

SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET For use of this form, see AR 600-8-8; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE: Title 5, USC Section 301. Personnel service support. To counsel soldiers or civilian employees the benefits of Total Army Sponsorship Program, obtain a sponsorship election, and provide information to gaining battalion or activity on arrival of new members. Mandatory.

1. ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY:

a. I (Rank/Grade and Name) _____ expect to arrive at your command on/about (Month and Year) _____

b. Soldier's/Civilian's contact information: _____

Cell Phone Number: _____ Email Address: _____

c. My status will be (check one):

Married/accompanied Single/accompanied Married/unaccompanied Single/unaccompanied

d. Accompanied by family members:

NAME	AGE	SEX	RELATIONSHIP	EFMP
_____				yes/no

2. SPECIAL FAMILY CONSIDERATIONS:

a. Housing Requirements (check one)

On Post Off Post Housing

b. Special Needs for Family Members; yes no

list special need: _____ if yes list pet and type: _____

d. Day Care Requirements yes no

e. Spouse work requirements yes no

f. List of Local Schools yes no

if yes list type of work _____

g. Contacted By Unit FRG yes no

if yes list email address: _____

3. LOCATOR INFORMATION:

a. CURRENT UNIT/ACTIVITY ADDRESS: _____ b. DSN PHONE NUMBER: _____

c. LEAVE ADDRESS AND PHONE NUMBER At this address until: _____ d. HOME ADDRESS AND PHONE NUMBER At this address until: _____

4. GAINING UNIT INFORMATION:

a. Unit Commander: _____ b. Unit First Sergeant _____

Phone Number: _____ Phone Number: _____

Email address: _____ Email address: _____

c. Unit Sponsor: _____

Phone Number: _____

Email address: _____

5. LOSING UNIT INFORMATION:

a. Unit Commander: _____ b. Unit First Sergeant: _____

Phone Number: _____ Phone Number: _____

Email address: _____ Email address: _____

6. REQUEST INFORMATION ON: (Note: Soldiers or employees may retrieve information regarding their new assignment on Army Knowledge on-Line)

I have been counseled on the sponsorship program and understand my entitlements.

TYPED OR PRINTED NAME: _____ RANK/GRADE: _____ SSN: _____

MILITARY CAREER FIELD/CIVILIAN OCCUPATIONAL SERIES: _____ SIGNATURE: _____ DATE: _____