

This is a web-optimized version of this form.

Download the original, full version:

www.usa-federal-forms.com/download.html

Convert any form into fillable, savable:

www.fillable.com

Learn how to use fillable, savable forms:

Demos: www.fillable.com/demos.html

Examples: www.fillable.com/examples.html

Browse/search 10's of 1000's of U.S. federal forms converted into fillable, savable:

www.usa-federal-forms.com

SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

For use of this form, see AR 600-8-8; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC Section 301.
PRINCIPAL PURPOSE: Personnel service support.
ROUTINE USES: To counsel soldier or civilian employee about sponsorship program entitlements, obtain a sponsorship election, and provide information to gaining battalion or activity on arrival of new members.
DISCLOSURE: Mandatory. Nondisclosure may prevent participation in the sponsorship program.

1. SPONSORSHIP PROGRAM ENTITLEMENTS. *(To be used by personnel reassignments work center or civilian personnel office in counseling soldier or civilian employee about sponsorship program.)*

- a. Welcome letter
- b. A sponsor for information and help
- c. Army Community Service relocation services
- d. Greeting upon arrival
- e. Assistance with inprocessing and outprocessing
- f. Orientation to the new unit or activity and the community

2. SPONSORSHIP PROGRAM ELECTION. A sponsor will be appointed unless soldier or civilian employee initials the space below.
 _____ I do not want a sponsor.

3. ARRIVAL INFORMATION TO ASSIST GAINING BATTALION OR ACTIVITY:

a. I expect to arrive at your command on/about _____ .
(Month and Year)

b. My status will be *(check one)*:

Married/accompanied
 Single/accompanied
 Married/unaccompanied
 Single/unaccompanied

c. Accompanied by family members:

NAME	AGE	SEX	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. LOCATOR INFORMATION

a. CURRENT UNIT/ACTIVITY ADDRESS	b. DSN PHONE NUMBER
c. LEAVE ADDRESS AND PHONE NUMBER At this address until:	d. HOME ADDRESS AND PHONE NUMBER At this address until:

5. REQUEST INFORMATION ON: *(Note: If soldier or employee is being relocated near an Army Community Service Center, he or she may obtain general information such as housing, medical facilities, and schools for that area by contacting the local Army Community Service.)*

I have been counseled on the sponsorship program and understand my entitlements.

TYPED OR PRINTED NAME	RANK/GRADE	SSN
MILITARY CAREER FIELD/CIVILIAN OCCUPATIONAL SERIES	SIGNATURE	DATE