



Family Assistance Information Sheet

Name (Last, First, MI)		Rank	Gender	MSC/Unit/UIC		DODID Number	
Home of Record Address			City	County	State	Zip	
Primary #: Secondary #: Email address:		Have you ever been deployed: If so, when? Year(s)		Are you a student?		Are you currently employed?	
Occupation:		Employer Name:		Employer Address:			
Marital Status: Single Divorced Married Separated Widow(er)			Dual Military Couple?		Children: Single Parent:		Do your dependents have ID cards?
Name of Children		DOB	Gender	Current home address (if same as SM, put HOR)			
Primary Point of Contact		Relationship		Email address:			
Primary #: Secondary #:		Current mailing address (if same as SM, put HOR):					
Secondary Point of Contact		Relationship		Email address:			
Primary #: Secondary #:		Current mailing address:					
Emergency Evacuation POC (this will be in the event of a natural disaster, please do not put the same as the two above):		Relationship		Email address:			
Primary #: Secondary #:		Current mailing address:					
Are there any concerns that require our attention in your absence?			Do you have a family member with exceptional needs? Do you have a family member involved with EFMP? If yes, explain:				
I verify that the information provided above is correct to the best of my knowledge.							
Signature _____				Date _____			
RIVACY ACT STATEMENT							
<small>AUTHORITY: Title 10 USC, Section 3012; AR 608-1 ACS, 21 Dec 2010; Army Family Readiness Handbook, Operation Ready 2006 PRINCIPLE PURPOSE(S): To assist NCARNG 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 service members and their families. (2) To gather data that will assist in the development of appropriate NCARNG 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. Please note: Family Programs will be making contact with your Primary POC each month while you are deployed. Please be sure all information is correct.</small>							