**Unit\_\_\_\_\_\_\_\_\_\_ Soldier’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rank\_\_\_\_\_­­\_\_**

**Family Readiness Information Survey**

The mission of the Family Readiness Group is to provide you with a network of communication and support. You will receive information by phone, email and through social media. In addition you will be invited to attend FRG meetings with guest speakers and team building activities. Filling out this form will help you improve your family readiness. If the soldier is filling out the form for a family member, the FRG will contact the FM to verify the information. Participation in the FRG is voluntary and confidential, and any information will be used for FRG purposes only. Prior to deployment, you will be asked to verify/update the form. Disclosure is voluntary, but failure to disclose the requested info may decrease FRG effectiveness in some instances.

1. **Family Member Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_ Anniversary\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Family member reside with the sponsor? Yes No

1. **Children’s Information**

**Name Age School/Daycare Reside w/ you Enrolled in CYS**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Yes [ ] No [ ] Yes [ ] No

1. Who is authorized to pick up your children from school/daycare?

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this person have a medical POA for your children? [ ] Yes [ ]  No
2. Are you or your spouse expecting a baby? [ ]  Yes [ ]  No

 Due date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a special POA for DEERS enrollment? [ ] Yes [ ]  No
2. List any special needs you or your family may have (such as a disability, serious illness, language barrier, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Pets**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Emergency Information (to be filled out by spouse/family member)**

Who can we call in the event of an emergency? Please list a relative, friend, neighbor, etc. Do not list your soldier.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_­­\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_­­\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_­­\_\_\_\_\_\_\_\_\_

1. **Documents**

[ ] Military ID card Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  General POA Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Driver’s license Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Car Registration Expiration date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  DD93

[ ]  SGLI

[ ] Special POA’s for DEERS, car registration, taxes, selling a house or auto, finance, etc.

1. **Travel**

 Are you planning any trips away from Fort Bliss during the deployment? Yes[ ]  No[ ]

Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please notify the Rear Detachment when you depart the area for more than 48 Hrs. Notify housing when you leave for more than 14 days.

1. **FRG related Information-Please check all that apply**

I would like to be contacted by the FRG using [ ] telephone [ ] email [ ] text

I give permission for my contact information to be published in the FRG Roster which will be used only by the command and FRG members for Official purposes. [ ]  Yes [ ] No

[ ] Phone number [ ]  address [ ] email

When is the best time to contact you? [ ]  9-12 [ ] 12-5 [ ] 5-9

The FRG is run by volunteers, are you interested in helping with any of the following?

Training provided

[ ] Making phone calls [ ] planning events [ ] Welcome/Hospitality/Meals

[ ] Fundraising [ ] Social Media [ ] Childcare

[ ] Care Teams

[ ] I am unable to volunteer at this time.

Are you interested in attending ACS training for any of the following FRG positions?

[ ] Key caller [ ]  FRG Leader [ ]  Treasurer [ ] Care Teams

 Have you attended any of the following ACS Training?

[ ] Key caller [ ]  FRG Leader [ ]  Treasurer [ ] Care Teams

The information above is correct to the best of my knowledge. I will try and do my part by informing the FRG with any changes.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIVACY ACT STATEMENT

Authority 10 U.S.C. Section 3010, 5 U.S.C. 522a

Principle purpose information will be used to provide support, outreach, and information to family members

Routine uses: Primary Use of this information is to facilitate volunteers in providing command information to family members concerning unit events and in emergencies.

Disclosure is voluntary. Failure to disclose the requested information may decrease FRG effectiveness in some instances.