



Welcome to the Hearts Apart Support Program!

The Fort Bliss Hearts Apart is a proactive program designed to assist families who are geographically separated from the military sponsor due to mobilization/deployment, TDY or PCS/Relocation. The focus of this group is to build friendships and ease the stress and demands on the family during times of separation. Hearts Apart also serves as a liaison between military and civilian agencies to ensure assistance is provided for family members.

To sign up:

- * Military ID card holder
- * Copy of their sponsor's orders
- * Application form.

Families are eligible one month prior to the departure of the soldier and one month after their return. If you are interested in learning more about Hearts Apart please feel free to contact Army Community Services.

Goodbyes and separations from your loved one can be challenging... Let Hearts Apart provide you with supportive fellowship and fun!

We thank you for your interest in the program and hope that it is a help during your time of separation. Thank you for supporting your soldier and our country! We hope to be of assistance to you while your sponsor is away.

Best Regards!

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Application Form

Deploying Soldier (Last, First): _____

Last 4 of SSN of Soldier: _____ Soldier's Rank: _____

Brigade/Unit/Company: _____

Deployment Assignment: _____

Departure Date: _____ Return Date: _____

Hearts Apart Member's Name: _____ DOB: _____

E-Mail: _____

Telephone: _____

Would you like to be added to our PRIVATE invitation only Hearts Apart Facebook group? YES NO

E-Mail used for Facebook: _____

Facebook Name: _____ (Facebook name will be used to verify account)

Photo Release: On occasion, photos / videos may be taken. Please check the box to approve your photo and use of your image for our (ACS / MWR / Hearts Apart Facebook pages)

YES I agree for my image to be used for social media usage. ____ Initials

YES I agree for the use of my minor children's image to be used for social media usage. ____ Initials

Names and DOB of children: (Please list all dependents regardless of residence)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I have received, read, understand and Agree to the rules of participation.

Sign: _____ Date: _____

****Please return to ACS up to one month before departure date with a copy of orders****

STAFF USE ONLY

Added to Directory Added to FB Copy of Orders Received Welcome Letter Emailed Staff Initials _____