**Family Member Information Survey**

In the event the non-deployed family member becomes incapacitated, the information listed below will assist the SFRG in locating short term assistance for family members remaining in the home. Information provide on this survey is voluntary and confidential, and will be maintained by the Command Family Readiness Representative.

# Family Member Information

Name: Phone Number: ( ) Alternate Phone: ( )

Mailing Address: City: State: Zip: Name of Sponsor/Soldier: Unit: Rank: Does the family member reside with the sponsor? Yes No

# Children’s Information

Name: Age: School/Daycare: Name: Age: School/Daycare: Person designated to pick up children from school/daycare:

Name: Phone Number: Are you or your spouse expecting a baby? If so, when is the due date?

# Emergency Information to be filled out by the family member

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

Local Name: Phone: Relationship: Local Name: Phone: Relationship: Name: Phone: Relationship: List any special needs you or your family may have (such as a disability, serious illness, language barrier, etc.)

Please list number and types of household pets: Who has permission to enter your home in the event of an emergency: The information above is correct to the best of my knowledge. I will try and do my part by informing the SFRG of 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.

Mandatory or Voluntary Disclosure: Voluntary