family member/close friend/neighbor that can be contacted if your family needs assistance? Yes No

2a. May we contact your POC? <input type="radio"/> Yes <input type="radio"/> No	2b. Preferred Method of contact?
3. Name (Last, First, MI)	4. Relationship
5. Home Address	
6. Mailing Address <i>(if different from above)</i>	
7. Telephone Number <input type="radio"/> Work <input type="radio"/> Home <input type="radio"/> Cell	8. Alternate Telephone Number <input type="radio"/> Work <input type="radio"/> Home <input type="radio"/> Cell