



Appendix A (CA ARNG Pamphlet 608-24)
Operation Ready Families Program
Family Assistance Specialist Assignment Sheet



All fields must be completed on order to be processed

Date of Event: _____ Start Time: _____ End Time: _____

Purpose of Event:

Sponsoring Command Unit: _____

Event POC: _____ Phone: _____

Email Address: _____ Fax: _____

Event Location (Include Zip): _____

Total Anticipated Attendance: SM: _____ FM: _____ Youth: _____

Provide Family Readiness Handbook? Yes Amount: _____

Select one of the meeting sponsors:

Subject Matter Experts:

(please see [this page](#) for mandatory and optional Yellow Ribbon SME Guidance)

Legal (SCRA):

CNG Family Programs:

Tricare:

CNG Child & Youth Program:

Dental Benefits:

CNG Behavioral Health:

Transition Assistance:

CNG Educational Benefits:

Personal Financial MFLC:

Military Family Life Consultant:

ESGR:

Chaplain Services:

CDVA:

Red Cross:

Vet Center:

Military OneSource:

EDD:

Army OneSource:

Email this completed form to the Family Assistance Coordinator @

Mandy.flores@nvgc.mil