

SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

For use of this form, see AR 600-8-8; the proponent agency is ACSIM.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC Section 301.
PRINCIPAL PURPOSE: Personnel service support.
ROUTINE USES: To counsel soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.
DISCLOSURE: Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

1. ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY: *If additional space is necessary, please attach your documentation to the form)*

a. I (Rank/Grade and Name): _____, am on assignment to (Gaining Installation): _____ and expect to arrive on/about (Month and Year): _____

b. Soldier's/Civilian's contact information:
 Current Unit/Activity Address: _____
 DSN Phone number: _____ Cell Phone number: _____ Email address: _____
 Other (i.e., Social Media): _____
 Leave Address and Phone number at this address until: _____

c. Status (check one): Married-accompanied Single-accompanied Married-unaccompanied Single-unaccompanied

d. Accompanied by Family members:	NAME	AGE	SEX	RELATIONSHIP	Exceptional Family Member Program (EFMP)	
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. FAMILY CONSIDERATIONS: *If additional space is necessary, please attach your documentation to the form)*

a. Housing requirements (check one): On-post housing Off-post housing

b. Pets: Yes No
 If yes, list pet and type: _____

c. Child care requirements: Yes No

d. Spousal Employment info: Yes No
 If yes, list type of work: _____

e. List of local schools: Yes No

f. Contact by Unit Family Readiness Group (FRG): Yes No
 If yes, list Email address: _____

g. Additional comments: _____

3. LOSING UNIT INFORMATION: *If additional space is necessary, please attach your documentation to the form)*

a. Losing Unit: _____ c. Unit 1SG/Supervisor: _____

b. Unit CDR/Supervisor: _____ Phone number: _____
 Phone number: _____ Email address: _____
 Email address: _____

d. Sponsorship Integrator: _____
 Phone number: _____
 Email address: _____

4. NOTE: Soldiers/Family members/Civilians may retrieve information regarding their new assignment at **Army Knowledge Online - <https://www.us.army.mil>**

I have been counseled on the **Total Army Sponsorship Program**

Typed or Printed Name: _____ Rank/Grade: _____

MOS/Branch/Civilian Occupational Series: _____ Signature: _____ Date: _____

5. GAINING UNIT INFORMATION: *If additional space is necessary, please attach your documentation to the form)*

a. Gaining Unit: _____ d. Unit 1SG/Supervisor: _____

b. Unit CDR/Supervisor: _____ Phone number: _____
 Phone number: _____ Email address: _____
 Email address: _____

e. Sponsorship Integrator: _____
 Phone number: _____
 Email address: _____

c. Unit sponsor: _____
 Phone number: _____
 Email address: _____

f. Date of initial contact: _____