

428th FIELD ARTILLERY BRIGADE FAMILY READINESS INFORMATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Section 3012. PRINCIPLE PURPOSE(S): To assist Army Command in their mission of providing support and assistance to families of servicemembers. ROUTINE USES: (1) To identify Soldiers and their family members. (2) To gather data that will assist in the development of appropriate programs and services. MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary information is required to assist the individual and his/her family members. Failure to provide the required information could result in a delay in providing support to the individual and/or family members. This information will not be shared with agencies outside 428th Field Artillery Brigade.

Sponsor / Soldier Information

Please complete this form as accurately as possible. During an emergency, command teams may need the following information to provide assistance to your family members. This information will be kept confidential. Soldiers should routinely ensure their DD93, SGLI, and the Family Readiness Information Sheet all correspond.

Sponsor Name:		Rank / Grade:		SSN:	
Address			City:		State:
					Zip:
Home & Cell Phone (w/ area code):				E-mail:	
Unit:		Unit Address:		Number of times deployed:	

Family Member Information

Marital Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Dual Military	Divorced Date:		Separated Date:	
Spouse Name:				Birth Date (month / day):		Native Language:		
The following contact information should be provided if different than the sponsor's info listed above:								
Address :				City:		State:		Zip:
Home & Cell Phone (w/ area code):				E-mail:				
Anniversary:				Religious Preference of Soldier:				
Religious preference of: Spouse:			Children:			Parent:		
Do you have a clergy member you wish to be on your emergency contacts? Y / N								
Name and Phone:								
Please list all children (whether living with you or not). Include those from Soldier's or spouse's previous marriages:								
Child's Full Name		Birth date:	Address (if different)		Phone (if different)		Name & phone of school or daycare:	
Please list any medical conditions or special needs for spouse and / or children:								

Family Readiness Group Information

Do you have special skills you would like to contribute to the FRG? If so, what?								
What topics would you like to discuss or hear about at FRG meetings?								
What types of FRG activities would you like to see offered?								
Would you be willing to help with FRG activities? Yes / No If yes, check the activities you are interested in:								
<input type="checkbox"/> Fundraising		<input type="checkbox"/> Welcome Committee			<input type="checkbox"/> Treasurer		<input type="checkbox"/> Secretary	
<input type="checkbox"/> Key Caller		<input type="checkbox"/> Planning events			<input type="checkbox"/> Other, please list:			
Would you be willing to serve as a Point of Contact? Yes / No								
Do you want to receive updates on available community resources and information? Yes / No								

Signatures

Soldier's Signature:					Date:			
----------------------	--	--	--	--	-------	--	--	--

