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This book is designed to work along with Family Readiness Groups and their preparation for deployments. It will help Soldiers and their families with the process of deployment preparation. Please take the time to work through this book and review the included material.

Special thanks to units and their Family Readiness Groups for much of the information included in this book.

Please use it and keep it in a secure place.

SOLDIER & FAMILY INFORMATION SHEET

Authority: Title 10 USC, Section 3012. **Principle Purpose:** To assist the 172nd Brigade Combat Brigade Military leadership in response to your needs and preferences if your spouse is involved in a serious incident or if you are involved in a serious incident. **Routine Uses:** To provide the command leadership and FRG information necessary to assist you. **Mandatory and Voluntary disclosure and the effect on the individual not providing information:** Disclosure of this information is voluntary; however, failure to provide this information may affect the command's ability to promptly respond to your needs in a timely manner. **Privacy Act of 1974:** Information contained on this sheet will be safeguarded and will NOT be posted on bulletin boards or publicly disseminated. This information will only be given to DOD personnel who have a need-to know in the performance of official duties under the provisions of AR 340-21, paragraph 3-5.

This individualized information sheet has been developed to facilitate your role in On Going Readiness. It is intended to be the platform on which you base your decisions to ensure your wishes are carried out. Capable, competent and prepared Soldiers and Families contribute to mission readiness. The role of the Army Family is to be prepared for any contingency, including the absence of one's spouse. Providing this information to your designated Readiness Team members will assist your Family in a time of need.

Please Note: In the event of a serious incident, only the Commander (or his representative) and Chaplain will notify you in person.

Name = Last, First & MI

1. Sponsor's Name: _____ Rank: _____ Last 4 SSN: _____

2. Spouse's Name: _____ DOB: _____ Anniversary: _____ Last 4 SSN: _____

2a. What language does your Spouse primarily speak? ☐ English ☐ Other: _____

2b. Do you need Translator? ☐ Yes ☐ No Would you be willing to translate for the FRG? ☐ Yes ☐ No

2c. Is your Spouse Pregnant? ☐ Yes ☐ No Due Date: _____

2b. If Spouse &/or Children are residing Stateside or In Another Country - Please Check Here: ☐ Location: _____ **

** Please add contact information (Name, Address, City, State, Zip Code & Phone Numbers) in #30 **

4. Local Mailing Address (CMR): _____ APO, AE: _____

5. Government Quarters Location: _____ Building #: _____ Apartment #: _____

6. Off Post Quarters Address: _____ City: _____ Zip Code: _____

7. Local Home Phone: _____ Sponsor Local Mobile Phone: _____

Spouse Local Mobile Phone: _____

8. Sponsor's AKO e-Mail Address: _____ Other e-Mail Address: _____

9. Spouse's AKO e-Mail Address: _____ Other e-Mail Address: _____

10. Sponsor's Unit (Include Company): _____ Work Phone: _____

10a. Sponsor's Work Position: _____ DEROS: _____

11. Spouse's Place of Work: _____ Active Duty: ☐ No ☐ Yes Work Phone: _____

12. Spouse's Work Position: _____ Work Hours: _____

13. Spouse's Supervisor's Name: _____ Work Phone: _____

14. US Forces (USAREUR) Certification of License

Sponsor License #: _____ Issue Date: _____ Expiration Date: _____

Spouse License #: _____ Issue Date: _____ Expiration Date: _____

15. Please list all Family Member's DoD Identification Cards (Include Full Name, Relationship & Expiration Date)

Last, First & MI Relationship Expiration Date

16. Next of Kin for Sponsor

(If married, spouse is the primary next of kin, therefore please list a secondary in the event that both you and your spouse are involved in an accident.)

<u>Last, First & MI</u>	<u>Physical Address</u>	<u>Phone</u>	<u>Relationship</u>
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17. Next of Kin for Spouse

(If married, spouse is the primary next of kin, therefore please list a secondary in the event that both you and your spouse are involved in an accident.)

<u>Last, First & MI</u>	<u>Physical Address</u>	<u>Phone</u>	<u>Relationship</u>
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18. Children: List all children living with you or not. Please mark with ★ those not living with you. Please include Full Date of Birth with Year.

<u>Last, First & MI</u>	<u>Physical Address</u>	<u>Phone</u>	<u>Birth Date</u>	<u>School</u>	<u>Bus#/Stop</u>
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19. Who is authorized to pick your Children up from School, Day Care or German School?

This individual must be on the access form at the school or day care to pick up the children; you may list more than one person.

<u>Last, First & MI</u>	<u>Physical Address</u>	<u>Phone</u>	<u>Relationship</u>
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20. Pets: Please indicate if pets are aggressive, have health problems or special needs. Please note who is responsible for taking care of your pets (this person should have a key to your residence).

<u>Pet Name</u>	<u>Type of Pet</u>	<u>Color</u>	<u>Feeding Instructions</u>	<u>Vet Information</u>	<u>Boarding Instructions</u>
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21. Who would your Spouse like the unit to contact if he/she or you are in an accident or unavailable to care for self? (These people should be someone local that can pick up your children, care for pets, etc. They must have access to post. Please list more than one person).

<u>Last, First & MI</u>	<u>Physical Address</u>	<u>Phone</u>	<u>Function</u>	<u>Power of Attorney for Children (Guardianship/Temp Custody)</u>
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☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

22. Who would Sponsor like the Unit to contact in the States if Sponsor is involved in an accident? (This can be more than one person).

Last, First & MI

Physical Address

Phone

Relationship

23. If your Spouse is notified of a serious incident, who would he/she like to come support him/her? MUST BE IN COUNTRY

Last, First & MI

Physical Address

Phone

Relationship

24. Please list any special physical, medical (medication), dietetic, food allergies or Religious restrictions that your spouse, children or pets have: (Please indicate for whom)

24a. EFMP Enrolled? ☐ **Who?**

25. Religious Preference - Sponsor: N/A **Spouse:** N/A

26. If applicable, which Chapel or Church do you attend regularly? :

27. What is your local minister's name & phone number?

28. I give my permission for the FRG (Family Readiness Group) to use my CMR Address, e-Mail, and/or Telephone Number(s) for means of information distribution.

Sponsor

Print Rank, Last, First & MI: **Date:**

Sponsor's Signature:

Spouse

Print Last, First & MI: **Date:**

Spouse's Signature:

29. On the back of this sheet, please draw a strip map that describes how to get to your home from Grafenwoehr, Main Gate (Gate 3) or in Schweinfurt from Askren Manor, Main Gate. If you live off-post, you may attach a print out of directions to your home from www.mapquest.com, www.michelin.com or www.adac.de. Please note any relevant landmarks or special directions (such as - the entry door is on the left side of the house).

30. Other Information - On the following sheet, please list any additional information - names, addresses, phone numbers, e-mail addresses or other relevant contact information for spouse/children from #2b.

30. Other Information, Continued

Spouse [Current]

Name (Last, First & MI): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Telephone Number #1 (Include Country Code/Area Code): _____

Telephone Number #2(Include Country Code/Area Code): _____

Other Parent of Children [Not Current Spouse]

Name (Last, First & MI): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Telephone Number #1 (Include Country Code/Area Code): _____

Telephone Number #2(Include Country Code/Area Code): _____

Children [List All @ This Address]

Name (Last, First & MI): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Telephone Number #1 (Include Country Code/Area Code): _____

Telephone Number #2(Include Country Code/Area Code): _____

Children [List All @ This Address]

Name (Last, First & MI): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Country: _____

Telephone Number #1 (Include Country Code/Area Code): _____

Telephone Number #2(Include Country Code/Area Code): _____

Please list any additional information on the back of this form. Thank You!

Accurate telephone number(s) is/are needed to be maintained in the Battalion database for Soldier emergency contact purposes. In the absence of a selection made below, your telephone number(s) will be published on the FRG Phone Rosters.

FRG Rosters are used for official FRG and command business only, the types of phone calls you will receive will be of informational nature. If you receive any other type of call, please contact your FRG Leader, FRL or FRSA. Electing to publish your information should not result in anyone using it for any other purpose.

☐ Publish my name and number on the FRG Phone Roster and contact me. *(Provides timely accurate information and effective assistance)*

☐ Do **not** publish my name and number on the FRG Phone Roster and do **not** contact me. *(No information about unit activities, events, or redeployment. Telephone number(s) will only be maintained in the Battalion database)*

(If married, spouses must print and sign)

Printed Name: _____

Signature: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Soldier's Full Name: _____

Soldier's Rank: _____

Soldier's Social Security Number: _____

Soldier's Date of Birth: _____

Soldier's Place of Birth: _____

Unit Name: _____

Unit Mailing Address: _____

Unit Phone: _____

Immediate Supervisor: _____

Company Commander: _____

Company 1SG: _____

Battalion Commander: _____

Battalion CSM: _____

Rear Detachment Commander: _____

Phone: _____

Family Readiness Group Contact Person: _____

Phone: _____

Family Readiness Support Assistant: _____

Phone: _____

Family Readiness Liaison: _____

Phone: _____

Complete this information and keep it near your home telephone in case of an emergency that requires contacting the deployed Soldier.

RED CROSS NOTIFICATION



When deployed or assigned to a new location send this letter to immediate family members so that they will have an accurate military address for the delivery of American Red Cross Emergency messages. Please ask your family not to give personal information such as Social Security numbers to someone stating they are from the American Red Cross unless the family member has initiated the call and they are certain that they are speaking to someone from the American Red Cross.

SERVICE MEMBER INFORMATION:

Name _____
Last First Middle

Social Security Number _____ Date of Birth _____

Military Unit _____

Branch of Service _____ Rank _____ Enlistment Date _____

The programs of the American Red Cross are made possible by the voluntary services and financial support of the American People.

Call 1-877-272-7337 available 24 hrs/day 365 days/year in the USA
DSN 314-475-1760 / CIV 0641-83-1760 in Grafenwoehr, Germany
DSN 314-354-1760 / CIV09721-96-1760 in Schweinfurt, Germany

In addition, they will request detailed information regarding the nature of the emergency. At a minimum, you will need to know the name and address of the doctor/hospital, plus a statement as to why I am needed. I realize in the case of death or critical illness in the family, you would want to call me directly, but you must also contact the Red Cross to authorize and expedite travel arrangements.

This procedure can be used regardless if I am deployed or at my home station.

Dear _____,

I am now at my new assignment. I want you to know that your local Red Cross Chapter is the agency you should contact if there is an emergency or an urgent problem at home that I need to know about. The Red Cross will need this information to contact me quickly. Please keep it in a safe place where it will be easy to find.

The American Red Cross can quickly communicate with me or my command through their worldwide network and there is no fee for this service.

Signed: _____

Soldier: Complete this information and give to family members.
Spouse: Keep this document near your home telephone in case of an emergency.

RED CROSS INFORMATION

AVAILABLE BY PHONE 24/7/365

If you are in the United States Please contact: Toll Free 24/7/365: 1-877-272-7337 or contact your local Red Cross

Mission Statement

The American Red Cross, a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disasters and help people prevent, prepare for and respond to emergencies.

Emergency Communications

When a military family experiences a crisis, the American Red Cross is there to help – 24 hours per day, 365 days a year. The Red Cross relays urgent messages containing accurate, factual, complete and verified descriptions of the emergency to service members and Department of Defense civilians stationed anywhere in the world, including ships at sea, embassies and remote locations.

Red Cross emergency communication services keep military personnel in touch with their families following the death or serious illness of a family member, the birth of a child or during other family emergencies.

Whether a service member is on a mission, in training, transferring between bases or on a ship at sea, he or she knows that the Red Cross will deliver notification when something important happens at home. Even if the service member receives an email or phone call from home, Red Cross verified information assists commanding officers with making an informed decision regarding emergency leave. *(Without this verification, the service member may not be able to come/go home during a family crisis or help family members who are experiencing a serious illness).*

How to Contact the Red Cross for Assistance:

- Individuals on orders to USAG-Grafenwoehr/USAG Schweinfurt may contact the Red Cross office located on their military installation.
- Active duty service member stationed within the United States and those family members residing with them should call toll-free 877-272-7337.
- Family members who do not reside in the service member's household, members of the National Guard & Reserve, retirees and civilians should contact their local Red Cross chapter, which is listed in their local telephone directory and at <http://www.redcross.org/where/where.html>.
- Active duty service members and Department of Defense civilians stationed overseas, and family members residing with them should call the installation operator for the number of the Red Cross office at their overseas location.

Who can messages be for?

- Immediate family members of sponsor or spouse
- Father/mother (to include step-parent and legal adoptive parent)
- Brother/sister (to include step or half relations)
- Children (includes step-children)
- Person standing in place of a parent
- Only living blood relative
- Grandparents of authorized recipient or spouse
- Grandchild (to include step-grandchildren)
- Fiancé/ fiancée
- Domestic partner
- Common law spouse

Remember to provide the following information when calling the American Red Cross:

- ✓ Full name
- ✓ Rank/rating
- ✓ Branch of Service
- ✓ Social Security Number
- ✓ Military address (the unit to which an individual is attached)
- ✓ Information about the deployed unit and home base unit (for deployed service members)

Procedure/Checklist for obtaining Emergency Leave Travel:

The following are suggested steps that may be taken when a soldier and/or their family are being given emergency leave with funded travel.

1. If an American Red Cross Emergency Communications Message has been received by your unit verifying an emergency has occurred obtain the message number and write it down. If a message has not yet been received, but you have been made aware by a family member of a potential emergency, you may either have your family contact their local American Red Cross office, or you may contact your local American Red Cross office to originate a message.
2. Once the American Red Cross Emergency Communications has been received, go to your commanding officer to request a signed DA Form 31 (Request for Leave form), to be processed through your PAC. A control number and the Red Cross Emergency Communications numbers must be typed on the form. The Regimental Emergency Operations Center (EOC) requires a counseling form from the commanding officer outlining travel and return requirements. (If you have family members traveling with you, their names and passport numbers must be included on the DA Form 31).
3. Take the signed DA Form 31 and counseling statement to the Military Personnel Division or Regimental EOC. A fund site number will be added authorizing your government travel. (NOTE: If traveling with family members, all family members and their passports must accompany the DA Form 31 to the Military Personnel Division or Regimental EOC. For family members traveling without a sponsor, a memo is required from the sponsor's commanding officer stating the family members are command sponsored. The memo may include the Red Cross Emergency Communications number). Regimental EOC will issue travel orders to family members traveling without the sponsor.
4. The completed DA Form 31 should then be taken to the SATO Travel office, where round-trip tickets to CONUS will be issued. Be sure to advise the SATO Travel personnel of the location of your final destination, as they will make all your flight arrangements. (NOTE: The Government will only pay for the travel from Germany to the first port-of-entry. In CONUS and return. From port-of-entry to the end destination (round-trip) will be at your own expense). If your home of record and emergency is located in a country other than CONUS, the Government will pay for your roundtrip ticket from Germany to the capital city of your home country or to the closest international airport.
5. If you require financial assistance for any follow-on travel, take your DA Form 31, estimated flight costs and latest Leave and Earnings Statement (LES) to the Army Emergency Relief (AER) office. (For after-hour financial assistance, contact your local American Red Cross office which will forward you to the Stuttgart After-Hours American Red Cross service, or contact the Stuttgart office direct at DSN 431-2334 or commercial at 07031-15-2334 for guidance).
6. If you do not need financial assistance, but need to notify your family in CONUS of your travel plans and cannot phone direct, please contact the American Red Cross. We would be happy to send a message stating that you are in receipt of your emergency communications message and include your travel plans in our reply message.
7. You are now ready to catch your flight. Do not forget your ID card, passport, DA Form 31 or your flight itinerary and tickets.

These steps are provided by the American Red Cross office to assist you in processing your Emergency Leave smoothly in times of distress. Special procedures may be required after normal duty hours. Please ask the American Red Cross After-Hours worker in Stuttgart for assistance at the aforementioned numbers. Should you need to contact the SATO Travel office after-hours, their number is 800-826-8960.

Other Programs and Services

Disaster Services Volunteer Opportunities

- ❖ What you may do to prepare for a disaster: •Advisory Council
- Get trained •Caseworker
- Have a disaster Plan •Dental Assistant Training Program
- Build a disaster supply kit •Dental Clinic

•Dental Clinic

Health and Safety Programs •Medical Clinic

•Public Relations

- ❖ Babysitter's Training Course (geared towards 11-15 year old) •Special Events
- ❖ Cardiopulmonary Resuscitation (CPR) and First Aid •Veterinary Clinic
- ❖ Wilderness First Aid •Youth Group

Important Document Checklist

Gather the following documentation named in this checklist before a separation. Keep originals and copies of all listed documents in a special container that you can find immediately. A home safe or lock box is suggested. If you are using a safe deposit box, be sure to contact your bank and clarify regulations regarding accessing the safe deposit box.

LOCATION OF CONTAINER:

Family Legal Documents

- ☐ Citizenship/Naturalization papers
- ☐ Marriage license and certificate (multiple copies)
- ☐ Divorce decree(s)
- ☐ Death certificates of deceased family members
- ☐ Passports, Visas (multiple copies)
- ☐ Wills and Living Wills
- ☐ Social security numbers for all family members, including copies of social security cards

Military Documents

- ☐ Military ID cards *for all family members over 10 years of age (certified copies of front and back)*
- ☐ Military orders, including TDY and PCS orders (multiple copies)
- ☐ Command Sponsorship (multiple copies)
- ☐ Emergency Data Card, updated in Military Personnel Record
- ☐ DEERS enrollment information

Power of Attorney Documents

** Multiple copies of each*

- ☐ General (covers everything)
- ☐ Specific
- ☐ Parental
- ☐ Medical

Household/Real Estate Documents

- ☐ Rental Information
 - OAH/BAH (Overseas/Basic Allowance for Housing) documentation
 - Rental agreement
- ☐ Home Ownership documents
 - Deed of Trust
 - General Warranty Deed with Lien attached
 - Appraisal
 - Survey
 - Real estate documents. Copies of all documents relating to rent or ownership of land. Documents relating to lease, mortgage, deed, or promissory note
- ☐ Inventory of household items
- ☐ Review of Cell Phone Contracts

Insurance Documents

** Note expiration dates, if applicable.*

- ❑ TRICARE enrollment information
- ❑ SGLI (Service members' Group Life Insurance) policy
- ❑ Additional life insurance policies
 - Include name, policy numbers, address, and phone number of insurance companies.
- ❑ Declaration of Beneficiaries (DD Form 93), *multiple copies*
- ❑ Automobile insurance

Automobile

Secure the following documents for each vehicle you own, including cars, trucks, vans, SUVs, boats, trailers, motorcycles, and other automobiles:

- ❑ Title or lien
- ❑ Registration
- ❑ Insurance card
- ❑ Drivers License information (Copies of front and back)

Children

- ❑ Court orders pertaining to child support or child custody
- ❑ Adoption papers
- ❑ Birth certificates
- ❑ Guardianship papers
- ❑ Medical records, including immunization record
- ❑ School transcripts and report cards

Veterinarian

- ❑ Rabies certificate for all pets
- ❑ Medical history, including immunization records

Financial Records

- ❑ LES (Leave and Earnings) statements
- ❑ Bank records
 - Checking account numbers
 - Savings account numbers
- ❑ Savings Bond information
- ❑ Credit Card information
 - Credit Card Company
 - Company address, phone number, email addresses, website address
 - Name on credit card
 - Credit card number, including security code, if applicable
 - Expiration date
- ❑ Tax records, *for current and previous years*
- ❑ List of all savings bonds and stocks
- ❑ Copies of all installment contracts and loan papers
- ❑ Allotments updated with correct amount, name, address and account

Financial Information Checklist

BILL INFORMATION SHEET

Bill	Company	Monthly Payment	Account Number	DUE Date
Rent/Mortgage				
Electricity				
Water				
Gas				
Telephone				
Cellular Phone				
Internet				
Credit Card 1				
Credit Card 2				
Car payment				
Insurance payment				
Loan payments				
DPP/PX layaway				
OTHER				
OTHER				
OTHER				

FINANCES

Utilize the following checklist to determine areas needing adjustment or explanation before deployment.

MONEY CHECKLIST FOR SPOUSES <i>Answer the following questions to ensure that the spouse is comfortable with financial responsibilities during deployment:</i>	YES	NO
Do you have a joint checking account?		
Are direct deposits going into the joint account?		
Will your bank accept Power of Attorney?		
Do you know how to make a deposit into your account?		
Do you know how to balance your checkbook?		
Do you know how to read your bank statement?		
Do you know how to read your LES (Leave and Earnings Statement)?		
Do you of Power of Attorneys for your LES?		
Do you know how to write checks?		
Do you know how to order more checks?		
Do you know what your service charges are?		
Do you know what 'minimum balance' means?		

If you answered "NO" or "I'm not sure" to any of these questions, call ACS (Army Community Services) DSN 485-8188 and set up an appointment with the Consumer Affairs/Financial Assistance Program manager or your Soldier's Unit Command Financial Specialist (CFS).

Sample Budget/Monthly Financial Sheet

Income:

Base Pay	\$ _____
BAH (Basic Allowance for Housing)	\$ _____
Separate Rations	\$ _____
BAS (Basic Allowance for Subsistence)	\$ _____
Other Allowances	\$ _____
Other Income	\$ _____
	\$ _____ Total

Deductions:

Federal Withholding Tax	\$ _____
State Withholding Tax	\$ _____
FICA Tax	\$ _____
Insurance (SGLI)	\$ _____
GI Bill	\$ _____
Government debt payment	\$ _____
AER/Red Cross loan payment	\$ _____
Contributions	\$ _____
Allotments	\$ _____
	\$ _____ Total

Available income (income minus deductions) **\$ _____**

Expenses:

Rent	\$ _____
Gas	\$ _____
Water	\$ _____
Electricity	\$ _____
Phone	\$ _____
Food	\$ _____
Clothing	\$ _____
Personal items (toiletries, etc.)	\$ _____
Car	\$ _____
Gasoline	\$ _____
Insurance	\$ _____
Newspapers/books/magazines	\$ _____
Credit Cards	\$ _____
Car insurance	\$ _____
DPP, PX lay away	\$ _____
Recreation	\$ _____
Children's allowances	\$ _____
Gifts	\$ _____
School costs	\$ _____

Net income (available minus expenses) **\$ _____ Total**

TRICARE Overseas Information

Enrolling in TRICARE when you arrive in Europe is fairly easy. Soldiers and accompanying family members basically enroll automatically by attending the regular in-processing briefings and completing the presented forms. If you have family members who arrive later, you actually have to stop by the Health Clinic's TRICARE Enrollment Office to enroll them in TRICARE Prime Overseas.

But what does TRICARE do for you and what do you have to do to benefit from TRICARE services?

When Soldiers need medical attention for a non-acute health issue (that is, anything not related to life, limbs or eyes), they report to sick call, each morning from 6:30 to 7 a.m. When family members need an appointment for a non-acute health issue, they have two choices, either they call the Health Clinic, starting at 7 a.m., or they book an appointment online by visiting www.TRICAREonline.com. Once registered online, the beneficiaries access a calendar and flexibly book an appointment themselves.

However, not all treatments and services are performed at the Health Clinic and seeing a host nation provider might be necessary. To receive such an appointment, patients have to follow a specific process. First the patient has to see a care provider at the Health Clinic, who issues a referral for civilian medical care. Then the patient has to fill out a TRICARE Claim Form and a contact information sheet.

Schweinfurt TRICARE Service Center at DSN 354-6638 or CIV 09721-96-6638.

Grafenwoehr TRICARE Service Center at DSN 475-475-7420 or CIV 09641-83-7420

TRICARE Overseas

<http://www.tricare.mil/tma/EurasiaAfrica/>

TRICARE Overseas Program Handbook

http://www.tricare.mil/tma/EurasiaAfrica/download/2010/TOP_HB_082410.pdf

Grafenwoehr Army Health Clinic

<https://ermc.amedd.army.mil/grafenwoehr/>

Schweinfurt Army Health Clinic

<https://ermc.amedd.army.mil/schweinfurt/>

Host Nation Health Care Guide

<https://ermc.amedd.army.mil/schweinfurt/HNguide/index.cfm>

Health Care Cheat Sheet

Grafenwoehr Army Health Clinic

Health Clinic Information:

Hours of Operation: Mon.-Wed. 7:30 a.m. – 5 p.m., Thurs: 8 a.m. - 5 p.m., Friday 7a.m. - noon

Lunch Hours: Mon.-Thurs. 12:30-1:30 p.m. - Lab, pharmacy, radiology, immunizations and medical readiness are closed for lunch.

Training Holidays: 9 a.m. - 3 p.m.

Sick Call Hours: Mon., Tues., Wed. and Fri. 6:30-7:30 a.m., Thurs. 12:30 - 1:30 p.m.

Appointment Line: DSN 475-7152, CIV 09641-83-7152

My Primary Care Manager is: _____

Behavioral Health Appointments: DSN 475-8393, CIV 09641-83-8393

TRICARE Service: DSN 475-7424/7420/8589, CIV 09641-83-7424/7420/8589

Patient Advocate: The patient advocate acts on behalf of the clinic commander regarding problems experienced before, during or after a patient's visit to the facility. To reach the patient advocate, call DSN 475-5622, CIV 09641-83-5622 or email GrafenwoehrPatientAdvocate@amedd.army.mil.

TRICARE Nurse Advice Line: Speak with a registered nurse 24 hours a day, seven days a week by calling this toll-free number: 00800-4759-2330. The nurse can answer your health-related questions, recommend a course of action and schedule an appointment for you at the clinic.

TRICARE Online: To schedule your medical appointments online, visit www.tricareonline.com. Once you've registered, you have the ability to schedule your appointments 24 hours a day, seven days a week.

Medical Emergencies

A medical emergency is anything that threatens life, limb or eyesight. If you have a medical emergency go immediately to the nearest emergency room or call an ambulance.

Ambulance: 19222

Military Police: DSN 114 or 09662-8969

Host Nation Hospitals:

Klinikum Weiden Klinikum Eschenbach

Sollnerstrasse 16, 92637 Weiden Jahnstr. 18, 92676 Eschenbach

0961-3030 09645/85 ext. 0

TRICARE ISOS: In a medical emergency, go straight to a Host Nation emergency room. Once you've checked in, please call the TRICARE Eurasia-Africa Call Center to apprise them of your situation. The center is available 24 hours a day and can also provide medical assistance. Toll-free: 0800-1818505.

Host Nation Patient Liaison Services: Patient liaisons are available to help patients in emergency and inpatient situations. They can assist with translating and will visit the patient each day they're in the hospital. There is a patient liaison on-call 24 hours a day, seven days a week. In emergency situations, it's especially important to call so they can report to the clinic and potentially the chain of command that you're being treated in a Host Nation hospital.

HNPLs during duty hours (M-F 8 a.m. - 5 p.m.): DSN 475-7424, CIV 09641-83-7424

After hours: Call the MP station at 09662-8969. Services are available 7 days a week.

Sexual Assault: If a person is sexually assaulted during normal duty hours, he or she can walk into their local health clinic and receive immediate care. After duty hours, the person should contact their local victim advocate, chaplain or military police. In turn, they will contact the sexual assault response coordinator who will then contact the closest sexual assault medical team.

For more, visit the clinic's website at: <https://ermc.amedd.army.mil/grafenwoehr/index.cfm>

Health Care Cheat Sheet

Schweinfurt Army Health Clinic

Health Clinic Information:

Hours of Operation: Monday-Thursday 8 a.m. – 4:30 p.m., Friday 7:30 a.m. - noon

Sick Call Hours: Monday-Thursday 6:30-7 a.m.

Appointment Line: DSN 354-7901, CIV 09721-96-7901

My Primary Care Manager is: _____

Behavioral Health Appointments: DSN 354-3261 CIV 09721-96-3261

TRICARE Service: DSN 354-6687, CIV 09721-96-6687

Patient Advocate: The patient advocate acts on behalf of the clinic commander regarding problems experienced before, during or after a patient's visit to the facility. To reach the patient advocate, call DSN 354-6722, CIV 09721-96-6722 or email SchweinfurtPatientAdvocate@amedd.army.mil.

TRICARE Nurse Advice Line: Speak with a registered nurse 24 hours a day, seven days a week by calling this toll-free number: 00800-4759-2330. The nurse can answer your health-related questions, recommend a course of action and schedule an appointment for you at the clinic.

TRICARE Online: To schedule your medical appointments online, visit www.tricareonline.com. Once you've registered, you have the ability to schedule your appointments 24 hours a day, seven days a week.

Medical Emergencies

A medical emergency is anything that threatens life, limb or eyesight. If you have a medical emergency go immediately to the nearest emergency room or call an ambulance.

Ambulance: 19222

Military Police: 09721-96-6708 or 09721-96-117

Host Nation Hospitals:

Leopoldina Krankenhaus St Josef Krankenhaus

Gustav-Adolf Str. 897422 Schweinfurt Ludwigstrasse 1 97421 Schweinfurt

09721-7200 09721-57-1500

TRICARE ISOS: In a medical emergency, go straight to a Host Nation emergency room. Once you've checked in, please call the TRICARE Eurasia-Africa Call Center to apprise them of your situation. The center is available 24 hours a day and can also provide medical assistance. Toll-free: 0800-1818505.

Host Nation Patient Liaison Services: Patient liaisons are available to help patients in emergency and inpatient situations. They can assist with translating and will visit the patient each day they're in the hospital. There is a patient liaison on-call 24 hours a day, seven days a week. In emergency situations, it's especially important to call so they can report to the clinic and potentially the chain of command that you're being treated in a Host Nation hospital.

HNPLs during duty hours (M-F 8 a.m. - noon, 1- 4:30 p.m.): DSN 354-7016, CIV 09721-96-7016

After hours: Call the MP station at 09721-96-6708 or 09721-96-117, 7 days a week.

Sexual Assault: If a person is sexually assaulted during normal duty hours, he or she can walk into their local health clinic and receive immediate care. After duty hours, the person should contact their local victim advocate, chaplain or military police. In turn, they will contact the sexual assault response coordinator who will then contact the closest sexual assault medical team.

For more, visit the clinic's website at: <https://ermc.amedd.army.mil/schweinfurt/index.cfm>

Medical Checklist

The following checklist is designed to assist the Soldier and his/her family in the event of training or contingency deployments. Both the Soldier and the spouse need to go through these checklists together and review these lists at least annually.

Medical questions for all family members:	YES/NO
Are all family members enrolled in DEERS?	
Are all family members enrolled in TRICARE?	
Do you know Army policy on dental care?	
Are all health and dental records for each family member easily located? Where are the records located?	
Are all immunizations (shots) for each family member up-to-date?	
Do you have family members with special needs? (For example: disability, pregnant, broken bones) Please list special needs:	
Do any of your family members have allergies? Please list allergies:	
Is the unit commander and FRG Leader aware of any family medical issues?	

HOUSING INFORMATION

*If you are waiting for on-post housing, ensure that the sponsor fills out the necessary paperwork authorizing the spouse to sign for on-post housing, should it become available during the sponsor's absence

	LOCATION
Electrical control box (fuse/circuit/breakers)	
Water control valve (for shutting off in case of emergencies -- broken or leaking pipes, freezing water, etc.)	
Gas Control valve (for shutting off in case of emergencies -- leaking gas, fire, etc.)	
Name/Phone numbers of: Electrician: Plumber: Housing Office:	
Set of duplicate keys for: Home: Storage units, mailbox, etc.:	

Self Help Service Center

Purpose: The Self Help program is implemented to allow military Personal and Family Housing Occupants to improve Quality of life (QOL) through their own initiative.

Goal: Is to provide community members a basic knowledge of minor maintenance and repair task on plumbing & electrical systems, carpentry & landscaping, and availability of loan tools, equipment and supplies needed to accomplish them.

Entitlement: All military, Civilian, Family members who occupy government owned, leased or GRPH housing units.

Private rental housing occupants, soldiers or civilians, are not authorized to use the Self Help store full service.

(Private rental occupants are authorized the use of Self Help for non-expendables, i.e. power tools, lawnmowers and carpet cleaner. **Equipment must be returned after 3days**)

Issue procedures: An account and customer record must be established in the Self Help computer system before any material or equipment can be issued. Setting up an account is easy, just stop by your local Self Help Facility with your military ID Card.

Grafenwoehr

Bldg. 394

Telephone: DSN 475-6331 or CIV 09641-83-6331

Operating Hours:

Monday- Wednesday, Friday from 09:00 to 15:45 hrs,

Thursday from 10:00 to 17:00 hrs

Saturday from 08:00 to 14:00 hrs

Closed on German holidays

*Schweinfurt

Ledward Barracks, Bldg. 252, 2nd Floor

Franz-Schubert-Strasse 3

97421 Schweinfurt

DSN 354-6853 or CIV 09721-96-6853

email: **om-usag-schweinfurt-dpw@eur.army.mil**

Operating Hours:

Monday: 0800-1300 & 1400-1600

Tuesday: 0800-1300 & 1400-1600 (Self Help Program class at 1300

Wednesday: 1000-1300& 1400-1600

Thursday: 1000-1300 & 1400-1600

Friday: 0800-1300 & 1400-1600

Closed American holidays

*** To use this program you must attend a SELF-HELP Class. Classes are held every Tuesday from 1300-1400.**

AUTOMOBILE MAINTENANCE CHECKLIST

Complete and review the following information for each vehicle you use. Discuss possible issues and become familiar with routine maintenance schedule.

Family Driver License Information

	Full Name	License #, State	Expiration Date
Driver 1			
Driver 2			
Driver 3			
Driver 4			

* If family members are NOT licensed to drive, arrange for transportation (bus, taxi, etc.) and plan for this in your budget.

Automobile Insurance Information

- Insurance Company _____
- Policy Number: _____
- Expiration Date: _____
- Deductibles: _____

Automobile Data

- Make: _____ Model: _____ Year: _____ Vehicle ID# _____
- License plate #: _____ State: _____ Expiration: _____
- Warranty: Yes/No Location: _____
- Car title: Yes/No Location: _____
- Car registration: Yes/No Location: _____
- Spare keys: Yes /No Location: _____
- Inspection expiration date: _____ Where to have it inspected: _____
- Gasoline: ____ Unleaded ____ Leaded ____ Premium ____ Diesel
- Battery type: _____ Brand _____
- Warranty: Yes/No Location: _____
- Tires make/brand: _____ Size _____ Pressure _____
- Oil brand _____ Weight _____
- Sparkplug brand: _____ Type/Size _____

Automobile Maintenance Schedule

1. Major servicing to be performed at:

Company Name: _____

Address: _____

Phone Number: _____

Website address or Email addresses: _____

Contact person: _____

2. Oil filter change/lubricant: _____

3. Tune up

Next scheduled date: _____ Approximate Mileage _____

Where: _____

Remarks/Instructions:

4. Tire balancing, rotation, front-end alignment

Next scheduled date: _____ Approximate Mileage _____

Where: _____

Remarks/Instructions:

Emergency Repairs

This is a list of suggested checks and repairs to learn:

Know what to do in case of:

- Flat tire
- Overheating
- Dead battery
- "Check Engine" light

Know how to check:

- Oil level in the car
- Tire pressure
- Car thermostat

PRE-DEPLOYMENT To Do and Discuss Checklist	Date Completed
MEDICAL CHECKLIST	
Update immunizations for each family member	
Know location of all health and dental records for each family member	
Notify your commander of family members with special needs	
Know the Army policy on dental care	
Verify enrollment of all family members in DEERS	
Verify enrollment of all family members in TRICARE	
IMPORTANT DOCUMENTS	
Organize all Important Documents; know exact location of all documents	
Complete an Inventory of household goods	
FINANCIAL OBLIGATIONS	
Arrange family budget	
Understand how to pay each bill, where to send or drop off each payment	
Organize all payments into a payment calendar – when each bill is due	
AUTOMOBILE	
Identify and resolve problem areas with cars, household or appliances	
Service all vehicles (oil change, tire rotations, inspection stickers, etc.)	
Complete “Car Maintenance Checklist”	
INSTALLATION INFORMATION	
Understand available emergency services (EFMP, AER, Red Cross, etc.)	
Explain the moving of household goods	
Know location and function of Red Cross	
Know location and function of Army Community Service	
Know location and function of JAG (Judge Advocate General)	
PERSONAL	
Update current addresses and telephone numbers of family members	
Update personal telephone directory; important/emergency information	
Conduct safety check of the home	
Inform family members/close friends of deployed Soldier's address	
Explain how to contact Soldier in case of an emergency	
Secure an extra set of keys to house, car, mailbox, etc.	
Inform Next of Kin of their rights, benefits, and assistance	
Prepare a plan for regular communication during the deployment	
Prepare children for upcoming deployment	
Prepare video or photos to keep	

Information on Power of Attorney (POA)

General Power of Attorney:

BEFORE MAKING A GENERAL POWER OF ATTORNEY, READ THIS CAUTION:

Making a General Power of Attorney (GPOA) is an important action with serious consequences. Your GPOA gives someone else the legal authority to act on your behalf — to do **anything** that you could do. With a GPOA, your agent can (for example) rent or buy a house with your money, borrow money that you must repay, sell your car, sue someone for you, or remove all funds from your bank account. Your agent can legally bind you. While a GPOA can be very helpful, it can also be very dangerous.

Regarding using a GPOA, consider:

- Limit the power you give away to only that necessary. If you need someone to perform only specific tasks for you, then you don't need a GPOA. Get a *Special* Power of Attorney — one that will authorize your agent to perform only those specific tasks. JAG can help you prepare one.
- Limit the duration of your Power of Attorney to no longer than 1 year or a shorter period. Don't set the expiration date longer than you will need your agent's services, and don't give the Power of Attorney before it will be needed.
- Make sure your agent is someone you can trust. If you lose trust in your agent, talk with a legal assistance attorney about *revoking* your Power of Attorney.
- Don't hesitate to talk to a legal assistance attorney if you have any questions.
- General POA is not accepted for any military affairs or for bank transactions.

Special Powers of Attorney:

With a 'special' Power of Attorney, you can give someone else the authority to:

- Obtain military ID card
- Withdraw funds from bank account
- Pay bills
- Obtain AER loan
- Sell house
- Sell vehicle
- Use vehicle
- Register vehicle
- Sign lease/terminate agreement
- Enroll dependents in DEERS and TRICARE
- Appoint a guardian
- Authorize medical treatment
- File taxes

- Cash income tax refund check
- Purchase/refinance real property
- Clear/accept on-post housing
- Ship household goods
- Ship vehicle
- Receive household goods
- Store household goods
- Store vehicle
- Remove vehicle from storage
- Pick up LES
- File household goods claim
- Cash/write checks
- Start/change/stop allotments
- Create a custom POA

Legal Assistance Contact Information

Grafenwoehr: Bldg. 106 (across from Bank of America) Monday- Friday 0900-1130 and 1300-1600.

DSN: 475-7114 or CIV: 09641-83-7114.

Schweinfurt: Bldg. 1, 3rd floor, Monday- Friday 0900-1130 and 1300-1600.

DSN: 353-8384 or CIV 09721-96-8384.

FA

* Walk-ins for notaries and appointments only for attorneys. Powers of Attorney (PoA), notarizations etc. are provided on a walk-in basis.

SAMPLE POWER OF ATTORNEY APPLICATION:



POWER OF ATTORNEY APPLICATION

PRIVACY ACT STATEMENT: Information is solicited in accordance with Title 10, US Code Section 3013, and is used to prepare a Power of Attorney (POA). Providing information is voluntary; however, failure to provide information precludes the preparation of a power of attorney.

Your Name (First, MI, Last) _____ Rank _____ SSN _____ POA Expiration Date (Usually one year) _____

Do you want a "Durable" POA that will be effective even if you become incapacitated or incompetent? ☐ Yes ☐ No

If you are a military member and do not want your POA to remain in effect if you become a prisoner of war or are declared missing? ☐ Yes ☐ No

Do you want this POA to become effective the day that you sign it or do you want it to become effective only if you become disabled, incapacitated, or incompetent? ☐ Now ☐ Upon my disability

State of Domicile/Legal Residence: _____ Will this Power of Attorney be used in Texas? ☐ Yes ☐ No

Name of Person Receiving POA (Your Agent) _____ Complete Address _____

TYPE OF POWER OF ATTORNEY: ☐ General Power of Attorney ☐ Special Power of Attorney

☐ Special Power of Attorney: check one or more of the items below.

Claims/Financial Transactions: ☐ Cash checks, etc. (Check with your bank or financial institution to see if they have their own form) ☐ File claims/receive payments Allotments: ☐ Start ☐ Stop ☐ Change Amount: _____

☐ Receive LES ☐ Obtain Service Relief ☐ Bank Name/Address: _____ Account Number: _____

Government Quarters: ☐ Government Quarters ☐ Private Address: _____

Household goods/personal property: ☐ Receive ☐ Ship

Real Property: ☐ Buy/Mortgage ☐ Refinance ☐ Sell ☐ Manage ☐ Lease your house ☐ Lease new property

LOCATION OF PROPERTY _____

LEGAL DESCRIPTION OF PROPERTY _____

Vehicle: ☐ Purchase, title, register, etc. ☐ Sell ☐ Buy ☐ Lease ☐ Receive

YEAR/MAKE/MODEL _____ VEHICLE IDENTIFICATION NUMBER _____

Child Care: ☐ Medical only ☐ Temporary custody/care/loco parentis/Education enrollment

CHILD(REN)'S NAMES and DOB _____

CHILD(REN)'S NAMES and DOB _____

Other: To (Insert Description) _____

WILL QUESTIONNAIRE WORKSHEET

WHAT IS A WILL? A will is a legally effective declaration of a person's wishes as to the disposition of his/her property upon his/her death. It must be executed with the formalities required by statute. The provisions of wills do not take effect until after the death of the maker. A will never disposes of the proceeds of insurance policies with named beneficiaries, nor does it dispose of some items of property which are held under various forms of special ownership, such as joint tenancy with a right of survivorship, or tenancy by entirety. In a will, you will designate an executor/trix, and if minor children are involved, a guardian (see definitions below). It is important that you contact the prospective executor/trix and guardian prior to the preparation and execution of the will to ensure that he/she/they is/are willing to accept the position.

WHO IS THE BENEFICIARY? Anyone to whom the maker of a will (testator/trix) leaves a portion of his/her property.

WHAT DOES BEQUEATH MEAN IN A WILL? To give personal property by will.

WHAT IS A BOND? Money put up by a guardian or executor to insure against loss occasioned by their negligence or theft.

WHAT IS DOMICILE? A person's permanent home. The place to which, whenever he/she is absent, he/she has the intention of returning. You can have more than one residence, but you can only have one domicile. Your intent, voting, paying taxes, registering automobiles, obtaining a driver's license, and location of assets are factors considered in determining domicile. For military members, your domicile is often your legal residence (e.g., your home of record), not the place you are currently living.

WHAT IS AN ESTATE? All property, real and personal, in which a person has an interest, such as money, savings accounts, stocks, house, furniture, insurance policies, etc.

WHAT DOES RESIDUARY ESTATE MEAN? Residuary is a derivative of the word "residue." It means what is left over. Your residuary estate is the portion of your estate that is left over when everything else is disposed of.

WHAT DOES EXECUTION MEAN? To validate a will by correctly signing it and having it witnessed.

WHO IS THE EXECUTOR/EXECUTRIX? The person named in a will to carry out the wishes expressed in the will. An Executor is male; an Executrix is female. Upon the death of a maker of a will, the Executor/trix must take the will to the proper court for probate. Once the court accepts the will as valid, the court officially appoints the person as Executor/trix. An Executor/trix may be entitled to compensation for his/her services. Individuals serving in this capacity serve subject to court approval. While most courts follow the desires of the Testator/trix in his/her will, they are not bound to do so. A bond may be required of an Executor/trix. In some states the term "Personal Representative" means the same thing as Executor/trix.

WHO IS A GUARDIAN? One who is responsible for caring for the person and/or property of a minor child. Individuals serving in this capacity serve subject to court approval. While most courts follow the desires of the Testator/trix in his/her will, they are not bound to do so. Courts can require guardians to post a bond.

WHO IS THE TESTATOR/TESTATRIX? You, the person making the will. A Testator is male; a Testatrix is female.

WHAT IS PERSONAL AND TANGIBLE PROPERTY? Property which is moveable.

WHAT IS A PROBATE? A court proceeding where the Executor/trix seeks to establish a will as genuine, settle all the debts of an estate, and distribute the property in the estate to the heirs according to the wishes of the will maker as expressed in the will.

WHAT IS A PROBATE ESTATE? The portion of an estate that requires court supervised administration to effect transfer of title. It does not include property transferred at the time of a person's death by other means, such as property held as joint tenants with right of survivorship, or life insurance paid to a designated beneficiary. For tax purposes, all property which the decedent owned or in which he/she had an interest, may be included in the taxable estate, although some of it is not within the probate estate.

WHAT IS REAL PROPERTY? Property that has a fixed location, such as land or a house.

SECTION 1 - PERSONAL INFORMATION:

- a.) Name (first, middle, last, maiden): _____
- b.) Social Security Number: _____
- c.) Current address: _____

- d.) Home telephone: _____ Work telephone: _____
- e.) Are you a U.S. citizen? ____ yes ____ no If no, legal status _____
- f.) Your state of legal residence: _____
- g.) Valid email address: _____
- h.) Client Category (Please check one)
____ SVC MBR ____ FAM MBR ____ RET SM/FM ____ DOD CIV/FM ____ OTHER
- i.) Pay Grade of Client or Sponsor _____ Branch of Service of Client or Sponsor _____
- j.) Spouse's Name (first, middle, last): _____
- k.) Spouse's Address (if different from yours):

- l.) Spouse's Home Telephone: _____ Spouse's Work Telephone: _____
- m.) Is your spouse a U.S. citizen? ____ yes ____ no

Marital Status:

- ____ Married once, and my spouse is alive.
- ____ Presently married, and had a prior marriage (previous spouse is deceased or divorced).
- ____ Widow/ widower

_____ Divorced, not presently married.(If divorced, please list your former spouse's name here:

_____ Single, never married.

NOTE: If both you and your spouse will be seeing the same attorney for your wills, you will both need to read and complete Appendix B.

Children:

If you have adopted children or stepchildren, do you wish to treat them as natural children?

_____ yes _____ no

Child's Full Name	Age	Biological?	Adopted?	Stepchild?	Special needs?

SECTION II – DISPOSITION OF YOUR ESTATE:

Value Of Your Estate:

To determine what type of will is appropriate for you, you need to provide a rough estimate of the value of your estate. Please fill out the Financial Information Worksheet attached.

Estimated value of all assets from Worksheet: \$ _____

Real Estate:

If you own real estate, how do you wish to give your real estate? (Check one of the 1-5 numbered choices below and answer any applicable questions.)

1. _____ All to my spouse, if spouse survives me.

a. If your spouse predeceases you, how do you wish to give your real estate?

i. _____ to alternate beneficiary(ies)

Beneficiary name(s) and relationship to you: _____

ii. _____ to pass with the rest of my estate

2. _____ To one or more beneficiaries.

a. _____ All real estate to all my children.

b. _____ All real estate to one beneficiary.

Beneficiary name and relationship to you: _____

If the beneficiary does not survive you, do you want the real estate:

_____ to pass to an alternate beneficiary;

Alternate name and relationship to you: _____

_____ to pass with the rest of my estate

c. _____ All real estate to more than one beneficiary:

First beneficiary name and relationship to you: _____

Percentage share: _____

Second beneficiary name and relationship to you: _____

Percentage share: _____

Third beneficiary name and relationship to you: _____

Percentage share: _____

Fourth beneficiary name and relationship to you: _____

Percentage share: _____

How are multiple beneficiaries to take title?

_____ Tenants in common

_____ Joint tenants with right of survivorship

_____ Tenant by the entireties (if beneficiaries are husband and wife)

If any of these beneficiaries do not survive you, how will the deceased beneficiary's share be given?

_____ to pass to the other beneficiaries

_____ to pass to the beneficiary's issue, per stirpes

_____ to pass to such persons that the beneficiary names by will

_____ the legacy shall lapse and pass as part of the residuary

_____ silent with regard to the beneficiary (where the beneficiary is not an individual)

d. _____ Different properties to different people: (name the beneficiary(ies) and the property(ies) they will receive. _____

e. _____ As part of my residuary estate (rather than being separately devised)

3. _____ **To pass with the rest of my estate (or to fund a credit shelter trust)**

4. _____ My home to my spouse and the rest of my real estate to pass with the rest of my estate.

a. If your spouse predeceases you, how do you wish to give your real estate?

i. _____ to alternate beneficiary(ies)

Beneficiary name(s) and relationship to you: _____

ii. _____ to pass with the rest of my estate.

5. _____ My home to my spouse for as long as my spouse lives there and then my home and the rest of my real estate to pass with the rest of my estate.

Personal Effects And Tangible Personal Property:

You may elect to make specific gifts of tangible personal property to specific people or charities in your will. However, specific bequests may complicate the probate of your estate if the property given cannot be found at your death. Many states also allow you to make a “personal memorandum,” in which you can give specific items of tangible personal property to named beneficiaries in a separate writing. While in most states memorandum gifts are not legally binding, your executor will give these gifts as much weight as state law allows. Such a memorandum is binding in Virginia.

How do you wish to give your personal property? (Check one of the 1-4 numbered choices below and answer any applicable questions.)

1. _____ All to my spouse, if my spouse survives me

2. _____ Specific items are to go to specific individuals, with all items not listed passing to my spouse. (Please use the attached Personal Property Memorandum to list items, beneficiaries, and relationship to you.)

3. _____ Specific items are to go to specific individuals, with all items not listed passing with the rest of my estate. (Please use the attached Personal Property Memorandum to list items, beneficiaries, and relationship to you.)

4. _____ To pass with the rest of my estate.

Monetary Bequests:

You may elect to make specific gifts of cash to specific people or charities in you will. However, these bequests will be distributed first and may deplete your estate. Therefore, if you make any specific bequests, you should only give amounts of cash that you are reasonably sure you will possess at the time of your death. If you make no specific bequests, all of your money will pass to your beneficiaries in the order you have designated.

a.) Do you wish to make any specific bequests of money in your will? _____ yes _____ no

b.) If yes, please list the name and relationship of each beneficiary and the amount of each bequest:

Residuary Estate:

The residuary estate is whatever property remains in your estate after debts and expenses of administration have been paid, and any specific bequests have been paid. Because many people do not make specific bequests, "residuary estate" usually describes all the property that you will leave to your beneficiaries.

a.) To whom do you want to leave your residuary estate?

_____ All to my spouse if he/she survives me, and if not, then to my children and issue.

_____ A minimum bequest to my spouse, disinheriting him/her to the fullest extent of the law, with the remainder going to some other person(s).

_____ All to one specific beneficiary other than my spouse.

_____ To more than one beneficiary.

_____ All to my children

b.) If you have more than one beneficiary, are they:

_____ Specific people who are to share equally.

_____ A group of people described as a class (e.g., "my brothers and sisters") who are to share equally.

_____ Some other unequal division between the beneficiaries (e.g., 50% to one beneficiary and 25% each to two others).

_____ Some other arrangement (please explain): _____

c.) If any of your beneficiaries is a minor, at what age do you want them to receive their gift?

_____ 18

_____ 21

_____ Some other age (please indicate the age): _____ (NOTE: Selecting an age greater than 21 will likely require the creation of a trust, which will cause your estate to incur additional expenses for the administration of the trust. These expenses would therefore diminish the amount available for your beneficiaries.)

10.) EXECUTOR:

The executor (or in some states, "personal representative") is the person who makes sure your estate is settled upon your death. This ordinarily involves going through probate, which is a court-administered procedure for settling an estate. Probate involves petitioning a court for letters of appointment, settling creditor claims, finding and distributing assets, and filing any necessary tax returns. Any adult may serve as your executor, although many states prefer or require an executor who is a legal resident of the state where probate is conducted. Therefore, if possible, you should select family members or responsible friends who are residents of the same state you claim as your legal residence or the state where you own real estate.

Whom do you wish to have as your executor?

_____ My spouse.

_____ My spouse and a co-executor. (This option is not usually recommended because conflicts can arise between the executors that will complicate the administration of your estate.)

_____ My spouse and a successor executor. (The successor will act only if your first choice is unable to act as your executor.)

_____ One executor other than my spouse.

_____ Two co-executors, neither of whom are my spouse.*

_____ One executor and a successor executor, neither of whom are my spouse.**

List the name of the person who will be your primary executor (first, middle, last) and their relationship to you:

List the name of your alternate executor (first, middle, last) and their relationship to you:

11.) **GUARDIAN:**

If your children are minors at the time of your death and if the other natural parent of the children is not alive or for any reason cannot act as guardian, the court will normally appoint the person(s) you name below to act as legal guardian(s) of the children. Generally, the individual(s) named below will have physical control and custody of the children until they reach age 18.

If you are divorced, keep in mind the court will ordinarily appoint your former spouse to be the guardian (as the children's other natural parent), notwithstanding your direction here. You should still select a guardian, however, in case your former spouse predeceases you or for any reason cannot act as the children's guardian.

Note that in many states you may leave a separate writing with your will, typically called a “letter of instruction,” in which you give specific directions to your Executor/Executrix to include information regarding the upbringing of your children. While this instruction is not legally binding in most states, your Executor should try to comply with your desires to the extent allowed by law.

Do you wish to appoint:

_____ One guardian for any child when I die.

_____ One guardian and a successor guardian.

_____ Two co-guardians

_____ No guardian is to be appointed under this will.

What is/are the name(s) and relationship to you of your primary Guardian(s) (first, middle, last)?

Who is/are your alternate Guardians (first, middle, last) and their relationship to you?

12.) DISTRIBUTION OF ESTATE TO CHILDREN:

a.) With regard to minors who may inherit under your will, do you want their gifts to be:

_____ Paid at the election of the executor (the executor may pay the child some or all of the gift, at various times, as the executor sees fit, even though the child is a minor).

_____ Held in trust until the child is no longer a minor.

b.) Hypothetically speaking, if you were to have stepchildren or adopted children, would you want to:

_____ Expressly include them in your will (treat them the same as natural children).

_____ Expressly exclude them from your will.

_____ Have the will remain silent as to stepchildren and adopted children.

c.) Is any child of yours in fact a stepchild or adopted child? _____ yes _____ no

13.) TRUSTS (OPTIONAL):

Instead of giving your estate directly to a beneficiary, you may elect to give your estate to a person designated as a trustee, to hold IN TRUST, for the benefit of your beneficiary/ies until he/she/they reach(es) the age you designate. The trustee will manage the trust under court supervision. Although the trustee's primary purpose is to safeguard the inheritance, the money can also be used for any beneficiary's health, education, welfare, or maintenance, at the trustee's discretion. Also, you may create a trust that "pools" your estate. Through pooling, your estate and insurance proceeds remain in a single trust until all the beneficiaries reach the age you choose. The trustee may provide funds from the trust to each beneficiary as each has a need. This is how most family's finances are handled when both parents are alive. Thus, not all beneficiaries will receive equal amounts from the trust. Such an arrangement is useful where some beneficiaries will likely need more financial assistance over a longer period of time than other beneficiaries will. A trust is also advantageous where there is a need to protect the assets of your estate from third parties who may have claims to the assets of one of your beneficiaries.

If you do not choose a testamentary trust, it is likely your child will receive your assets outright at age 18, or , if your child is under 18 at the time he/she is to receive his/her share, the court may impose a constructive trust upon your estate which has the same legal effect as a testamentary trust.

a.) Do you want a trust? _____ yes _____ no (If "no," skip to Item 14)

If yes, would this be:

_____ one trust for the benefit of all beneficiaries.

_____ individual trusts for each of the beneficiaries.

b.) At what age would you like your children to receive the assets outright? _____

If you wish, you can choose several ages of distribution. You can also make a distribution contingent upon some event, such as graduation from college. Your attorney can talk to you about this.

c.) Whom do you wish to have named as Trustee? (Please list name and relationship):

1st choice: _____

2nd choice (optional): _____

3rd choice (optional): _____

d.) Do you want the trustee to have the power to dissolve the trust if it becomes uneconomical to maintain it?
_____ yes _____ no

e.) Do you want the trustee to exercise this power only if the trust is below a specific amount? _____ yes
_____ no

If so, what amount? \$ _____

14.) **DISINHERITING SOMEONE:**

a.) Do you wish to disinherit someone? _____ yes _____ no

If so, whom (please provide the name and relationship to you.)? _____

b.) Do you wish to disinherit anyone who contests your will? _____ yes _____ no

c.) If you wish to disinherit your spouse, do you want your executor to have the authority to distribute your property, outright or in trust, to minimize any right of election your spouse might have under the laws of any jurisdiction? _____ yes _____ no

15): **MILITARY STATUS:**

I am: _____ Active duty military.

_____ Retired from the military.

_____ Married to someone on active duty.

_____ Married to a military retiree.

_____ A dependent of someone on active duty

_____ A dependent of a military retiree

_____ Other (please specify): _____

If you are on active duty or are the spouse or dependent of an active duty military member, where are you, your spouse, or your sponsor stationed? _____

16.) **PRIMARY BENEFICIARIES:**

a.) Whom do you want to receive all (or the majority) of your estate?

_____ My spouse, if he/she survives me, and if not, then my children.

_____ Disinherit spouse (to the fullest extent permitted by law).

_____ My children.

_____ My parents in equal shares, or if not, then my siblings in equal shares (please provide full names and

relationships): _____

_____ To the following beneficiaries (list full name, relationship, and percentage of estate to each of the beneficiaries):

b.) If any of the above beneficiaries predecease you and leave descendents (issue), do you want the share of the deceased beneficiary to pass to their issue, or to pass only to the beneficiaries you have indicated above? (For example, if one of your children predeceases you and leaves children, do you want the share of your deceased child to pass to their children (your grandchildren) or to go only to your surviving children?)

_____ **To the children of any deceased beneficiary.**

_____ Only to the beneficiaries listed above.

17.) SECONDARY BENEFICIARIES:

If all of the primary beneficiaries you designated in Item 16 predecease you or die within 30 days of you, to whom do you wish to leave your estate (please provide name, relationship, and percentage of inheritance or list of which item(s) are to go to which individuals)?

ANCILLIARY DOCUMENTS

18.) LIVING WILLS:

A living will is not part of your will at all! But this is a good time to consider whether you want a living will, which is more accurately called an advance medical directive or declaration. This document states that in the event you have a terminal, incurable medical condition and your life is only being prolonged by means of artificially provided life support, and if you cannot communicate your desires at that point, the living will “speaks for you” so your doctors know and can act upon, your desires regarding the termination of life support.

The conditions that trigger the living will, and the extent of the medical care to be withdrawn, vary from state to state. Therefore, you should carefully review the language of the living will for the state you have chosen and decide if it truly reflects your choice for discontinuing life support. Once executed, the document is effective until it is revoked, which you may do at any time by physically destroying the document, or in an emergency, by verbally revoking it before witnesses who can testify that you did in fact revoke it.

Do you want a living will? _____ yes _____ no

If you currently live in a state other than the one in which you are a legal resident, you may want your living will to be drafted in accordance with the laws of the state where you actually live and not your state of legal residence, because it is more likely to be used where you currently live.

Which state do you want it to apply in? _____

19.) SPECIAL POWER OF ATTORNEY FOR MEDICAL CARE:

Another important health care document is the special power of attorney for medical care. You may execute this document in addition to, or in lieu of the living will.

This document appoints someone to make medical care decisions for you in the event that you cannot make your own medical decisions. It applies to more situations than the living will, which addresses only the issue of continued life support if you have a terminal condition. The power of attorney for medical care gives the person you designate as your agent the authority to make a wide range of medical decisions on your behalf. It also gives your agent access to your medical information and authority to fully participate with your treating physicians in deciding the care to be provided to you. Obviously, the person you designate to be your agent should be someone you trust with life and death decisions. Like the living will, the power of attorney is usually drafted in accordance with the laws of the state where you are residing.

a.) Do you want a Medical Power of Attorney? _____ yes _____ no

b.) Do you want your spouse to act as your agent? _____ yes _____ no

Unless you have selected your spouse to act as your agent **and** your spouse has the same address you do, please provide the **full name** (first, middle, last), **address, phone number, and relationship** of your first choice of agent:

c.) If you have a second choice, do you want:

_____ both agents to have the authority to act separately.

_____ to require both agents to act jointly unless one is incapacitated.

_____ the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the full name (first, middle, last), address, phone number, and relationship of your second choice of agent:

d.) Do you wish to specify that you desire to donate your body organs for transplant upon death? _____ yes
_____ no

If yes, are you also willing to donate organs and tissue for medical, educational, or scientific purposes? _____
yes _____ no

e.) Do you wish to specify that, if possible and if it does not place an undue burden upon your family, that you prefer to die at home rather than in a hospital? _____ yes _____ no

20.) **SPRINGING DURABLE GENERAL POWER OF ATTORNEY:**

Your will enables you to dispose of your property as you wish after your death. While you are living, you have the right to decide what happens to that property so long as you are of sound mind. But if you ever become incapacitated, whether through illness or accident, and are unable to handle your own affairs, a court order may revoke your right to manage your own money and appoint a guardian or conservator. To protect yourself from this eventuality, you can appoint an agent for yourself through a power of attorney.

A power of attorney is simply a written authorization for someone to act on your behalf, for whatever purpose you designate in writing. Ordinarily, a power of attorney expires if you become mentally disabled – the time when you need help the most. A **springing, durable** power of attorney can take effect when you **become** unable to manage your own personal and financial affairs and will last as long as you are alive or until you revoke it. As long as you are mentally competent, you can revoke a durable power of attorney whenever you like simply by destroying the document.

If you choose to have a springing durable general power of attorney, remember to name someone who you trust as your attorney-in-fact. Your attorney-in-fact will have great authority over your affairs. Not only can they keep your affairs in order, but they have the potential to abuse this document at your expense and his or her gain.

a.) Would you like a springing durable general power of attorney? _____ yes _____ no

b.) Do you want your spouse to act as your agent? _____ yes _____ no

Unless you have selected your spouse to act as your agent **and** your spouse has the same address you do, please provide the **full name** (first, middle, last), **address and relationship** of your first choice of agent:

c.) If you have a second choice, do you want:

_____ both agents to have the authority to act separately.

_____ to require both agents to act jointly unless one is incapacitated.

_____ the second agent to be as a successor, acting only if the first choice is incapacitated.

Please provide the full name (first, middle, last), address, and relationship of your second choice of agent:

d.) If you selected your spouse to act as your agent, at what telephone number can her or she be reached?

DURABLE (SPRINGING) POWER OF ATTORNEY QUESTIONNAIRE ADDENDUM

If you chose to have a Durable Power of Attorney (DPOA) that only becomes effective should you become incapacitated, please answer the following questions.

Do you want to grant your attorney-in-fact the right to do the following acts under the Durable Power of Attorney:

1. Allow for the sale of a business?

YES _____ NO _____

2. Sell Real Estate?

YES _____ NO _____

If yes, do you want to specifically identify this property in the DPOA?

3. Make gifts?

YES _____ NO _____

If "yes":

a) Do you want to limit the class of people a gift can be made to only the spouse, kids, and children of your children (grandkids, great-grandkids, etc.)?

YES _____ NO _____

b) Do you want to allow an unlimited gift or limit the gift to the annual exclusion (currently \$11,000 per person) so that no gift taxes are incurred by your estate?

SELECT ONE:

Unlimited Gift Amount _____

Gift Amount Limited To The Annual Gift Tax Exclusion Amount* _____

* The annual gift tax exclusion amount is currently \$12,000 per recipient/donee. This amount is adjusted for inflation in \$1,000 increments.

c) Allow the attorney-in-fact to make gifts to him/herself?

If "yes," do you want to allow an unlimited gift, or limit the gift to self to 5% or \$5,000? (This will prevent the whole amount from being drawn into the attorney-in-fact's estate.)

Unlimited Gift Amount _____

Gift Amount Limited to 5% or \$5,000 per year _____

4. Revoke/Amend revocable trusts?

YES _____ NO _____

If Yes, do you currently have a revocable trust? YES _____ NO _____

5. Disclaim bequests to you (the Testator)? This allows your attorney-in-fact to refuse any inheritance you may receive. This can be a beneficial estate planning tool to minimize your overall taxable estate.

YES _____ NO _____

6. Change IRA/retirement plans?

YES _____ NO _____

7. Pay taxes?

YES _____ NO _____

21.) **FUNERAL ARRANGEMENTS:**

You may have a strong desire regarding funeral arrangement (for example, burial or cremation). As a practical matter, your funeral arrangements are likely to have been carried out already by the time your will is read. Finding out after the fact that the arrangements were contrary to your will may cause some dismay for your survivors. Therefore, it is recommended that you communicate your desires to your next of kin at your earliest

You may express your desires regarding the disposition of your remains (e.g. cremation, military honors, or burial at a certain location or gravesite). However, if you elect to state your desires in your will, do not rely on your will alone to communicate those desires, as wills may not be read prior to the funeral! You should tell the appropriate family members of your desires NOW!

Note that in many states you may leave a separate writing with your will, typically called a “letter of instruction,” in which you give specific directions to your Executor/trix about funeral and burial arrangements, notifications to family and friends, upbringing of your children, etc. While this instruction is not legally binding in most states, your Executor should try to comply with your desires.

_____ **I do not wish to express my desires concerning my remains in my will and leave this decision to those who survive me. (Go to Item 24.)**

At the time of death, I prefer:

_____ To be cremated.

_____ To have my body given for medical or scientific purposes.

_____ To be buried at a specified gravesite or location. (Please specify location): _____

_____ To be buried at sea.

_____ To be buried with full military honors. (You may select this option in addition to one of the above.)

_____ Other: _____

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 8013, F110 AFJAA, and EO 9397

PURPOSE: Used by attorney and client within attorney-client relationship to assist in providing a will and other related legal documents.

ROUTINE USES: Information will be used to aid attorneys and paralegals in drafting wills, living wills, and durable health care powers of attorney. Disclosure is voluntary, but if you do not provide the requested information, this office will be unable to prepare a will or other related documents for you.

FINANCIAL INFORMATION WORKSHEET

For this purpose, include the value of all of the property you own in your name, and if married, the value of your spouse's property. If any of your property secures a debt (for example, a mortgage on your home), include your equity in the property. Also include the value of your life insurance policies (SGLI, VGLI, etc.). Note that life insurance ordinarily does **not** pass according to your will; it will go to the beneficiaries you designated on the insurance forms. However, the value of the insurance is included in determining whether estate taxes will apply in your case.

FINANCIAL INFORMATION

Do you own a home or any other real estate? Indicate which is your residence/homestead.

Description and Location	Titled in whose name Indicate if Joint or Beneficiary and name	Purchase Price	Market Value	Mortgage	Market Value - Mortgage Equity
Total Net Value					

Is any of the real estate identified above a farm? _____ yes _____ no

Do you own any other titled property such as a car, boat, etc.?

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Mortgage	Equity
Total Net Value				

Do you have any checking accounts?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

Do you have any interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
Total Value		

Do you own or have an interest in a family business? _____yes _____no

	Name of Business	Owners & Ownership Interest	Fair Market Value	Value of your interest
Total Value				

Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in Whose Name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
Total Value				

Do you have any profit sharing, IRAs or pension plans?

Description/Location	Beneficiary	Current Value
Total Value		

Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 st Beneficiary	2 nd Beneficiary	Death Benefit
SGLI					

				Total Value

Does anyone owe you money?

Description	Approx. Value
Total Net Value	

Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value
Total Net Value	

What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate\$ _____

Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Amount Owed
Total Debt	

(a) Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above).....\$ _____

(b) Total amount you (and your spouse) owe (total of line 11 above).....\$ _____

(c) Subtract line (b) from line (a) **TOTAL NET ESTATE VALUE**.....\$ _____

Additional Financial Information

1. Do you have a will or trust now?	Yes No	Yes No
2. Are you expecting to receive property or money from (circle all that apply):..... If so, approximately how much?	Gift Inheritance Lawsuit - Other \$	Gift Inheritance Lawsuit - Other \$

3. Do you have a pre-nuptial or post-nuptial agreement?.....	Yes No	Yes No
4. Do you have a divorce decree affecting your pension or other property rights?.....	Yes No	Yes No
<i>If "yes" to questions 1, 3 or 4, you must bring these documents to your appointment</i>		



SPOUSE VACATION/NOTIFICATION OF DEPARTURE FORM

(FOR PERIODS OF LEAVE GREATER THAN 24 HOURS)

Company: _____

Your Name:			
Sponsor's Information:	Rank:	Name:	
Date and time you will be leaving:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Date and time you will be returning:	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Alternate phone numbers to reach you at during this time: (i.e. cell phone, hotel)			
Temporary address during this time. Must be a physical address (no mailing, PO Box, etc)			
List a friend or relative who will know how to reach you while you are away:	Name:		
	Relationship:		
	Phone Number:		

If your travel includes multiple destinations, please list all locations you will be staying at for more than 24 hours below:

Name and Address of Location	Type of Location	Date From:	Date To:
_____	<input type="checkbox"/> Residence <input type="checkbox"/> Hotel <input type="checkbox"/> Other		
_____	<input type="checkbox"/> Residence <input type="checkbox"/> Hotel <input type="checkbox"/> Other		
_____	<input type="checkbox"/> Residence <input type="checkbox"/> Hotel <input type="checkbox"/> Other		

Please initial the following items (check the blocks if completed online):

<input type="checkbox"/>	I will carry contact information for my Company Rear Detachment throughout the duration of my travels to use in the event of an emergency
<input type="checkbox"/>	I know to contact my Rear Detachment in the event I choose to make any changes to the information I have provided on this form. (additional locations, extended vacation dates, etc)
<input type="checkbox"/>	If I am leaving the area for more than 30 days, I understand that it is my responsibility to contact all applicable agencies (Housing, Tricare, etc), to include Rear Detachment, to inform them of my extended absence and make any necessary arrangements.
<input type="checkbox"/>	If I am leaving the area for more than 30 days, I understand that my COLA rate will be reduced. Upon return to Germany, I will work with the Rear Detachment to update my COLA status.
Signature: _____	
Date: _____	

Early Return of Dependents (ERD)

Many dependents may wish to return to the United States when their sponsor leaves on a major deployment. Army Regulations permit dependents to move back to the continental United States (CONUS) at Government expense under limited circumstances. The mechanism for returning dependents to CONUS at government expense is Early Return of Dependents (EROD). While earlier versions recognized two related methods, AROD and EROD, the JFTR only uses the term EROD.

a. Definitions of EROD and AROD.

An EROD permits both military and civilian dependents to travel to CONUS prior to termination of soldier's OCONUS tour due to *official or personal situations*. AROD was formerly used to describe the process of permitting military dependents to travel to CONUS prior to termination of soldier's outside the continental United States (OCONUS) tour due to *personal situations*. This term is no longer used; the process for both military and civilian dependents is referred to exclusively as ERD in JFTR/JTR.

b. Who may request.

EROD may be requested through filling a DA Form 4187 by a:

1. Soldier
2. Dependent (if member is not available or declines to initiate the request)
3. Command

c. Situations in which EROD May be Approved for Personal Situations.

Circumstances warranting EROD can be found where:

- 1) Essential medical treatment is not available on site
- 2) Death or illness of dependent caring for minor dependents occurs
- 3) Education or housing for dependents is inadequate
- 4) International situation concerning safety of dependents exists
- 5) Compelling personal reasons such as divorce/financial difficulties adversely affect the member's performance of duties

6) Dependent gets orders from Selective Service Board

7) There is a lack of employment for dependents 18 years or older

8) Other situations involving member court-martial or prison term are found

A commander must first determine that the family's problems cannot be resolved in the overseas command. Available resources must be exhausted before an EROD request can be granted. EROD should be used only as a last resort.

d. Command-ordered EROD.

A commander may use EROD to end the OCONUS presence of a family member where the continued presence of the family member is embarrassing to the U.S. Government, is prejudicial to the order, morale, and discipline in the command, or where the family member's safety can no longer be ensured. A commander normally requests EROD orders in situations where family members have committed misconduct, or where force protection or anti-terrorism situations require action.

EROD Checklist

Early Return of Dependents Overview

Early Return of Dependents Factsheet

Reference: AR 614-30, Overseas Service, AR 55-46, Travel Overseas, USAREUR Supplement 1 to AR 55-46, Travel Overseas, Joint Federal Travel Regulation (JFTR) Volume I paragraph U5900

<http://www.imcom-europe.army.mil/sfac/admin/erd.htm>

CYSS Registration Checklist:

- ***Copy of each child's shot record is required
- ***Copy of any required Medical Action Plans (for children with special needs/allergies)
- ***Copy of most recent health assessment (within 30 days of registration)
- ***Copy of deployment orders (if applicable)
- ***Copy of LES/Pay info for both parents (if seeking part-time/full-time childcare)

SPONSOR'S INFORMATION

Name: _____

Unit: _____

Duty Phone: _____

AKO Username: _____

Cell Phone _____

DEROS _____

Mailing Address CMR 415 Box _____

APO, AE 09114 _____

SPOUSE'S INFORMATION

Name: _____

Unit: _____

Duty Phone: _____

AKO Username: _____

Cell Phone _____

Building Number _____

Apartment Number _____

Home Phone: _____

Emergency Contacts – Please specify if they are allowed to pick up your children.

1. Name _____ Phone # _____ release/notify

2. Name _____ Phone # _____ release/notify

DO ANY OF YOUR CHILDREN HAVE A SPECIAL NEED? Yes No

If yes please specify: Name _____
Special Need _____

Your registration appointment has been scheduled for _____ at _____.

If you need make or reschedule an appointment please call DSN 485-7003 or CIV 06783-6-7003.

Rose Barracks Parent Central Services Bldg 224

DSN 476-2760, CIV 09662-83-2760

Hours of Operation: 7:30-1700

By Appt/Walk Ins

Grafenwoehr Parent Central Services Bldg 244

DSN 475-6655 CIV 09641-83-6656 or DSN 475-6736 CIV 09641-83-6736

Hours of Operation:

7:30-1300 Walk-Ins

13:00-1600 By Appt Only

Items needed for CYSS Services registration

- **Allergy/Asthma Action Plan- Mandatory to be registered/re-registered**
- **Current Immunizations/ Shot Record – Mandatory to be registered/re-registered**
- 2 Local Emergency Designees and Phone Numbers
- AKO Email Address
- Deployment Orders
- Family Care Plan for single/dual military
- Health Assessment
- Home/Work/Cell Phone Numbers
- LES/Pay Stub
- Mailing/Physical Address
- Unit Name and Address

CYSinfo@eur.army.mil

CYSS On-line Website: <https://webtrac.mwr.army.mil/webtrac/Grafenwoehrcyms.html>

ICE Comment Website: <http://ice.disa.mil>

CYSS Facility Information

<u>Family Child Care</u> Building 224 DSN # 476-2783 CIV # 09662-83-2783 FCC Provider Orientation: By appointment only		
<u>Rose Barracks CDC</u> Building 2234 DSN # 476-2651 CIV # 09662-83-2651 Orientation: Fridays @ 1130	<u>Netzaberg CDC</u> Building 9010 DSN# 475-9477/9476 CIV# 09641-83-9478 Orientation: Thursdays @ 1000	<u>Grafenwoehr CDC</u> Building 260 DSN # 475-7180 CIV # 09641-83-7180 Orientation: Fridays @ 0930
<u>Rose Barracks SAS</u> Building 2237 DSN # 476-2556 CIV # 09662-83-2556 Orientation: Wednesday @ 0930	<u>Netzaberg SAS</u> Building 9010 DSN # 475-9490 CIV # 09641-83-9490 Orientation: Fridays @ 0930	<u>Rose Barracks PCS</u> Building 224 DSN # 476-2760 CIV # 09662-83-2760
<u>Rose Barracks Youth Center</u> Building 1706	<u>Netzaberg Teen Center</u> Building 9080	<u>Grafenwoehr PCS</u> Building 244

DSN # 476-3144 CIV # 09662-83-357	DSN # 475-9393 CIV # 09641-83-7441	DSN # 475-6655 CIV # 09641-83-6655
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U.S. Army Child, Youth & School Services

USAG Schweinfurt

Parent Central Services: 09721-96-6517/DSN 354-6517-6517

Child Development Center: 09721- 96 6281/ DSN 354-6281

School Age Center: 09721- 82181/ DSN 354-6974

Youth Center: 09721-96 6732/ DSN 354-6732

Youth Sports & Fitness: 09721- 96 6822/ DSN 354-6822

SKIES: 09721-96 6460/ DSN 354-6460

Family Child Care: 09721-96-6487/ DSN 354-6487

Online Activity Registration:
<https://webtrac.mwr.army.mil>

USAG Homepage:
www.teamschweinfurt.com

SCHWEINFURT, GRAFENWOEHR AND NETZABERG DEPARTMENT OF DEFENSE DEPENDENT SCHOOL (DODDS) AND SCHOOL LIAISON INFORMATION (SLO).

For Schweinfurt Schools and SLO information, please visit the link below. You will find great information to include registration forms, FAQ and other helpful links.

<http://www.schweinfurt.army.mil/info/education/schools.htm>

Agency: Department of Defense Dependent School (DODDS)

SLO: Bruennig Child, Youth & School Services School Liaison Officer Ann

Phone: DSN 314-475-1770 Civilian 49-9641-83-1770

FAX: DSN 314-475-6519 Civilian 49-9641-83-6519

E-mail: grafslo@eur.army.mil

Location: Grafenwoehr, Bldg. 539, Room 214

Web Site: School Liaison Webpage -
<http://www.grafenwoehr.army.mil/sites/newcomers/schools.html>

Vilseck High School - www.vils-hs.eu.dodea.edu/

Grafenwoehr Elementary School – www.graf-es.eu.dodea.edu/

Vilseck Elementary School – www.vils-es.eu.dodea.edu/

Netzaberg Elementary School – www.netz-es.eu.dodea.edu/

Netzaberg Middle School – www.netz-ms.eu.dodea.edu/

Final Ideas for Preparing for Deployment:

Resolve family problems before the separation; otherwise, they will be worse at the reunion.

Express your feelings and encourage others to do the same ("I love you", "I'll miss you", and "I'm frightened").

Recognize that anger is OK, but don't take it out on your spouse or your children.

Plan a family activity or a special family time without distractions.

Work through the "Family Member Checklist" to cut down on potential household management problems.

Set personal goals to meet during the deployment.

Attend the unit pre-deployment briefings.

Helping Children Cope with Deployment:

Spend time explaining at the child's level -- Why? Where? With whom? How long will the parent be gone?

Sit down with the whole family and talk about feelings, what will happen when the parent is gone, and how it will be different when the parent returns.

Let children share their feelings about previous deployments

The departing parent should spend time individually with each child-just the two of them.

Take a picture of each child with the parent.

Have the departing parent prepare a video for the children to watch during his/her absence.

- Reading bedtime stories
- Following the departing parent on a 'day in the life' before deployment
- Playing with the children, preparing a meal, giving the children a bath – the 'normal' things that parent does around the house
- Giving a special message to each child

Consider enrolling youth in activities; scouts, bowling, arts and crafts classes, youth sports, tours, etc., are all good choices.

Recipe for a Family Readiness Group

Written by: Trisha Swienton

- 1 updated call roster
- 1 Company Commander, to assist in providing leadership
 - 1 ripe and healthy network with Chain of Command
 - 2 cups of communication skills
 - ½ cup of diversity
- 1 cup of knowledge to empower families to remain resilient
 - A heaping cup of moral support, when needed
 - Unlimited** amount of team work
 - A pinch of fundraisers and family activities

Mix together the above ingredients

Stir in a handful of volunteers, lean on each other through deployments. Add extra patience when R&R is over. Throw in monthly meetings to give updates. Rotate quarterly with co-leader, so not to cause burn out. Don't forget to check regularly on single soldiers and geographically separated family members. Put in a flexible pan, and make sure there's no room for gossip. Bake until perfected and all are home.

Be sure to keep a list of community service agencies on the back burner.

Serves enough for Brigades and Battalions on down.

****=Be sure to dish out with Military Pride**=**