

Deployment Family Readiness Packet

(Please fill in all applicable areas)

PRIVACY ACT STATEMENT

Authority: Title 10 USC, Section 3012. **Principle Purpose:** To assist the Command and Army Agencies in their mission of providing support, outreach, and information to family members. **Routine Uses:** (1) To provide the command leadership information necessary to assist you in your time of need. (2) To identify specific problems and needs of Soldiers and their Families **Mandatory or Voluntary disclosure and the effect on the individual not providing information:** Disclosure of this information is voluntary; however, failure to provide the required information could result in a delay in providing assistance to the individual and/or family members.

SOLDIER INFORMATION: SS# _____ MOS _____

Last Name _____ First Name _____

Rank: _____ Company/BN: _____ Platoon: _____

Section: _____ DEROS: _____ Birthday (DD/MMM/YY): _____

Religious Preference: _____ Blood Type: _____

Mailing Address: CMR _____ Box _____ APO AE _____

(If barracks) Building # _____ Room # _____

Off-post Address: (German street address)

Street _____ City/Town _____

Zip _____ Home Number: _____

Cell Number: _____ Work Number: _____

Email Address _____

Next of Kin (If married, Secondary Next of Kin- **not your spouse or children**)

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone #: _____

Parent Information: (If not listed as your Next of Kin above)

Do Not contact

Name: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Email: _____

Soldier USAREUR POV License #: _____ Exp. Date (DD/MMM/YY): _____

Number of POVs: _____

PLATE #	EXP. DATE (DD/MMM/YY)	OWNERSHIP (SINGLE/JOINT/CO)	STORED?

Check here if married: Anniversary Date (DD/MMM/YY): _____

PET INFORMATION:

Please list any pets living in Germany:

PET TYPE (Dog, cat, etc.)	NAME	STRANGER FRIENDLY Y/N:	CHILD FRIENDLY Y/N	REGISTERED ON POST Y/N:

Who will care for your animals in case of an emergency?

Name Phone Number
1) _____

2) _____

Feeding Instructions: _____

Special Instructions: _____

Off-post Veterinarian: _____

Children not living in Germany:

CHILD'S NAME:	BIRTH DATE: (DD/MMM/YY)	WHERE LOCATED STATESIDE:

Are you or your spouse expecting a baby? **Y** **N**

If Yes, Due date (DD/MMM/YY): _____

I/my spouse expects to go to the following hospital: _____

The following person(s) have agreed to drive me/my spouse to the hospital or pick me up once I am released:

Primary _____
(Name) (Contact number)

Alternate _____
(Name) (Contact number)

Do you have a secondary family care plan (not your spouse)? **Y** **N**

(Name) (Contact number)

*** (This is a short-term family care plan in the event you and your spouse are not able to care for your children. This should be a person who, locally and legally, is able to care for your children, until stateside family can arrive, or your spouse, if possible, can return to help.) ***

SPOUSE INFORMATION:

Last Name _____ First Name _____

Birthday (DD/MMM/YY): _____ ID Card Exp. (DD/MMM/YY): _____

Address: (Street address) Germany Stateside Other

Street _____ City/Town _____

State: _____ Zip _____ Country: _____

Home Number: _____ Cell Number: _____

Email Address _____

Citizenship: _____ Passport #: _____

Passport Exp. (DD/MMM/YY): _____ Resident Alien (Have Green card) **Y** **N**

What is your primary language? _____

Do you speak more than one language? **Y** **N**

If yes, please list:
(Strongest to weakest) _____

If you do not speak English, is there someone who can translate for you other than your spouse?

Name: _____

Phone Number: _____

Spouse Next of Kin (Secondary Next of Kin- **not your spouse or children**)

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone #: _____

Parent Information: (If not listed as your Next of Kin above)

Name: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

USAREUR POV License #: _____ Exp. Date (DD/MMM/YY): _____

Do you have a stateside driver's license? **Y** **N**

Do you have access to a working car? **Y** **N**

Do you have a Power of Attorney? **Y** **N** General Special

Expiration Date (DD/MMM/YY): _____

Are you employed? If yes: Name of Employer _____

Workplace: _____ Work Number _____

Whom could we contact **locally** in case of an emergency (*in Germany, other than your spouse*)?

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Language: _____

Whom could we contact **stateside** in case of an emergency (*other than your spouse*)?

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Language: _____

Your Religious Preference: _____

CASUALTY NOTIFICATION:

Do you wish to be notified of casualties (not affecting your Soldier) within your battalion?

Y N

In the event of casualty notification, who LOCALLY (in Germany) would you want to be with you for support after the CNO (Casualty Notification Officer) Team has departed?

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

STATESIDE INFORMATION:

Should you go back stateside at any time during the deployment, where/how might we be able to contact you?

1. Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

2. Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

3. Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

****** Prior to traveling, please inform either your FRG Leader, FRL (Family Readiness Liaison) or FRSA (Family Readiness Support Assistant) of your travel dates and plans*** (During Deployment or other extended separations)***

Accurate telephone number(s) is/are needed to be maintained in the Battalion database for Soldier emergency contact purposes.

FRG Rosters are used for official FRG and command business only, the types of phone calls you will receive will be of informational nature. If you receive any other type of call, please contact your FRG Leader, FRL or FRSA.

(If married, spouses must print and sign)

Printed Name: _____

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Purpose: Voluntary inpatient care notification to my Family Readiness Group (FRG).

Authorization & Disclaimer:

I am at least 18 years of age and am command sponsored by _____.

I voluntarily authorize my Patient Liaison to notify my FRG Leader of my inpatient hospitalization around the Schweinfurt or Grafenwöhr communities. The purpose of this limited authorization is to facilitate unit morale support and accountability of the affected service members and command sponsored dependents. This form does not constitute consent for third party release of medical treatment or insurance information otherwise protected by the Privacy Act and/or the Health Insurance Portability and Accountability Act.

The FRG notification information provided in this form is protected by the Privacy Act of 1974 and subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Department of Health and Human Services privacy rule in regard to that Act, and the DoD 6025.18-R, DoD Health Information Privacy Regulation.

This FRG notification authorization will expire within twelve (12) months of this _____ day of _____, 20____.

ADULT DEPENDENT'S SIGNATURE

ADULT DEPENDENT'S NAME

LAST 4 SSN: XXX-XX-_____

FRG LEADER'S NAME

NOTIFICATION CONTACT NUMBER: _____

FOR OFFICIAL USE ONLY