



SOLDIER & FAMILY READINESS INFORMATION SHEET

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC, Section 3012

PRINCIPLE PURPOSE(S): This form is to provide INARNG Family Program personnel with service member and family contact information in order to assist during times of crisis, natural disasters, and deployment cycles.

ROUTINE USE(S): (1) To assist with specific problems and the needs of service members and their families. (2) To gather data that will assist in the development of appropriate INARNG programs and services. (3) To serve as a record of services provided.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUALS NOT PROVIDING INFORMATION: Information is required to assist Military Members and his/her family members. Failure to provide the requested information listed herein, may cause a delay in providing immediate assistance.

Service Member's Name (Last, First, MI)	Sex	Rank/Grade	Unit	Birthdate
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Home Address	City	State	County	Zip
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Home Phone: ()	Service Member's Military E-mail:
Cell Phone : ()	Personal E-mail:

Are you a dual military family? YES NO	Dependents Enrolled in DEERS? YES NO	Marital Status (circle): SINGLE MARRIED DIVORCED
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Primary Point of Contact Name PPOC:	Relationship to you:	Closest Armory to Home of Record
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PPOC Home Phone Number:	PPOC Cell Phone Number:	PPOC E-mail:
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PPOC Address (if same as soldier put HOR):	City	State	County	Zip
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Secondary Point of Contact Name SPOC:	Relationship to you:
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SPOC Home Phone Number:	SPOC Cell Phone Number:	SPOC E-mail:
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Names of Children	DOB	Gender	Address if different than HOR	School

List Family Members with Special Needs	Types of Special Needs	Enrolled in EFMP?
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Emergency Evacuation Contact: Please provide a Point of Contact for your family in the event of a Natural Disaster. This contact would be a point of contact if your family becomes separated. This contact should not be anyone living inside your Home of residence.

Name:	Phone Number:
Relationship to you:	Address:

What topics or program suggestions are of interest to you and your family?

I verify that the information provided above is correct to the best of my knowledge.

Signature of Service Member _____ Date _____

Please check all that apply:

I would like to be contacted for related information by: Text/Phone Email Do Not Contact.

When is the best time to call you? Morning Day time Evening

Please provide your email address if you would like to be included in our email distribution list to receive updates on unit and community events and activities.

Email: _____

What topics/activities are you interested in (Check All That Apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Community Resources | <input type="checkbox"/> Preparing for Deployment | <input type="checkbox"/> Job/Volunteer Opportunities |
| <input type="checkbox"/> Chaplain's Programs | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Ball/Formal | <input type="checkbox"/> Activities for the Kids |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Social Activities |

Would you like to Volunteer and help with any of the following (Check All That Apply)?

- | | | |
|--|--|--|
| <input type="checkbox"/> Making Phone Calls | <input type="checkbox"/> Planning Events | <input type="checkbox"/> Welcome/Hospitality/Meals |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> I am unable to volunteer at this time, but please keep me in mind at later dates. | | |

Additional Information:

If Scanned from a Mobile Device, Please Save to a Desktop Computer and Complete Prior to Clicking "Submit" Above.

If Unable, Please Print and Provide to Your Readiness NCO



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