

Operation Ready Families Program

Pre-Deployment/Family Readiness Checklist

PRIVACY ACT STATEMENT

The information on this form will only be used by the Commander and other authorized military and Family Program volunteer staff in support of the Guard Family Program and Guard family members. This information is protected by the Privacy Act and will not be released without the service member's consent.

UNIT _____

DATE (When first completed for inclusion in DA Form 201 File) _____

*** This information must be recertified at the time of annual DA Form 201 file birth month review.**

Recertification	a. Init	Date	b. Init	Date	c. Init	Date
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SECTION I - GUARD MEMBER DATA

Last Name	First Name	Middle	Rank	Social Security No.
Employer Name and Address			()	()
(Street, City, State, Zip)			Work Phone	Home Phone
If mobilized, do you expect difficulties with your employer and wish assistance from the Employer Support Office? Yes No				

SECTION II - FAMILY READINESS INFORMATION (Part I)

I identify the following people as **MY KEY ADULT FAMILY MEMBERS:**

Name:	_____	Relationship	_____
	Last First Middle		(Father, Mother, Spouse, etc.)
Address:	_____		
	*Street/P.O. Box No.	City/Town	State Zip
Home Phone:	() _____	Work Phone:	() _____
Employer:	_____		
	Company/Business Name	Location (City/State)	
Name:	_____		
	Last First Middle	Relationship	(Father, Mother, Spouse, etc.)
Address:	_____		
	*Street/P.O. Box No.	City/Town	State Zip
Home Phone:	() _____	Work Phone:	() _____

If you have other Key Adult Family Members that you want contacted by the Family Readiness Network, please provide their information on a separate piece of paper.

** If P.O. Box, be sure to list Street Address also.*

SECTION II - FAMILY READINESS INFORMATION (Part II)

Have all of your eligible Key Family Members (spouse, children, etc.) been issued ID Cards?	(Circle One) Yes No
Have you been issued a <i>Family Pre-Deployment Handbook</i> ?	Yes No
Do your family members know what to do if they need Family Assistance?	Yes No
Do any family members have special needs (disability, impairment, special medical/ health needs)? If so, please identify.	Yes No

Name	Relationship (Father, Mother, Spouse, etc.)	Special Need /Care Needed
Name	Relationship (Father, Mother, Spouse, etc.)	Special Need /Care Needed
Name	Relationship (Father, Mother, Spouse, etc.)	Special Need /Care Needed

SECTION III - LEGAL INFORMATION

Do you have a will? If yes, when was the last time it was reviewed? _____ (Circle One)
 Yes No
 Have you given anyone your Power of Attorney? If Yes, who? _____ Date: _____ Yes No
 Does your Key Family member or Spouse know where your important documents are kept? _____ Yes No

SECTION IV - FAMILY CARE INFORMATION

Are you a Single/Separated, Divorced, Widowed or Dual Service Parent? (if yes, indicate which) _____ Yes No
 Have you completed a Family Care Plan? (if yes, indicate date completed) _____ Yes No
 Name of designated Long-Term Guardian for dependent(s): _____
 Relationship of Long-Term Guardian to you: _____
 Address of Long-Term Guardian: _____

SECTION V - FINANCE INFORMATION

Do you rent, lease or own your residence? (check one) _____ Rent _____ Lease _____ Own _____ (Circle One)
 Will your family remain at this residence if you are mobilized? _____ Yes No
 If no, please provide their temporary address and phone _____
 Are your bank accounts "Joint Accounts"? _____ Yes No
 Do you have any special allotments? (i.e. alimony, child support, etc.) _____ Yes No
 If Yes, what kind of an Allotment? _____
 Does anyone else have signature authority on your account(s)? Yes No Who? _____
 If mobilized, would your military pay be substantially less than your current civilian and Guard pay combined? _____ Yes No
 Has your family been included in a discussion of budget changes necessary in the event of mobilization? _____ Yes No
 Do you have a budget plan for you and your family to use in the event of mobilization? _____ Yes No
 Are you currently facing financial distress that would likely affect your family if you were mobilized? _____ Yes No

SECTION VI - DEPENDENTS (children or adults who rely upon you for dependent care)

A. Living with You.

Last Name, First Name, MI	Date of Birth

B. Not Living with You.

Name (Last Name, First Name, MI): _____
 Relationship to you: _____ Caregiver: _____
 Address: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____
 Name (Last Name, First Name, MI): _____
 Relationship to you: _____ Caregiver: _____
 Address: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____