



IN-PROCESSING

Welcome to Airman and Family Readiness Center (AFRC) **RELOCATION ASSISTANCE.**

So that we may serve you better, please complete the following:

Date _____ Last duty station: _____ Assigned Unit: _____ SSN: _____
 Name _____ DOB: _____ Rank _____
 Branch of Service: _____ Married: **Yes** ___ **No** ___ (If yes, please provide spouse information in box at bottom of page)
 Phone (H): _____ (C): _____ (W) _____ Email: _____
 Mailing Address: _____

Please check one of the following: Active Duty Other

Please indicate below the service(s) you desire from the **RELOCATION ASSISTANCE PROGRAM.**

- | | | | |
|--|------------|-----------|------------|
| 1. Is this your first duty assignment after completing Basic Training. | Yes | No | |
| 2. Is this your first assignment to this installation? | Yes | No | |
| 2. Did you receive a Welcome Packet prior to arriving at this installation? | Yes | No | |
| 3. Did you use or was told about Military Home Front prior to arriving at this installation? | Yes | No | |
| 4. Are you interested in Relocation Counseling? | Yes | No | N/A |
| 5. Did you use or desire to use the Lending Closet? | Yes | No | |
| 6. Did you have or requested a sponsor? If you did/did not, please explain: | Yes | No | |

7. Do you have a foreign-born spouse? **If yes, please provide spouse information in box at bottom of page)**
Yes **No** **N/A** **Language spoken** _____
8. Does your foreign-born spouse need ESL/Immigration services? **(Please circle one or both)**
Yes **No** **N/A**
9. Do you have children? If yes, what are their ages. _____, _____, _____, _____ **School District:** _____
Yes **No** **N/A** **School Attend:** _____
10. Would you like your child to have a youth sponsor? If yes, please provide contact info: _____
Yes **No** **N/A**
11. Is your spouse looking for employment or scholarship information? **(If yes, please provide spouse information in box below)**
Yes **No** **N/A**
12. Are you interested in budget preparation, debt liquidation, or financial planning for the future?
Yes **No**
13. Are you in need of emergency financial assistance?
Yes **No** **N/A**
14. Do you have an Exceptional Family Member?
Yes **No** **N/A**
15. Are you interested in Stress/Anger Management, Parent Support and Life Skills Classes?
Yes **No** **N/A**
16. Other (please explain). _____

PRIVACY ACT STATEMENT
AUTHORITY: 10 USC 8013, and Executive Order 9397.
PRINCIPAL PURPOSE, Client demographics are required for accurate service delivery, analysis, and future program planning. To provide appropriate background information needed for Airman and Family Readiness Center personnel to help individuals seeking assistance.

ROUTINE USES: This information may be disclosed to federal, State, or Local agencies to obtain information concerning hiring or retention of an employee, issuance of other benefit, to a congressional office in response to their inquiry made at the request of the individual, to the Office of Management of Budget in connection with review of private relief legislation as set forth in OMB Circular A-19, to NARA for records management inspections, and to the Department of Justice for pending or potential litigation.

****To assist AFRC in providing quality Outreach service to your spouse and to ensure a smooth transition to Shaw, please provide the following information for this contact to be made:

Spouse's Full Name: _____ **MIL to MIL YES** ___ **NO** ___

Phone: _____

Mailing Address: _____
 Street City State Zip Code

Email Address: _____

Did your spouse accompany you to Shaw AFB? Yes No

If not, when will your spouse be arriving ? _____