

# Army Community Service (ACS)

## Relocation Readiness Program Out-Processing Form

PRINCIPAL: Information is solicited under the authority of 10 U.S.C. 3013 and Executive Order 9397 to provide a basis for evaluating your need for assistance and to provide a record of action taken. ROUTINE USES: Information may be referred to other government agencies or to community social services necessary to resolve the problem. DISCLOSURE: Disclosure of information is voluntary. Failure to disclose all or part of the information could impede ACS personnel from being able to assist you effectively.

<b>Name (First, MI, Last):</b>		<b>DOB (MM/DD/YYYY):</b>		<b>Branch of Service:</b>	
<b>Out-processing Type:</b>  <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Chapter   ETSing   PCSing   Retiring </div> <div style="font-size: 2em; color: red; margin-right: 10px;">}</div> <div> Final Out / Report Date (MM/DD/YYYY): _____ </div> </div>		<b>Marital Status:</b>  <input type="checkbox"/> Divorced <input type="checkbox"/> Dual Military <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single		<b>Gender:</b>  Female  Male	
<b>Pay Grade:</b>	<b>Unit:</b>	<b>Email (Civilian or military):</b>			
<b>Gaining Installation (Specific location):</b>		<b>Phone:</b>	<b>Assignment Length:</b>	<b>Child (ren) Ages (s):</b>	
<b>Home Address:</b>				<b>Is this your first PCS/move?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>If medically separating, do you have questions on your benefits, entitlements and leave calculations.</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes – We will have the Soldier & Family Assistance Center contact you				<b>Do you have an AER balance?</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Married Soldiers ONLY</b> - Fill out below information					
		<b>Spouses Name (First, MI, Last):</b>		<b>Spouses DOB (MM/DD/YYYY):</b>	
		<b>Spouses Email:</b>		<b>Spouses Phone:</b>	
		<b>Spouses Address:</b> <input type="checkbox"/> Same as above		<b>Spouses Primary Language:</b>	
		<b>Spouses Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Are you or your spouse expecting?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Signature:</b>			<b>Date:</b>		

-----FOR OFFICE USE ONLY-----

Staff Member who assisted:	Date entered into CTS (MM/DD/YYYY):
	Referred to:

## EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET

For use of this form, see AR 608-75; the proponent agency is ACSIM.

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.

**PRINCIPAL PURPOSE:** To identify soldiers that have family members for enrollment in the EFMP.

**ROUTINE USES:** To federal, state, and local medical agencies in order to provide an exceptional family member with medical treatment when the Department of the Army does not have a suitable treatment facility.

**DISCLOSURE:** Disclosure of the requested information is mandatory. Failure to provide the information may result in disciplinary and/or administrative action. Additionally, failure to provide the information may result in an EFM not receiving necessary medical care.

1. NAME OF SOLDIER

2. RANK

3. UNIT

4a. HOME ADDRESS

b. HOME PHONE NUMBER

5a. DUTY ADDRESS

b. DUTY PHONE NUMBER

c. FAX NUMBER

d. EMAIL ADDRESS

6. Do you have a family member (*child or adult*) with a physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, counseling, equipment, assistance or medical care above the level of a general practitioner? ☐ YES ☐ NO

7. If the answer to the above question is yes, is the family member enrolled in EFMP? ☐ YES ☐ NO

8. The EFMP works with the other military and civilian agencies to provide comprehensive, coordinated community support, educational, housing, personnel, and medical services to families with special needs. Enrollment in EFMP is mandatory and benefits the family by considering medical and special education needs in the military personnel assignment process. Medical needs are considered in the worldwide assignment process whereas special education needs are only considered in overseas assignments.

9. The above information is true and correct to the best of my knowledge.

a. SIGNATURE OF SOLDIER

b. DATE SIGNED (YYYYMMDD)