

Family Information Data Worksheet

[For use of this form see USAR Reg 608-1; the proponent agency is the USAR Family Programs Directorate.]

The information on this worksheet is for official use only within Army Reserve 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 (5 USC 552A and AR 340-21).

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10 U.S. Code, Sections 3012 and 3013. **PRINCIPAL PURPOSE:** To gather data that will assist in the development of appropriate Family Programs activities and services to servicemembers' families, identify individuals eligible to participate in the Family Programs and receive information. **ROUTINE USES:** Information provided (specifically, name, address, and telephone number) may be listed and distributed to other participants to enable development of a communication and support network. **EFFECT OF WITHHOLDING CONSENT:** Voluntary disclosure. Failure to provide information may prevent the Family Programs participants from contacting you, especially during periods of military separation, or being able to provide you updated information on military unit related family activities, programs, and services available.

SECTION I - SOLDIER INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

RANK _____ DOB _____ MOB DATE _____ TOUR LENGTH _____
(MM/DD/YYYY) (MM/DD/YYYY) (# of DAYS)

MAILING ADDRESS _____ STREET _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

PRIMARY PHONE _____ SECONDARY PHONE _____

PRIMARY E-MAIL _____ SECONDARY E-MAIL _____

PRIMARY UNIT _____ MAJOR COMMAND _____

REASSIGNED UNIT _____ MAJOR COMMAND _____

MARITAL STATUS: Single Married Divorced

SECTION II - PRIMARY POINT OF CONTACT

LAST NAME _____ FIRST NAME _____ MI _____

RELATIONSHIP TO SOLDIER _____ PRIMARY LANGUAGE _____

MAILING ADDRESS _____ STREET _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____

PRIMARY PHONE _____ SECONDARY PHONE _____

PRIMARY E-MAIL _____ SECONDARY E-MAIL _____

SECTION III - CONSENT

Your Primary Point of Contact will be contacted by the Family Programs Office staff. Please initial to release this information to FRG volunteers. _____

PRINTED NAME _____ SOLDIER FAMILY MEMBER

SIGNATURE _____ DATE _____
(MM/DD/YYYY)

Family Information Data Worksheet (continuation)

SOLDIER'S LAST NAME _____ FIRST NAME _____ MI _____

SECTION IV - SECONDARY POINT OF CONTACT

LAST NAME _____ FIRST NAME _____ MI _____
RELATIONSHIP TO SOLDIER _____ PRIMARY LANGUAGE _____
MAILING ADDRESS _____
STREET _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____ COUNTRY _____
PRIMARY PHONE _____ SECONDARY PHONE _____
PRIMARY E-MAIL _____ SECONDARY E-MAIL _____

SECTION V - CHILD INFORMATION

CHILDREN Yes No GUARDIAN _____
PHONE _____ E-MAIL _____
Last Name, First Name, MI Gender DOB (MM/DD/YYYY) Mailing Address (If different from family address)

SECTION VI - FAMILY CONCERNS

SPECIAL NEEDS OR FAMILY CONCERNS Yes No DUAL MILITARY Yes No
If "Yes," please explain:

SECTION VII - FAMILY PROGRAMS STAFF USE ONLY

SOLDIER'S SSN _____ DATE ENTERED IN PORTAL _____ (MM/DD/YYYY)