Family Information Data Worksheet

(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)

The information on this worksheet is for official use only within this unit's sanctioned FamilyReadiness Group (FRG) and will not be furnished to any commercial enterprise, company, representative, organization or agency outside the Department of Defense, as established by the Privacy Act of 1974 (5 USC 552A and AR 340-21).

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10 U.S. Code, Sections 3012 and 3013. **PRINCIPAL PURPOSE:** To gather data that will assist in the development of appropriate FSG activities and services to servicemembers' families, identify individuals eligible to participate in the FRG and receive information. **ROUTINE USES:** Information provided (specifically, name, address, and telephone number) may be listed and distributed to other participants to enable development of a communication and support network. **EFFECT OF WITHHOLDING CONSENT:** Voluntary disclosure. Failure to provide information may prevent the FRG volunteers, and other FRG participants from contacting you even during periods of military separation or being able to provide you updated information on military unit related family activities, programs, and services available.

SOLDIER'S UNIT	FAMILY READINESS GROUP *(Complete if different from soldier's unit)*

SOLDIER'S NAME *(First, MI, Last)*	RANK

SOLDIER'S MARITAL STATUS: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow(er) ☐ Single Parent

FOR COMPLETION BY SPOUSE OR SOLDIER'S DESIGNATED FAMILY MEMBER:

Name *(First, MI, Last)* _____ Relationship _____

Home Address _____

City _____ State _____ Zip _____ -- _____

Day Phone (_____) _____ Evening Phone (_____) _____

FAX Number (_____) _____ E-mail Address _____

CHILDREN

Name	Gender	Birth Date

Name	Gender	Birth Date

SPECIAL NEEDS

Is there anyone in your household who does not speak English? ☐ No ☐ Yes

If yes, please specify person and language spoken: _____

Do you have a family member with special needs? ☐ No ☐ Yes

If yes, please specify person and identify needs: _____

I prefer to receive Family Support related phone calls from FRG volunteers and members at:

- ☐ Home
- ☐ Work
- ☐ Either Place
- ☐ No Phone Calls
- ☐ Other (please specify): _____

☐ It is okay to send me mail, including an FRG Newsletter and information on activities.

I consent to the release of my address and home phone number to officials and members of the Family Support Program.

_____

Signature *Date*

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