

ANNEX B (DA FORM XXXX, FEB 2007, DCS CHECKLIST) TO THE DCS DIRECTIVE

DEPLOYMENT CYCLE SUPPORT (DCS) CHECKLIST

The proponent agency is DCS, G-1

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Deployment Cycle Support Directive, 26 March 2007

PURPOSE: To provide a standardized means to validate Soldiers and Civilians for deployment cycle support and unit reconstitution.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

DISCLOSURE: Voluntary. However, failure to update and confirm information is correct may impede processing time and DCS status of individual.

**The Deployment Cycle Support Checklist is filed in the Deployment Packet to complete the action.
A copy remains at the losing organization.**

| | | | | | | | |
|--|---------------------------------------|--|------------------------------|-------------------------------|-----------------------------------|------------------------------|--|
| 1. DATE (YYYY/MM/DD) | | 2. NAME (Last, First, Middle) | | | | 3. SSN | |
| 4. SERVICE AFFILIATION | | 5. COMPONENT | | 6. STATUS | | 7. PAY PLAN/GRADE | |
| <input type="checkbox"/> USA | <input type="checkbox"/> USCG | <input type="checkbox"/> ACTIVE | <input type="checkbox"/> TPU | <input type="checkbox"/> RET | 8. MOBILIZATION DEPLOYMENT CENTER | | |
| <input type="checkbox"/> USN | <input type="checkbox"/> PHS | <input type="checkbox"/> GUARD | <input type="checkbox"/> IRR | <input type="checkbox"/> NG10 | | | |
| <input type="checkbox"/> USAF | <input type="checkbox"/> NOAA | <input type="checkbox"/> RESERVE | <input type="checkbox"/> IMA | <input type="checkbox"/> NG32 | | | |
| <input type="checkbox"/> USMC | <input type="checkbox"/> NON-MILITARY | <input type="checkbox"/> AGR | | | | | |
| 9. NON-MILITARY STATUS | | | | 10. TRAVEL STATUS | | | |
| <input type="checkbox"/> DOD | <input type="checkbox"/> CONTRACTOR | <input type="checkbox"/> DAC | a. UNIT ORDER | | 11. DATE OF BIRTH (YYYY/MM/DD) | | |
| <input type="checkbox"/> OTHER (Specify) | <input type="checkbox"/> RED CROSS | <input type="checkbox"/> AAFES | b. INDIVIDUAL ORDER | | | | |
| 12. ARMY COMMANDS | | 13. DATE ARRIVED IN THEATER (YYYY/MM/DD) | | | | 14. CITIZENSHIP COUNTRY | |
| 15. REDEPLOYMENT DATE (YYYY/MM/DD) | | 16. REFRAD DATE (YYYY/MM/DD) | | | | 17. DEPLOYED COUNTRY | |
| 18. PARENT UIC | | 19. DUIC | | 20. UNIT DSN PHONE NUMBER | | 21. CONUS REPLACEMENT CENTER | |

| 22. STATUS OF EACH DCS STAGE and COMMANDER'S VALIDATION MEMO (C = Completed; NC = Not Completed) | | | | |
|--|---|--|---|---|
| a. TRAIN-UP/ PREP <input type="checkbox"/> C <input type="checkbox"/> NC | b. MOBILIZATION <input type="checkbox"/> C <input type="checkbox"/> NC | c. DEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC | d. EMPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC | e. REDEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC |
| f. POST-DEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC | g. RECONSTITUTION <input type="checkbox"/> C <input type="checkbox"/> NC | i. CDR VALIDATION MEMO <input type="checkbox"/> C <input type="checkbox"/> NC | | |

DCS VALIDATION

Part A. Accuracy Statement: I understand I am certified for reconstitution and, to the best of my knowledge, all information contained in this document is correct and current.

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|----------------------------|---------|----------|
| 1. SIGNATURE OF INDIVIDUAL | 2. RANK | 3. TITLE |
|----------------------------|---------|----------|

Part B. First Line Leader/Immediate Supervisor's Authentication. I have authenticated the information contained in this checklist as correct and current.

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|------------------------------|--------------------|----------------|----------------|
| 4. PRINTED NAME (Supervisor) | 5. RANK | 6. TITLE | 7. SIGNATURE |
| 8. DATE (YYYY/MM/DD) | 9. UNIT | 10. ADDRESS | |
| 11. PHONE NUMBER | 12. E-MAIL ADDRESS | 13. DSN NUMBER | 14. FAX NUMBER |

Part C. Commander's Acknowledgement: (Commanders may approve an individual for reconstitution based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the checklist findings.

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|------------------------------|--------------------|----------------|----------------|
| 15. PRINTED NAME (CDR or AG) | 16. RANK | 17. TITLE | 18. SIGNATURE |
| 19. DATE (YYYY/MM/DD) | 20. UNIT | 21. ADDRESS | |
| 22. PHONE NUMBER | 23. E-MAIL ADDRESS | 24. DSN NUMBER | 25. FAX NUMBER |

Part D. DCS Validation: ALL DEPLOYMENT CYCLE SUPPORT requirements are updated and all DCS requirements completed.

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|--|--------------------|----------------|----------------|
| 26. PRINTED NAME (Validating Official) | 27. RANK | 28. TITLE | 29. SIGNATURE |
| 30. DATE (YYYY/MM/DD) | 31. UNIT | 32. ADDRESS | |
| 33. PHONE NUMBER | 34. E-MAIL ADDRESS | 35. DSN NUMBER | 36. FAX NUMBER |

ANNEX B (DA FORM XXXX, FEB 2007, DCS CHECKLIST) TO THE DCS DIRECTIVE

| NAME (Last, First, Middle) | SSN | | | |
|---|-------------------|--------------------------|----|--------------------|
| Deployment Cycle Support Tasks | DCS VALIDATION | | | |
| | Completed | Not Completed | NA | DATE YYYY/MM/DD |
| SECTION I - Train-up / Preparation Stage | | | | |
| Unit Commander / Unit Leadership | | | | |
| Single Soldiers identified and support ensured | | | | |
| Leave schedule published | | | | |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required | | | | |
| Individual career counseling provided, as required | | | | |
| Disciplinary and adverse administrative actions finalized, as required | | | | |
| Sexual Assault Prevention and Response training (Host Country, risk reduction factors) conducted | | | | |
| DA Form 5305-R (Family Care Plan) completed | | | | |
| FRG assessed, trained, and resourced | | | | |
| RDC has completed all training prior to unit deployment | | | | |
| Family readiness plan including unit readiness goals updated | | | | |
| Soldiers counseled on requirement to provide financial support to family while deployed | | | | |
| OERs, NCOERs, civilian evaluations, and awards completed, as required | | | | |
| Soldier counseling conducted, as required | | | | |
| Soldiers identified with potential financial issues referred to financial training or assistance | | | | |
| Command Climate Survey conducted | | | | |
| Soldiers who PCS and TCS complete the DCS process, as required | | | | |
| Soldiers encouraged to communicate with family throughout the deployment cycle | | | | |
| Conduct Unit Risk Inventory (URI) NLT 30 days prior to deployment | | | | |
| Personnel Service Center | | | | |
| DD Form 93 (Record of Emergency Data) updated | | | | |
| VA Form SGLV 8285, (Request for Insurance (SGLI)) completed | | | | |
| VA Form SGLV 8286, (Service Member's Group Life Insurance) completed | | | | |
| VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed | | | | |
| VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed | | | | |
| Eligibility for overseas deployment (AR 614-30, Overseas Service) verified | | | | |
| Soldiers with record of misdemeanor crime of domestic violence identified | | | | |
| Passports issued to DA civilians in receipt of Deployment Orders | | | | |
| MMRB, MEB, PEB conducted, as required | | | | |
| Soldiers and family members educated regarding the impact of personnel policies | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Families identified with reported predeployment stress, as required | | | | |
| Spouses provided opportunity to take marital assessment instrument, as required | | | | |
| Soldiers provided opportunity to complete marital assessment instrument, as required | | | | |
| Opportunity to attend voluntary marriage education/enrichment workshops provided, as required | | | | |
| Predeployment Battlemind training for leaders conducted | | | | |
| Predeployment Battlemind training for junior enlisted Soldiers conducted | | | | |
| Medical / Dental Health Teams | | | | |
| Leader training on identifying symptoms of distress and suicide tendencies conducted | | | | |
| Individuals screened for profile for permanent geographic or climate duty limitation, as required | | | | |
| Preventative Medicine briefing to defeat disease and non-battle injuries conducted | | | | |
| DD Form 2795 (Pre-Deployment Health Assessment Questionnaire) completed | | | | |
| Military Pay Office | | | | |
| Current status of DoD charge card holders reviewed | | | | |
| Travel advance provided for Soldiers with TCS orders | | | | |
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| SIGNATURE OF CERTIFYING OFFICIAL | RANK/TITLE | DATE (YYYY/MM/DD) | | |

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| NAME (Last, First, Middle) | SSN | | | |
|--|-------------------|--------------------------|----|--------------------|
| Deployment Cycle Support Tasks | DCS VALIDATION | | | |
| | Completed | Not Completed | NA | DATE YYYY/MM/DD |
| SECTION II - Mobilization Stage (RC Soldiers) | | | | |
| Unit Commander / Unit Leadership | | | | |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required | | | | |
| Disciplinary and adverse administrative actions finalized, as required | | | | |
| Sexual Assault Prevention and Response training (Host Country, risk reduction factors) conducted | | | | |
| DA Form 5305-R (Family Care Plan) completed | | | | |
| FRG assessed, trained, and resourced | | | | |
| RDC has completed all training prior to unit deployment | | | | |
| Family readiness plan including unit readiness goals updated | | | | |
| Soldiers counseled on requirement to provide financial support to family while deployed | | | | |
| OERs, NCOERs, civilian evaluations, and awards completed, as required | | | | |
| Soldier counseling conducted, as required | | | | |
| Soldiers identified with potential financial issues referred to financial training or assistance | | | | |
| Personnel Reporting System updated | | | | |
| CIVTRACKS for DA civilians updated | | | | |
| Soldiers who PCS and TCS complete the DCS process, as required | | | | |
| Soldiers encouraged to communicate with family throughout the deployment cycle | | | | |
| Conduct Unit Risk Inventory (URI) NLT 30 days prior to deployment | | | | |
| Personnel Service Center | | | | |
| DD Form 93 (Record of Emergency Data) updated | | | | |
| VA Form SGLV 8285, (Request for Insurance (SGLI)) completed | | | | |
| VA Form SGLV 8286, (Service Member's Group Life Insurance) completed | | | | |
| VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed | | | | |
| VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed | | | | |
| Eligibility for overseas deployment (AR 614-30, Overseas Service) verified | | | | |
| Soldiers with record of misdemeanor crime of domestic violence identified | | | | |
| Passports issued to DA civilians in receipt of Deployment Orders | | | | |
| Soldiers and family members educated regarding the impact of personnel policies | | | | |
| DD Form 2365 (DoD Civilian Employee Overseas E-E Position Agreement) completed | | | | |
| Ensured all Soldiers processed correctly | | | | |
| MMRB, MEB, PEB conducted, as required | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Suicide Awareness and Prevention training conducted, as required | | | | |
| Families identified with reported predeployment stress, as required | | | | |
| Spouses provided opportunity to take marital assessment instrument, as required | | | | |
| Soldier provided opportunity to complete marital assessment instrument, as required | | | | |
| Predeployment Battlemind training for leaders conducted | | | | |
| Predeployment Battlemind training for junior enlisted Soldiers conducted | | | | |
| Suicide Intervention Skills Training for Leaders and Gatekeepers | | | | |
| Medical / Dental Health Teams | | | | |
| Leader training on symptoms of distress and suicide tendencies conducted | | | | |
| Individuals screened for profile for permanent geographic or climate duty limitations, as required | | | | |
| Preventative Medicine briefing to defeat disease and non-battle injuries provided | | | | |
| DD Form 2795 (Pre-Deployment Health Assessment Questionnaire) completed | | | | |
| Behavioral Health Assessments conducted | | | | |
| Medical record review conducted | | | | |
| TRICARE benefits briefing conducted | | | | |
| | | | | |
| SIGNATURE OF CERTIFYING OFFICIAL | RANK/TITLE | DATE (YYYY/MM/DD) | | |
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| | Completed | Not Completed | NA | DATE YYYY/MM/DD |
| SECTION III - Deployment Stage | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Families identified with reported predeployment stress, as required | | | | |
| Legal Assistance Office | | | | |
| Continue to provide counseling to families on civil matters, as required | | | | |
| Continue to provide tax classes / information to spouses, as required | | | | |
| Installation Management Agency | | | | |
| AA and RC Family Readiness Groups educated on available services, as required | | | | |
| Family members educated about services provided through Military OneSource, as required | | | | |
| Education and information materials provided to IRR / IMA families, as required | | | | |
| DEERS / RAPIDS / ID Card Office | | | | |
| ID Cards / ID Tags updated, as required | | | | |
| DEERS / RAPIDS enrollment completed, as required | | | | |
| SECTION IV - Employment Stage | | | | |
| Unit Commander / Unit Leadership | | | | |
| Leave schedule published for R&R personnel | | | | |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required | | | | |
| Individual career counseling provided, as required | | | | |
| Soldiers counseled on requirement to provide financial support to family, as required | | | | |
| OERs, NCOERs, civilian evaluations, and awards completed, as required | | | | |
| Soldier counseling conducted, as required | | | | |
| Substance Abuse briefing conducted for R&R personnel | | | | |
| Risk Reduction Reintegration Tip Card utilized for R&R personnel | | | | |
| Safety briefings conducted on POV, etc. for R&R personnel | | | | |
| Soldiers who PCS and TCS complete the DCS process, as required | | | | |
| Soldiers encouraged to communicate with family throughout the deployment cycle | | | | |
| Sexual Assault Prevention and Response Training (Host Country, risk reduction factors) conducted | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Suicide Awareness and Prevention training conducted for R&R personnel | | | | |
| Families identified with reported predeployment stress, as required | | | | |
| Small group discussions on deployment experiences facilitated, as required | | | | |
| Operation READY Reunion / Reintegration training for Soldier's prior R&R leave | | | | |
| Communication with Spouses, Families, and Children training conducted for R&R personnel | | | | |
| Post-Deployment Battlemind training for Soldiers conducted (prior to R&R leave) | | | | |
| Installation Management Command | | | | |
| Families with major problems requiring special assistance identified, as required | | | | |
| Families educated about services provided through Military OneSource, as required | | | | |
| Families identified and referred who have experienced major problems, as required | | | | |
| Education and information materials provided to IRR / IMA families, as required | | | | |
| Operation READY Deployment and Children training (prior to Soldier's R&R leave) | | | | |
| Operation READY Post-Deployment Battlemind training for families conducted (prior to R&R leave) | | | | |
| Operation READY Reunion / Reintegration training for spouses (prior to Soldier's R&R leave) | | | | |
| Legal Assistance Office | | | | |
| Counseling on civil matters provided, as required | | | | |
| Tax classes / information for spouses provided, as required | | | | |
| DEERS / RAPIDS / ID Card Office | | | | |
| ID Cards / ID Tags updated, as required | | | | |
| DEERS / RAPIDS enrollment completed, as required | | | | |
| DEERS / RAPIDS data entry and date for residential address completed, as required | | | | |
| SIGNATURE OF CERTIFYING OFFICIAL | RANK/TITLE | | DATE (YYYY/MM/DD) | |

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| | Completed | Not Completed | NA | DATE YYYY/MM/DD |
| SECTION V - Redeployment Stage | | | | |
| Unit Commander / Unit Leadership | | | | |
| Single Soldiers identified and support ensured | | | | |
| Unit Refresher / Army Sexual Assault Prevention and Response training completed | | | | |
| Leave schedule published | | | | |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required | | | | |
| Disciplinary and adverse administrative actions finalized, as required | | | | |
| Soldiers counseled on requirement to provide financial support to family while deployed | | | | |
| OERs, NCOERs, civilian evaluations, and awards completed, as required | | | | |
| Soldier counseling conducted, as required | | | | |
| Soldiers identified with potential financial issues referred to financial training or assistance | | | | |
| Personnel Reporting System updated | | | | |
| CIVTRACKS for DA civilians updated | | | | |
| RDC provided with updated redeployment rosters | | | | |
| Risk Reduction Reintegration Tip Card utilized | | | | |
| Plan and coordinate reunion and homecoming ceremonies | | | | |
| Soldiers who PCS and TCS complete the DCS process, as required | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Suicide Awareness and Prevention training conducted | | | | |
| Families with reported stress and separation issues identified, as required | | | | |
| Small group discussions on deployment experiences facilitated | | | | |
| Operation READY Reunion / Reintegration training for Soldier's conducted | | | | |
| Communication with Spouses, Families, and Children training conducted | | | | |
| Spouses provided opportunity to take marital assessment | | | | |
| Personnel Service Center | | | | |
| MMRB, MEB, PEB conducted, as required | | | | |
| Medical / Dental Health Teams | | | | |
| Leader training on symptoms of distress and suicide tendencies conducted | | | | |
| Individuals screened for medical profile geographic or climate duty limitation, as required | | | | |
| Behavioral Health Assessments conducted | | | | |
| Soldiers with behavioral or health issues referred | | | | |
| Potential family issues identified | | | | |
| Health Threat briefing for childcare providers conducted | | | | |
| Health Threat briefing for spouses conducted | | | | |
| Behavioral Health Threat briefing to alert families conducted | | | | |
| Medical Threat briefing for Soldiers and DA civilians conducted | | | | |
| Negative health-related behaviors treated and documented (DD Form 2796) | | | | |
| Legal Assistance Office | | | | |
| Provide counseling to families on civil matters, as required | | | | |
| Personnel informed on legal rights under Servicemembers' Civil Relief Act | | | | |
| Legal assistance to RC Soldiers provided, as required | | | | |
| Continue to provide tax classes / information to spouses, as required | | | | |
| Installation Management Command | | | | |
| Family Readiness staff shortages (ACS / FAC) identified, as required | | | | |
| Families with major problems requiring special assistance identified, as required | | | | |
| AA and RC Family Readiness Groups educated on available services | | | | |
| Families educated about services provided through Military OneSource, as required | | | | |
| Families identified and referred who have experienced major problems | | | | |
| SIGNATURE OF CERTIFYING OFFICIAL | RANK/TITLE | | DATE (YYYY/MM/DD) | |

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| Deployment Cycle Support Tasks | DCS VALIDATION | | | |
| | Completed | Not Completed | NA | DATE YYYY/MM/DD |
| SECTION VI - Post - Deployment Stage | | | | |
| Unit Commander / Unit Leadership | | | | |
| Unit Refresher / Army Sexual Assault Prevention and Response training, as required | | | | |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required | | | | |
| Individual career counseling provided, as required | | | | |
| Disciplinary and adverse administrative actions finalized, as required | | | | |
| OERs, NCOERs, civilian evaluations, and awards completed, as required | | | | |
| Soldier counseling conducted, as required | | | | |
| Soldiers identified with potential financial issues referred to financial training or assistance | | | | |
| Personnel Reporting System Updated | | | | |
| CIVTRACKS for DA civilians updated | | | | |
| Substance Abuse briefing conducted | | | | |
| Risk Reduction Reintegration Tip Card utilized, as required | | | | |
| Execute reunion and homecoming ceremonies | | | | |
| Safety briefings conducted on POV, etc. | | | | |
| Operator Licenses, registrations, insurance policies, and safety inspections verified | | | | |
| Preseparation counseling (DD Form 2648-1) for RC Soldiers conducted | | | | |
| ACAP services provided to affected Soldiers | | | | |
| Soldiers who PCS and TCS complete the DCS process, as required | | | | |
| Soldiers encouraged to communicate with family throughout the deployment cycle | | | | |
| Personnel Service Center | | | | |
| DD Form 93 (Record of Emergency Data) updated, as required | | | | |
| VA Form SGLV 8285, (Request for Insurance (SGLI)) completed, as required | | | | |
| VA Form SGLV 8286, (Service Member's Group Life Insurance) completed, as required | | | | |
| VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed, as required | | | | |
| VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed, as required | | | | |
| Eligibility for overseas deployment (AR 614-30, Overseas Service) verified, as required | | | | |
| Soldiers and family members educated regarding the impact of personnel policies | | | | |
| Ensured all Soldiers processed correctly | | | | |
| RC Soldiers advised of 18-year sanctuary | | | | |
| RC Soldiers reenrolled in MGIB and state tuition assistance programs | | | | |
| MMRB, MEB, PEB conducted, as required | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Suicide Awareness and Prevention training conducted, as required | | | | |
| Families with reported stress and separation issues identified, as required | | | | |
| Small group discussions on deployment experiences facilitated, as required | | | | |
| Spouses provided opportunity to take marital assessment | | | | |
| Soldiers complete marital assessment instrument | | | | |
| Post-Deployment Battlemind training for Soldiers conducted | | | | |
| Medical / Dental Health Teams | | | | |
| Individuals screened for medical profile geographic or climate duty limitations, as required | | | | |
| Medical record review conducted | | | | |
| TRICARE benefits briefing conducted | | | | |
| Soldiers with behavioral or health issues referred, as required | | | | |
| Medical Threat briefing conducted, as required | | | | |
| Negative health-related behaviors treated and documented (DD Form 2796), as required | | | | |
| Health care extended to DA civilians for deployment related conditions | | | | |
| SIGNATURE OF CERTIFYING OFFICIAL | RANK/TITLE | | DATE (YYYY/MM/DD) | |
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| | Completed | Not Completed | NA | DATE YYYY/MM/DD |
| SECTION VII - Reconstitution Stage | | | | |
| Unit Commander / Unit Leadership | | | | |
| Unit Refresher / Army Sexual Assault Prevention and Response training, as required | | | | |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required | | | | |
| Disciplinary and adverse administrative actions finalized, as required | | | | |
| OERs, NCOERs, civilian evaluations, and awards completed, as required | | | | |
| Soldier counseling conducted, as required | | | | |
| Soldiers with potential financial issues referred to financial training or assistance, as required | | | | |
| Substance Abuse briefing conducted | | | | |
| Safety briefings conducted on POV, etc., as required | | | | |
| Operator licenses, registrations, insurance policies, and safety inspections verified, as required | | | | |
| ACAP services provided to affected Soldiers, as required | | | | |
| Command Climate Survey conducted | | | | |
| RC Soldiers reintegrated into civilian workplaces | | | | |
| Reintegration-Unit Risk Inventory (R-URI) conducted 120-180 days after redeployment | | | | |
| Soldiers who PCS and TCS complete the DCS process, as required | | | | |
| Soldiers encouraged to communicate with family throughout the deployment cycle | | | | |
| Unit Ministry Team / Installation Chaplain | | | | |
| Suicide Awareness and Prevention training conducted, as required | | | | |
| Families with reported stress and separation issues identified, as required | | | | |
| Small group discussions on deployment experiences facilitated, as required | | | | |
| Spouses provided opportunity to take marital assessment, as required | | | | |
| Soldiers complete marital assessment instrument, as required | | | | |
| Opportunity to attend voluntary marriage education / enrichment workshop provided | | | | |
| PDHRA Battlemind training for Soldiers conducted (recommend in conjunction with PDHRA) | | | | |
| Suicide Intervention Skills Training for Leaders and Gatekeepers | | | | |
| Personnel Service Center | | | | |
| MMRB, MEB, PEB conducted, as required | | | | |
| Medical / Dental Health Teams | | | | |
| Individuals screened for medical profile geographic or climate duty limitation, as required | | | | |
| Behavioral Health Assessments conducted | | | | |
| TRICARE benefits briefing conducted, as required | | | | |
| 90 day TB Test requirements completed | | | | |
| Serum specimen requirements completed | | | | |
| PDHRA assessments completed (recommend in conjunction with PDHRA Battlemind training) | | | | |
| Permanent health record updated with deployment health record | | | | |
| Legal Assistance Office | | | | |
| Wills updated, as required | | | | |
| Power of Attorney provided, as required | | | | |
| Counseling on civil matters provided, as required | | | | |
| Legal assistance to RC Soldiers provided | | | | |
| Tax class / information for spouses provided, as required | | | | |
| Claims for personal property submitted, as required | | | | |
| Installation Management Command | | | | |
| Family Readiness staff shortages (ACS / FAC) identified, as required | | | | |
| AA and RC Family Readiness Groups educated on available services, as required | | | | |
| Families educated about services provided through Military OneSource, as required | | | | |
| Reunion / Reintegration training to Soldier's spouses, as required | | | | |
| SIGNATURE OF CERTIFYING OFFICIAL | RANK/TITLE | DATE (YYYY/MM/DD) | | |

