



# FOR OFFICIAL USE ONLY

## Marine Corps Air Station Camp Pendleton FAMILY READINESS PROGRAM INFORMATION SHEET

PRINT LEGIBLY TO ENSURE THE ACCURATE TRANSFER OF DATA INTO THE COMMUNICATION TOOL. COMPLETE THE FORM IN ITS ENTIRETY, THEN SIGN AND DATE.

MARINE CORPS FAMILY READINESS PROGRAM MASS COMMUNICATION TOOL PRIVACY ACT STATEMENT					
<b>AUTHORITY:</b> 10 USC 5013; EO 9397; 10 USC 5041					
<b>PURPOSE(S):</b> To obtain information needed for the Family Readiness Program Mass Communication Tool that will enable Marine Corps Commanders and their designated staff members to communicate in an accurate, rapid and efficient manner with Marine family members and others designated by the Marine en mass. The Tool has the options for sending notifications via email, phone or text messaging. No classified or casualty information will be distributed via this tool.					
<b>DISCLOSURE:</b> Voluntary; however, if an enrollee fails to furnish information requested on this form it may impair the Commands' ability to communicate important information to those you designate, specifically while you are in a deployed status. Enrollees must provide the last four digits of the SSN in order to identify them and their selected contacts.					
<b>Rank</b>		<b>LName</b>		<b>FName</b>	
<b>M.I.</b>					
<b>Section</b>		<b>OIC/SNCOIC</b>		<b>FAP/TAD/PERM</b>	
<b>Street Address</b>			<b>City</b>		<b>State</b>
					<b>Zip</b>
<b>Home Phone (including Area Code)</b> ( ) -			<b>Cell Phone (including Area Code)</b> ( ) -		<b>Alternate Phone (including Area Code)</b> ( ) -
MARITAL STATUS					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent					
<b>Spouse's LName (If Married)</b>			<b>Spouse's FName</b>		<b>Spouse's M.I.</b>
					<b>Geographically Separated</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
SERVICE MEMBER INFORMATION					
1	Do you live in Base Housing/BEQ?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>If Yes, What Housing Area/BEQ &amp; Rm. No.</i>	
2	Have you been deployed before?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>If Yes, number of times</i>	
3	Does your spouse wish to receive regular Family Readiness Communications?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>IF YES, COMPLETE THE CONTACT INFORMATION SHEET. IF NO, PLEASE COMPLETE THE CONTACT REFUSAL FORM</i>	
4	Do you have children?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>If Yes, provide Names and Ages below</i>	
<b>Child's Full Name</b>		<b>Age</b>	<b>Geographically Separated</b>	<b>Child's Full Name</b>	
			<input type="checkbox"/>		
<b>Child's Full Name</b>		<b>Age</b>	<b>Geographically Separated</b>	<b>Child's Full Name</b>	
			<input type="checkbox"/>		
<b>Child's Full Name</b>		<b>Age</b>	<b>Geographically Separated</b>	<b>Child's Full Name</b>	
			<input type="checkbox"/>		
5	Are there special circumstances regarding any of your Family members that you would like to make the FRO aware of?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>IF CHECKED YES, THE FRO WILL INITIATE CONTACT. ANY INFORMATION PROVIDED WILL BE USED TO PROVIDE MORE SPECIFIC REFERRAL SERVICES AND INFORMATION.</i>	
6	Do you have any extended family living with you as a Dependent(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<i>IF YES, PROVIDE NAMES BELOW</i>	
<b>Name</b>		<b>Age</b>	<b>Special Needs</b>	<b>Relationship to Sponsor</b>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name</b>		<b>Age</b>	<b>Special Needs</b>	<b>Relationship to Sponsor</b>	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>NOTE:</b> DISTRIBUTION OF OFFICIAL COMMAND COMMUNICATIONS TO SPOUSES IS AUTOMATIC AND DOES NOT REQUIRE WRITTEN AUTHORIZATION FROM THE UNIT MEMBER.					
_____ Marine's Signature				_____ Date	

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ALL DATA COLLECTED ON THIS FORM WILL BE STORED SECURELY AND PROTECTED FROM UNAUTHORIZED DISCLOSURE. IT WILL BE USED ONLY FOR OFFICIAL COMMAND COMMUNICATIONS

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