

# 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      Mailing Address (If different from family address)  
(MM/DD/YYYY)

<u>Last Name, First Name, MI</u>	<u>Gender</u>	<u>DOB</u> (MM/DD/YYYY)	<u>Mailing Address</u> (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)