

# 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. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.  
**ROUTINE USES:** None. The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.  
**DISCLOSURE:** Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

### 1. NOTE: Soldiers/Family members/Civilians may retrieve information regarding their new assignment at **Army Knowledge Online** -

I have been counseled on the **Total Army Sponsorship Program** **FOR CIVILIAN EMPLOYEES ONLY:**  I would like to have a sponsor assigned to me. (Complete remainder of form.)  
 I decline the offer of sponsorship. (Complete Section 1 only.)

Typed or Printed Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

MOS/Branch/Civilian Occupational Series: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. 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

### 3. GAINING UNIT/ACTIVITY INFORMATION: If additional space is necessary, please attach your documentation to the form)

a. Gaining Unit/Activity: \_\_\_\_\_ d. Unit 1SG/Supervisor: \_\_\_\_\_

b. Unit CDR/Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ e. TASP Unit Coordinator: \_\_\_\_\_

c. Unit sponsor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ f. Date of initial contact: \_\_\_\_\_

### 4. LOSING UNIT/ACTIVITY INFORMATION: If additional space is necessary, please attach your documentation to the form)

a. Losing Unit/Activity: \_\_\_\_\_ c. Unit 1SG/Supervisor: \_\_\_\_\_

b. Unit CDR/Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ d. TASP Unit Coordinator: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### 5. 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 c. Child care requirements:  Yes  No

If yes, list pet and type: \_\_\_\_\_

d. Spousal Employment info:  Yes  No e. List of local schools:  Yes  No

If yes, list type of work: \_\_\_\_\_

f. Contact by Unit Family Readiness Group (FRG):  Yes  No g. Additional comments: \_\_\_\_\_

If yes, list Email address: \_\_\_\_\_