

SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

For use of this form, see AR 600-8-8; the proponent agency is ACSIM.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC Section 301.
PRINCIPAL PURPOSE: Personnel service support. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.
ROUTINE USES: None. The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.
DISCLOSURE: Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

1. NOTE: Soldiers/Family members/Civilians may retrieve information regarding their new assignment at **Army Knowledge Online** -

I have been counseled on the **Total Army Sponsorship Program** **FOR CIVILIAN EMPLOYEES ONLY:** I would like to have a sponsor assigned to me. (Complete remainder of form.)
 I decline the offer of sponsorship. (Complete Section 1 only.)

Typed or Printed Name: _____ Rank/Grade: _____

MOS/Branch/Civilian Occupational Series: _____ Signature: _____ Date: _____

2. ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY: If additional space is necessary, please attach your documentation to the form)

a. I (Rank/Grade and Name): _____, am on assignment to (Gaining Installation): _____ and expect to arrive on/about (Month and Year): _____

b. Soldier's/Civilian's contact information:

Current Unit/Activity Address: _____

DSN Phone number: _____ Cell Phone number: _____ Email address: _____

Other (i.e., Social Media): _____

Leave Address and Phone number at this address until: _____

c. Status (check one): Married-accompanied Single-accompanied Married-unaccompanied Single-unaccompanied

d. Accompanied by Family members:	NAME	AGE	SEX	RELATIONSHIP	Exceptional Family Member Program (EFMP)	
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. GAINING UNIT/ACTIVITY INFORMATION: If additional space is necessary, please attach your documentation to the form)

a. Gaining Unit/Activity: _____ d. Unit 1SG/Supervisor: _____

b. Unit CDR/Supervisor: _____ Phone number: _____

Phone number: _____ Email address: _____

Email address: _____ e. TASP Unit Coordinator: _____

c. Unit sponsor: _____ Phone number: _____

Phone number: _____ Email address: _____

Email address: _____ f. Date of initial contact: _____

4. LOSING UNIT/ACTIVITY INFORMATION: If additional space is necessary, please attach your documentation to the form)

a. Losing Unit/Activity: _____ c. Unit 1SG/Supervisor: _____

b. Unit CDR/Supervisor: _____ Phone number: _____

Phone number: _____ Email address: _____

Email address: _____ d. TASP Unit Coordinator: _____

Phone number: _____

Email address: _____

5. FAMILY CONSIDERATIONS: If additional space is necessary, please attach your documentation to the form)

a. Housing requirements (check one): On-post housing Off-post housing b. Pets: Yes No c. Child care requirements: Yes No

On-post housing Off-post housing If yes, list pet and type: _____

d. Spousal Employment info: Yes No e. List of local schools: Yes No

If yes, list type of work: _____

f. Contact by Unit Family Readiness Group (FRG): Yes No g. Additional comments: _____

If yes, list Email address: _____