

# PRE-DEPLOYMENT FAMILY READINESS INFORMATION SHEET

## PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Section 3012

PRINCIPLE PURPOSE(S): To assist WAARNG Family Program personnel in its mission providing care and assistance to families of service members who are required to be away from their home station.

ROUTINE USE(S): (1) To identify specific problems and service needs of soldiers and their families. (2) To gather data that will assist in the development of appropriate WAARNG programs and services. (3) To serve as a record of services provided.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: Voluntary information is required to assist the individual and his/her family members. Failure to provide the needed information could result in a delay in providing assistance.

Soldier's Name		SEX	PAY GRADE	UNIT CODE	Have you ever been mobilized before? When: _____ Where: _____	
Soldier's Home Address			City	State	Zip	
Soldier's Home Phone Number:		Soldier's E-mail:		Soldiers SSN Last Four:		
Soldier's Employer:				Soldier's Work Number:		

Martial Status	Married Dual Military Couple	Single Pregnant	Single Parent	Primary POC Name:	Relationship to SM
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Date of Birth	Home Phone	Cell Phone	Best Time to Call (daynight)	POC Native Language:	POC Email:
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POC Address (if same as soldier enter HOR)		City	State	Zip
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POC Employer:	POC Work Phone Number:	Nearest Major Military Installation to POC:	City, State
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Alternate POC's Name:	Address	City, State, Zip	Phone: E-mail:
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Name of Children	Date Of Birth:	Children's Current Mailing Address (if same as soldir put HOR)

Other Dependent Family Members	Relationship	Current Mailing Address (if same as soldier put HOR)

Do your dependents have current Mil ID cards?	Do you have a POA and / or Will?
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Are there any special needs, concerns, medical or financial problems in you family that require special attention or assistance as a result of your absence? If so, state the problem and request assistance below (continue on reverse):

My family will / will not relocate as a result of this deployment (if they will, indicate new address and phone number):

How is your spouse / family member handling this deployment?	How are you handling this deployment?
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Additional comments or notes:

I verify that the information provided above is correct to the best of my knowledge

Signature of Service Member \_\_\_\_\_

Date Signed