

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

## DEPLOYMENT CYCLE SUPPORT (DCS) CHECKLIST

The proponent agency is DCS, G-1

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

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

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

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

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

**The Deployment Cycle Support Checklist is filed in the Deployment Packet to complete the action.**

**A copy remains at the losing organization.**

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

### 22. STATUS OF EACH DCS STAGE and COMMANDER'S VALIDATION MEMO (C = Completed; NC = Not Completed)

|  |   |  |   |   |
|--|---|--|---|---|
| a. TRAIN-UP/ PREP<br><input type="checkbox"/> C <input type="checkbox"/> NC  | b. MOBILIZATION<br><input type="checkbox"/> C <input type="checkbox"/> NC   | c. DEPLOYMENT<br><input type="checkbox"/> C <input type="checkbox"/> NC          | d. EMPLOYMENT<br><input type="checkbox"/> C <input type="checkbox"/> NC | e. REDEPLOYMENT<br><input type="checkbox"/> C <input type="checkbox"/> NC |
| f. POST-DEPLOYMENT<br><input type="checkbox"/> C <input type="checkbox"/> NC | g. RECONSTITUTION<br><input type="checkbox"/> C <input type="checkbox"/> NC | i. CDR VALIDATION MEMO<br><input type="checkbox"/> C <input type="checkbox"/> NC |   |   |

### DCS VALIDATION

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

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

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

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

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

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

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

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

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

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|--|--|-------------------|------------------|-------------------|--------------------|
| NAME (Last, First, Middle)   |  | SSN               |                  |                   |                    |
| Deployment Cycle Support Tasks   |  | DCS<br>VALIDATION |                  |                   |                    |
|  |  | Completed         | Not<br>Completed | NA                | DATE<br>YYYY/MM/DD |
| <b>SECTION II - Mobilization Stage (RC Soldiers)</b>   |  |                   |                  |                   |                    |
| <b>Unit Commander / Unit Leadership</b>  |  |                   |                  |                   |                    |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required                   |  |                   |                  |                   |                    |
| Disciplinary and adverse administrative actions finalized, as required                             |  |                   |                  |                   |                    |
| Sexual Assault Prevention and Response training (Host Country, risk reduction factors) conducted   |  |                   |                  |                   |                    |
| DA Form 5305-R (Family Care Plan) completed  |  |                   |                  |                   |                    |
| FRG assessed, trained, and resourced   |  |                   |                  |                   |                    |
| RDC has completed all training prior to unit deployment  |  |                   |                  |                   |                    |
| Family readiness plan including unit readiness goals updated                                       |  |                   |                  |                   |                    |
| Soldiers counseled on requirement to provide financial support to family while deployed            |  |                   |                  |                   |                    |
| OERs, NCOERs, civilian evaluations, and awards completed, as required                              |  |                   |                  |                   |                    |
| Soldier counseling conducted, as required  |  |                   |                  |                   |                    |
| Soldiers identified with potential financial issues referred to financial training or assistance   |  |                   |                  |                   |                    |
| Personnel Reporting System updated   |  |                   |                  |                   |                    |
| CIVTRACKS for DA civilians updated   |  |                   |                  |                   |                    |
| Soldiers who PCS and TCS complete the DCS process, as required                                     |  |                   |                  |                   |                    |
| Soldiers encouraged to communicate with family throughout the deployment cycle                     |  |                   |                  |                   |                    |
| Conduct Unit Risk Inventory (URI) NLT 30 days prior to deployment                                  |  |                   |                  |                   |                    |
| <b>Personnel Service Center</b>  |  |                   |                  |                   |                    |
| DD Form 93 (Record of Emergency Data) updated  |  |                   |                  |                   |                    |
| VA Form SGLV 8285, (Request for Insurance (SGLI)) completed  |  |                   |                  |                   |                    |
| VA Form SGLV 8286, (Service Member's Group Life Insurance) completed                               |  |                   |                  |                   |                    |
| VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed                                 |  |                   |                  |                   |                    |
| VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed                                    |  |                   |                  |                   |                    |
| Eligibility for overseas deployment (AR 614-30, Overseas Service) verified                         |  |                   |                  |                   |                    |
| Soldiers with record of misdemeanor crime of domestic violence identified                          |  |                   |                  |                   |                    |
| Passports issued to DA civilians in receipt of Deployment Orders                                   |  |                   |                  |                   |                    |
| Soldiers and family members educated regarding the impact of personnel policies                    |  |                   |                  |                   |                    |
| DD Form 2365 (DoD Civilian Employee Overseas E-E Position Agreement) completed                     |  |                   |                  |                   |                    |
| Ensured all Soldiers processed correctly   |  |                   |                  |                   |                    |
| MMRB, MEB, PEB conducted, as required  |  |                   |                  |                   |                    |
| <b>Unit Ministry Team / Installation Chaplain</b>  |  |                   |                  |                   |                    |
| Suicide Awareness and Prevention training conducted, as required                                   |  |                   |                  |                   |                    |
| Families identified with reported predeployment stress, as required                                |  |                   |                  |                   |                    |
| Spouses provided opportunity to take marital assessment instrument, as required                    |  |                   |                  |                   |                    |
| Soldier provided opportunity to complete marital assessment instrument, as required                |  |                   |                  |                   |                    |
| Predeployment Battlemind training for leaders conducted  |  |                   |                  |                   |                    |
| Predeployment Battlemind training for junior enlisted Soldiers conducted                           |  |                   |                  |                   |                    |
| Suicide Intervention Skills Training for Leaders and Gatekeepers                                   |  |                   |                  |                   |                    |
| <b>Medical / Dental Health Teams</b>   |  |                   |                  |                   |                    |
| Leader training on symptoms of distress and suicide tendencies conducted                           |  |                   |                  |                   |                    |
| Individuals screened for profile for permanent geographic or climate duty limitations, as required |  |                   |                  |                   |                    |
| Preventative Medicine briefing to defeat disease and non-battle injuries provided                  |  |                   |                  |                   |                    |
| DD Form 2795 (Pre-Deployment Health Assessment Questionnaire) completed                            |  |                   |                  |                   |                    |
| Behavioral Health Assessments conducted  |  |                   |                  |                   |                    |
| Medical record review conducted  |  |                   |                  |                   |                    |
| TRICARE benefits briefing conducted  |  |                   |                  |                   |                    |
| SIGNATURE OF CERTIFYING OFFICIAL   |  | RANK/TITLE        |                  | DATE (YYYY/MM/DD) |                    |

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| NAME (Last, First, Middle)  |  | SSN               |                  |                   |                    |
| Deployment Cycle Support Tasks  |  | DCS<br>VALIDATION |                  |                   |                    |
|   |  | Completed         | Not<br>Completed | NA                | DATE<br>YYYY/MM/DD |
| <b>SECTION II - Mobilization Stage (RC Soldiers)</b>                                |  |                   |                  |                   |                    |
| <b>Medical / Dental Health Teams</b>  |  |                   |                  |                   |                    |
| DA Form 3349 (Medical Profile) completed, as required                               |  |                   |                  |                   |                    |
| <b>Military Pay Office</b>  |  |                   |                  |                   |                    |
| Current status of DoD charge card holders reviewed                                  |  |                   |                  |                   |                    |
| Travel advance provided for Soldiers with TCS orders                                |  |                   |                  |                   |                    |
| Financial briefings conducted   |  |                   |                  |                   |                    |
| Allotment changes expedited   |  |                   |                  |                   |                    |
| BAH for AGR Soldiers adjusted   |  |                   |                  |                   |                    |
| Entitlements / Special Pay reviewed   |  |                   |                  |                   |                    |
| <b>Legal Assistance Office</b>  |  |                   |                  |                   |                    |
| Wills updated, as required  |  |                   |                  |                   |                    |
| Power of Attorney provided, as required   |  |                   |                  |                   |                    |
| Counseling on civil matters provided  |  |                   |                  |                   |                    |
| Personnel informed on legal rights under Servicemembers' Civil Relief Act (SCRA)    |  |                   |                  |                   |                    |
| RC personnel informed on legal rights under SCRA                                    |  |                   |                  |                   |                    |
| Legal assistance to RC Soldiers provided, as required                               |  |                   |                  |                   |                    |
| Tax classes / information for spouses provided, as required                         |  |                   |                  |                   |                    |
| <b>Installation Management Command</b>  |  |                   |                  |                   |                    |
| Family Readiness staff shortages (ACS / FAC) identified, as required                |  |                   |                  |                   |                    |
| Coordinated with State Adjutant General for family member ACS eligibility           |  |                   |                  |                   |                    |
| Families with major problems requiring special assistance identified                |  |                   |                  |                   |                    |
| Family members provided toll free number to ACS                                     |  |                   |                  |                   |                    |
| AA and RC Family Readiness Groups educated on available services                    |  |                   |                  |                   |                    |
| Families educated about services provided through Military OneSource                |  |                   |                  |                   |                    |
| Education and information materials provided to IRR / IMA families                  |  |                   |                  |                   |                    |
| Operation READY Predeployment Battlemind training for families conducted            |  |                   |                  |                   |                    |
| Operation READY Deployment and Children training                                    |  |                   |                  |                   |                    |
| Conduct Financial Management Planning for Deployments training                      |  |                   |                  |                   |                    |
| <b>DEERS / RAPIDS / ID Card Office</b>  |  |                   |                  |                   |                    |
| ID Cards / ID Tags updated, as required   |  |                   |                  |                   |                    |
| DEERS / RAPIDS enrollment completed, as required                                    |  |                   |                  |                   |                    |
| DEERS / RAPIDS data entry and date for residential address completed, as required   |  |                   |                  |                   |                    |
| DD Form 1934 (Geneva Convention ID Card for Medical and Religious Personnel) issued |  |                   |                  |                   |                    |
| DD Form 489 (Geneva Convention ID Card for Civilian Personnel) issued               |  |                   |                  |                   |                    |
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| SIGNATURE OF CERTIFYING OFFICIAL  |  | RANK/TITLE        |                  | DATE (YYYY/MM/DD) |                    |

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|--|--|-------------------|------------------|-------------------|--------------------|
| NAME (Last, First, Middle)   |  | SSN               |                  |                   |                    |
| Deployment Cycle Support Tasks   |  | DCS<br>VALIDATION |                  |                   |                    |
|  |  | Completed         | Not<br>Completed | NA                | DATE<br>YYYY/MM/DD |
| <b>SECTION III - Deployment Stage</b>  |  |                   |                  |                   |                    |
| <b>Unit Ministry Team / Installation Chaplain</b>  |  |                   |                  |                   |                    |
| Families identified with reported predeployment stress, as required                              |  |                   |                  |                   |                    |
| <b>Legal Assistance Office</b>   |  |                   |                  |                   |                    |
| Continue to provide counseling to families on civil matters, as required                         |  |                   |                  |                   |                    |
| Continue to provide tax classes / information to spouses, as required                            |  |                   |                  |                   |                    |
| <b>Installation Management Agency</b>  |  |                   |                  |                   |                    |
| AA and RC Family Readiness Groups educated on available services, as required                    |  |                   |                  |                   |                    |
| Family members educated about services provided through Military OneSource, as required          |  |                   |                  |                   |                    |
| Education and information materials provided to IRR / IMA families, as required                  |  |                   |                  |                   |                    |
| <b>DEERS / RAPIDS / ID Card Office</b>   |  |                   |                  |                   |                    |
| ID Cards / ID Tags updated, as required  |  |                   |                  |                   |                    |
| DEERS / RAPIDS enrollment completed, as required   |  |                   |                  |                   |                    |
| <b>SECTION IV - Employment Stage</b>   |  |                   |                  |                   |                    |
| <b>Unit Commander / Unit Leadership</b>  |  |                   |                  |                   |                    |
| Leave schedule published for R&R personnel   |  |                   |                  |                   |                    |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required                 |  |                   |                  |                   |                    |
| Individual career counseling provided, as required   |  |                   |                  |                   |                    |
| Soldiers counseled on requirement to provide financial support to family, as required            |  |                   |                  |                   |                    |
| OERs, NCOERs, civilian evaluations, and awards completed, as required                            |  |                   |                  |                   |                    |
| Soldier counseling conducted, as required  |  |                   |                  |                   |                    |
| Substance Abuse briefing conducted for R&R personnel   |  |                   |                  |                   |                    |
| Risk Reduction Reintegration Tip Card utilized for R&R personnel                                 |  |                   |                  |                   |                    |
| Safety briefings conducted on POV, etc. for R&R personnel  |  |                   |                  |                   |                    |
| Soldiers who PCS and TCS complete the DCS process, as required                                   |  |                   |                  |                   |                    |
| Soldiers encouraged to communicate with family throughout the deployment cycle                   |  |                   |                  |                   |                    |
| Sexual Assault Prevention and Response Training (Host Country, risk reduction factors) conducted |  |                   |                  |                   |                    |
| <b>Unit Ministry Team / Installation Chaplain</b>  |  |                   |                  |                   |                    |
| Suicide Awareness and Prevention training conducted for R&R personnel                            |  |                   |                  |                   |                    |
| Families identified with reported predeployment stress, as required                              |  |                   |                  |                   |                    |
| Small group discussions on deployment experiences facilitated, as required                       |  |                   |                  |                   |                    |
| Operation READY Reunion / Reintegration training for Soldier's prior R&R leave                   |  |                   |                  |                   |                    |
| Communication with Spouses, Families, and Children training conducted for R&R personnel          |  |                   |                  |                   |                    |
| Post-Deployment Battlemind training for Soldiers conducted (prior to R&R leave)                  |  |                   |                  |                   |                    |
| <b>Installation Management Command</b>   |  |                   |                  |                   |                    |
| Families with major problems requiring special assistance identified, as required                |  |                   |                  |                   |                    |
| Families educated about services provided through Military OneSource, as required                |  |                   |                  |                   |                    |
| Families identified and referred who have experienced major problems, as required                |  |                   |                  |                   |                    |
| Education and information materials provided to IRR / IMA families, as required                  |  |                   |                  |                   |                    |
| Operation READY Deployment and Children training (prior to Soldier's R&R leave)                  |  |                   |                  |                   |                    |
| Operation READY Post-Deployment Battlemind training for families conducted (prior to R&R leave)  |  |                   |                  |                   |                    |
| Operation READY Reunion / Reintegration training for spouses (prior to Soldier's R&R leave)      |  |                   |                  |                   |                    |
| <b>Legal Assistance Office</b>   |  |                   |                  |                   |                    |
| Counseling on civil matters provided, as required  |  |                   |                  |                   |                    |
| Tax classes / information for spouses provided, as required                                      |  |                   |                  |                   |                    |
| <b>DEERS / RAPIDS / ID Card Office</b>   |  |                   |                  |                   |                    |
| ID Cards / ID Tags updated, as required  |  |                   |                  |                   |                    |
| DEERS / RAPIDS enrollment completed, as required   |  |                   |                  |                   |                    |
| DEERS / RAPIDS data entry and date for residential address completed, as required                |  |                   |                  |                   |                    |
| SIGNATURE OF CERTIFYING OFFICIAL   |  | RANK/TITLE        |                  | DATE (YYYY/MM/DD) |                    |

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

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

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

|  |  |                   |                  |                   |                    |
|--|--|-------------------|------------------|-------------------|--------------------|
| NAME (Last, First, Middle)   |  | SSN               |                  |                   |                    |
| Deployment Cycle Support Tasks   |  | DCS<br>VALIDATION |                  |                   |                    |
|  |  | Completed         | Not<br>Completed | NA                | DATE<br>YYYY/MM/DD |
| <b>SECTION VI - Post - Deployment Stage</b>  |  |                   |                  |                   |                    |
| <b>Unit Commander / Unit Leadership</b>  |  |                   |                  |                   |                    |
| Unit Refresher / Army Sexual Assault Prevention and Response training, as required               |  |                   |                  |                   |                    |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required                 |  |                   |                  |                   |                    |
| Individual career counseling provided, as required   |  |                   |                  |                   |                    |
| Disciplinary and adverse administrative actions finalized, as required                           |  |                   |                  |                   |                    |
| OERs, NCOERs, civilian evaluations, and awards completed, as required                            |  |                   |                  |                   |                    |
| Soldier counseling conducted, as required  |  |                   |                  |                   |                    |
| Soldiers identified with potential financial issues referred to financial training or assistance |  |                   |                  |                   |                    |
| Personnel Reporting System Updated   |  |                   |                  |                   |                    |
| CIVTRACKS for DA civilians updated   |  |                   |                  |                   |                    |
| Substance Abuse briefing conducted   |  |                   |                  |                   |                    |
| Risk Reduction Reintegration Tip Card utilized, as required                                      |  |                   |                  |                   |                    |
| Execute reunion and homecoming ceremonies  |  |                   |                  |                   |                    |
| Safety briefings conducted on POV, etc.  |  |                   |                  |                   |                    |
| Operator Licenses, registrations, insurance policies, and safety inspections verified            |  |                   |                  |                   |                    |
| Preseparation counseling (DD Form 2648-1) for RC Soldiers conducted                              |  |                   |                  |                   |                    |
| ACAP services provided to affected Soldiers  |  |                   |                  |                   |                    |
| Soldiers who PCS and TCS complete the DCS process, as required                                   |  |                   |                  |                   |                    |
| Soldiers encouraged to communicate with family throughout the deployment cycle                   |  |                   |                  |                   |                    |
| <b>Personnel Service Center</b>  |  |                   |                  |                   |                    |
| DD Form 93 (Record of Emergency Data) updated, as required                                       |  |                   |                  |                   |                    |
| VA Form SGLV 8285, (Request for Insurance (SGLI)) completed, as required                         |  |                   |                  |                   |                    |
| VA Form SGLV 8286, (Service Member's Group Life Insurance) completed, as required                |  |                   |                  |                   |                    |
| VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed, as required                  |  |                   |                  |                   |                    |
| VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed, as required                     |  |                   |                  |                   |                    |
| Eligibility for overseas deployment (AR 614-30, Overseas Service) verified, as required          |  |                   |                  |                   |                    |
| Soldiers and family members educated regarding the impact of personnel policies                  |  |                   |                  |                   |                    |
| Ensured all Soldiers processed correctly   |  |                   |                  |                   |                    |
| RC Soldiers advised of 18-year sanctuary   |  |                   |                  |                   |                    |
| RC Soldiers reenrolled in MGIB and state tuition assistance programs                             |  |                   |                  |                   |                    |
| MMRB, MEB, PEB conducted, as required  |  |                   |                  |                   |                    |
| <b>Unit Ministry Team / Installation Chaplain</b>  |  |                   |                  |                   |                    |
| Suicide Awareness and Prevention training conducted, as required                                 |  |                   |                  |                   |                    |
| Families with reported stress and separation issues identified, as required                      |  |                   |                  |                   |                    |
| Small group discussions on deployment experiences facilitated, as required                       |  |                   |                  |                   |                    |
| Spouses provided opportunity to take marital assessment  |  |                   |                  |                   |                    |
| Soldiers complete marital assessment instrument  |  |                   |                  |                   |                    |
| Post-Deployment Battlemind training for Soldiers conducted                                       |  |                   |                  |                   |                    |
| <b>Medical / Dental Health Teams</b>   |  |                   |                  |                   |                    |
| Individuals screened for medical profile geographic or climate duty limitations, as required     |  |                   |                  |                   |                    |
| Medical record review conducted  |  |                   |                  |                   |                    |
| TRICARE benefits briefing conducted  |  |                   |                  |                   |                    |
| Soldiers with behavioral or health issues referred, as required                                  |  |                   |                  |                   |                    |
| Medical Threat briefing conducted, as required   |  |                   |                  |                   |                    |
| Negative health-related behaviors treated and documented (DD Form 2796), as required             |  |                   |                  |                   |                    |
| Health care extended to DA civilians for deployment related conditions                           |  |                   |                  |                   |                    |
| SIGNATURE OF CERTIFYING OFFICIAL   |  | RANK/TITLE        |                  | DATE (YYYY/MM/DD) |                    |

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

| NAME ( <i>Last, First, Middle</i> )   |               |    |                    |                   |                   |  |
|---|---------------|----|--------------------|-------------------|-------------------|--|
|   |               |    |                    |                   |                   |  |
| Deployment Cycle Support Tasks  |               |    |                    |                   | SSN               |  |
|   |               |    |                    |                   | DCS<br>VALIDATION |  |
| Completed   | Not Completed | NA | DATE<br>YYYY/MM/DD |                   |                   |  |
| SECTION VI - Post - Deployment Stage  |               |    |                    |                   |                   |  |
| Medical / Dental Health Teams   |               |    |                    |                   |                   |  |
| DA Form 3349 (Medical Profile) completed  |               |    |                    |                   |                   |  |
| Initial TB Test completed   |               |    |                    |                   |                   |  |
| Serum specimens drawn at return to home station (AA) / and DEMOB Station (RC)                 |               |    |                    |                   |                   |  |
| Permanent health record updated with deployment health record                                 |               |    |                    |                   |                   |  |
| Military Pay Office   |               |    |                    |                   |                   |  |
| Current status of DoD charge card holders reviewed  |               |    |                    |                   |                   |  |
| Travel advance provided for Soldiers with TCS orders  |               |    |                    |                   |                   |  |
| Financial briefings conducted   |               |    |                    |                   |                   |  |
| Allotment changes expedited   |               |    |                    |                   |                   |  |
| BAH for AGR Soldiers adjusted   |               |    |                    |                   |                   |  |
| Entitlements / Special Pay reviewed   |               |    |                    |                   |                   |  |
| Legal Assistance Office   |               |    |                    |                   |                   |  |
| Wills updated, as required  |               |    |                    |                   |                   |  |
| Power of Attorney Provided, as required   |               |    |                    |                   |                   |  |
| Counseling on civil matters provided, as required   |               |    |                    |                   |                   |  |
| Personnel informed on legal rights under Servicemembers' Civil Relief Act (SCRA), as required |               |    |                    |                   |                   |  |
| RC personnel informed on legal rights under SCRA  |               |    |                    |                   |                   |  |
| Legal assistance to RC Soldiers provided, as required   |               |    |                    |                   |                   |  |
| Tax classes / information for spouses provided, as required                                   |               |    |                    |                   |                   |  |
| Claims for personal property submitted  |               |    |                    |                   |                   |  |
| Installation Management Command   |               |    |                    |                   |                   |  |
| Family Readiness staff shortages (ACS / FAC) identified, as required                          |               |    |                    |                   |                   |  |
| AA and RC Family Readiness Groups educated on available services, as required                 |               |    |                    |                   |                   |  |
| Families educated about services provided through Military OneSource, as required             |               |    |                    |                   |                   |  |
| Families identified and referred who have experienced major problems, as required             |               |    |                    |                   |                   |  |
| DA civilians referred to the Employee Assistance Program Coordinator, as required             |               |    |                    |                   |                   |  |
| DA civilians informed of the Office of Worker's Compensation Programs process                 |               |    |                    |                   |                   |  |
| Operation READY Reunion / Reintegration training for Soldiers and spouses                     |               |    |                    |                   |                   |  |
| Operation Ready Communication with Spouses, Families, and Children training                   |               |    |                    |                   |                   |  |
| Operation Ready Post-Deployment Battlemind training for families completed                    |               |    |                    |                   |                   |  |
| DEERS / RAPIDS / ID Card Office   |               |    |                    |                   |                   |  |
| ID Cards / ID Tags updated, as required   |               |    |                    |                   |                   |  |
| DEERS / RAPIDS enrollment completed, as required  |               |    |                    |                   |                   |  |
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| SIGNATURE OF CERTIFYING OFFICIAL  | RANK/TITLE    |    |                    | DATE (YYYY/MM/DD) |                   |  |

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

|  |  |                   |                  |                   |                    |
|--|--|-------------------|------------------|-------------------|--------------------|
| NAME (Last, First, Middle)   |  | SSN               |                  |                   |                    |
| Deployment Cycle Support Tasks   |  | DCS<br>VALIDATION |                  |                   |                    |
|  |  | Completed         | Not<br>Completed | NA                | DATE<br>YYYY/MM/DD |
| <b>SECTION VII - Reconstitution Stage</b>  |  |                   |                  |                   |                    |
| <b>Unit Commander / Unit Leadership</b>  |  |                   |                  |                   |                    |
| Unit Refresher / Army Sexual Assault Prevention and Response training, as required                 |  |                   |                  |                   |                    |
| Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required                   |  |                   |                  |                   |                    |
| Disciplinary and adverse administrative actions finalized, as required                             |  |                   |                  |                   |                    |
| OERs, NCOERs, civilian evaluations, and awards completed, as required                              |  |                   |                  |                   |                    |
| Soldier counseling conducted, as required  |  |                   |                  |                   |                    |
| Soldiers with potential financial issues referred to financial training or assistance, as required |  |                   |                  |                   |                    |
| Substance Abuse briefing conducted   |  |                   |                  |                   |                    |
| Safety briefings conducted on POV, etc., as required   |  |                   |                  |                   |                    |
| Operator licenses, registrations, insurance policies, and safety inspections verified, as required |  |                   |                  |                   |                    |
| ACAP services provided to affected Soldiers, as required   |  |                   |                  |                   |                    |
| Command Climate Survey conducted   |  |                   |                  |                   |                    |
| RC Soldiers reintegrated into civilian workplaces  |  |                   |                  |                   |                    |
| Reintegration-Unit Risk Inventory (R-URI) conducted 120-180 days after redeployment                |  |                   |                  |                   |                    |
| Soldiers who PCS and TCS complete the DCS process, as required                                     |  |                   |                  |                   |                    |
| Soldiers encouraged to communicate with family throughout the deployment cycle                     |  |                   |                  |                   |                    |
| <b>Unit Ministry Team / Installation Chaplain</b>  |  |                   |                  |                   |                    |
| Suicide Awareness and Prevention training conducted, as required                                   |  |                   |                  |                   |                    |
| Families with reported stress and separation issues identified, as required                        |  |                   |                  |                   |                    |
| Small group discussions on deployment experiences facilitated, as required                         |  |                   |                  |                   |                    |
| Spouses provided opportunity to take marital assessment, as required                               |  |                   |                  |                   |                    |
| Soldiers complete marital assessment instrument, as required                                       |  |                   |                  |                   |                    |
| Opportunity to attend voluntary marriage education / enrichment workshop provided                  |  |                   |                  |                   |                    |
| PDHRA Battlemind training for Soldiers conducted (recommend in conjunction with PDHRA)             |  |                   |                  |                   |                    |
| Suicide Intervention Skills Training for Leaders and Gatekeepers                                   |  |                   |                  |                   |                    |
| <b>Personnel Service Center</b>  |  |                   |                  |                   |                    |
| MMRB, MEB, PEB conducted, as required  |  |                   |                  |                   |                    |
| <b>Medical / Dental Health Teams</b>   |  |                   |                  |                   |                    |
| Individuals screened for medical profile geographic or climate duty limitation, as required        |  |                   |                  |                   |                    |
| Behavioral Health Assessments conducted  |  |                   |                  |                   |                    |
| TRICARE benefits briefing conducted, as required   |  |                   |                  |                   |                    |
| 90 day TB Test requirements completed  |  |                   |                  |                   |                    |
| Serum specimen requirements completed  |  |                   |                  |                   |                    |
| PDHRA assessments completed (recommend in conjunction with PDHRA Battlemind training)              |  |                   |                  |                   |                    |
| Permanent health record updated with deployment health record                                      |  |                   |                  |                   |                    |
| <b>Legal Assistance Office</b>   |  |                   |                  |                   |                    |
| Wills updated, as required   |  |                   |                  |                   |                    |
| Power of Attorney provided, as required  |  |                   |                  |                   |                    |
| Counseling on civil matters provided, as required  |  |                   |                  |                   |                    |
| Legal assistance to RC Soldiers provided   |  |                   |                  |                   |                    |
| Tax class / information for spouses provided, as required  |  |                   |                  |                   |                    |
| Claims for personal property submitted, as required  |  |                   |                  |                   |                    |
| <b>Installation Management Command</b>   |  |                   |                  |                   |                    |
| Family Readiness staff shortages (ACS / FAC) identified, as required                               |  |                   |                  |                   |                    |
| AA and RC Family Readiness Groups educated on available services, as required                      |  |                   |                  |                   |                    |
| Families educated about services provided through Military OneSource, as required                  |  |                   |                  |                   |                    |
| Reunion / Reintegration training to Soldier's spouses, as required                                 |  |                   |                  |                   |                    |
| SIGNATURE OF CERTIFYING OFFICIAL   |  | RANK/TITLE        |                  | DATE (YYYY/MM/DD) |                    |

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