

Leader Battalion Spouse Preference Form

This form should be completed by **YOU**. This is a form created for the Leader Battalion and to be held with the Rear Detachment Commander so they can better assist you should an emergency occur involving you, your children or your Soldier. Please be sure you take the time to complete this form, whether in part or completely, and give it (in a sealed envelope, if you wish) to your CFRR. They will record that you have completed this form and give it to the Rear Detachment for safekeeping.

This form helps the Rear Detachment know better how to help you if an emergency should occur. Specifically, it clarifies whom you would like to come and help you /be with you should your Soldier be seriously injured or die. This person **WILL NOT** come with the Official Notification Team, but will be called after you have been officially notified so they can be with you and support you. Further, should the SFRG or the Rear D need to reach you and are unable to do so from the phone number on our rosters, they will refer to this form to see if you have a friend/neighbor who generally knows your whereabouts. Again, **NO ONE** will be told of a death or serious injury before you are officially notified.

It is important that you periodically check this form to be sure none of the information on it has changed. This is a way for both the SFRG and the Rear D to better help you should a trauma happen in your family or to your Soldier.

Please return this form to your CFRR your 1SG or the Rear D Cdr. It is important we have this on file to help you and your family in the event an emergency occurs!

How do I get one? Ask your CFRR, your Point of Contact, BN SDNCO, the BN Chaplain or the BN S1 for this form.

Phone Number: Call if you don't know your CFRR or Point of Contact phone number. The BN SDNCO can look up your CFRR's phone number and email for you.

Directions to the BN Headquarters located at BRIGADE:

XXXX SPOUSE PREFERENCE FORM

Return this form to YOUR CFRR or MAIL TO:

AFCB-KC-G
Commander
Xxx
Xxx
xxx

Please Note: In the event of a serious incident, only the commander (or his representative and a chaplain will come to your home to notify you.

Authority: Title 10 USC, Section 3012. **Principle Purpose:** To assist the **UNIT** BN in responding to your needs and preferences if your spouse is involved in a serious incident. **Routine uses:** To provide the command information necessary to assist you in your time of need. **Mandatory and voluntary disclosure and effect on individual not providing information:** Disclosure of this information is voluntary, however, failure to provide this information may affect the command's ability to promptly respond to your needs.

Soldier's Name: _____ **YOUR** Name: _____

Address/City _____

Home Phone (with area code): _____

YOUR Cell Phone (with area code): _____

Back up address (where you are likely to be if not in Fort Carson area):

Company **YOU** Work For: _____ **YOUR** Work Phone: _____

Your Position: _____ Hours _____

If the unit cannot get a hold of you, who could they contact who would most likely know where you are (i.e., mother, friend etc)

Name: _____ Relationship _____ Phone# _____

List all children (whether living with you or not; include those from previous marriage.

Use back as needed) IF they attend a local school, please indicate what school:

<u>First and Last Name</u>	<u>Address</u>	<u>Phone</u>	<u>Birth Date</u>
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Do you speak English? _____ With which language are you most comfortable? _____

Please list any special physical, medical, or dietetic needs? _____

What is your religious preference? _____

What is your spouse's religious preference? _____

What chapel or church do you attend regularly? _____

What is your local minister's name and phone? _____

Do you have pets? _____

Do you want to receive regular updates from your SFRG?

After being notified of a serious incident is there someone *locally* we should contact for your emotional support?

First and Last name

Address/Phone

Please sign and date: _____

SOLDIERS AND THEIR FAMILIES SHOULD DISCUSS THE FOLLOWING:

- \$400,000. Servicemen's Group Life Insurance policy (*and any other life insurance policies*)
- Declaration of Beneficiaries (DD Form 93)
- Wills
- Powers of Attorney
- Location of important papers

**IN THE SPACE BELOW, PLEASE DRAW A MAP THAT SHOWS
HOW TO GET TO YOUR HOME FROM FORT CARSON'S GATE 1**