



OCONUS LEVY BRIEFING



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Concerning PCS Orders

**Any questions or concerns about your
PCS orders,
please go through your S-1.
Not Reassignments.**

Thank you!



Concerning PCS orders

STOP!!!

It is mandatory to fill out the DA Form 4787 if you are taking family members OCONUS. Upon completion of this form with all signatures, please return to the Family Travel Section,

Reassignments located at:

BLDG 1 Pershing Road, Ft. Bliss, TX 79916

• Thank you!





TOTAL ARMY SPONSORSHIP (TASP)



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TASP:

- To obtain a signature/stamp from the Installation Sponsorship Liaison on your PAC Slip **prior** to picking up your clearing papers, you must bring a copy of the 5434 to your BDE level Sponsorship coordinator. They will be located at the S1.
- Soldiers in the rank of PVT-SSG, WO1-CW2, and 2LT-CPT are required to participate in the Sponsorship program, except those on assignment to a PCS length school (more than 20 weeks); bring a copy of your orders to obtain a signature.
- . An assigned sponsor or an approved exception to policy is required to out-process.
- Soldiers in the rank of SFC - CSM, CW3 - CW5, & MAJ - COL may opt-in to participate in the program if they wish to request sponsorship.
- Senior Commanders may determine that Sponsorship is required for all incoming Soldiers within their area of responsibility.
- Upon receiving Assignment Instructions, the Soldier must login to the Army Career Tracker (ACT) website at: <https://actnow.army.mil>.
 - Click on the Sponsorship tab and then DA Form 5434 (Sponsorship Program Counseling and Information Sheet). Select “Create new form” and complete sections 1, 2, 4 and 5.
 - Once each section is complete, a check mark will appear. When all sections are complete, select the “submit” button on the bottom of the page.
- Once a sponsor is assigned by the gaining unit, the Sponsor can then log into ACT and complete the DA Form 5434, section 3. The DA Form 5434 can be completed by the Soldier/sponsor simultaneously, you **MUST** bring a copy of your Personnel Action Request (PAR), Exception to Policy to obtain a signature.

For additional assistance, please contact us at:

usarmy.bliss.imcom-central.mbx.total-army-sponsorship-program@mail.mil





REASSIGNMENTS



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REASSIGNMENTS



Reassignment Briefing

Reassignment Process

- Reassignment notification and briefing are required for assignment transmission for officers and enlisted.
- Soldier suspense for the return of necessary documents and information to the reassignments' processing center is 30 days after reassignment briefing.
- The goal for PCS orders issuance is 120 days or more prior to report date (14 days for IET Soldiers), and no later than 10 days after the receipt of required documents and information.
- Army Community Service Overseas Orientation Briefing required within 30 days of assignment transmission for Soldiers on assignment to OCONUS; may be conducted in conjunction with reassignment briefing. See AR 608-1, Chapter 4.
- The reassignments processing center will inform the Battalion S1 of Soldiers who fail to attend reassignment and overseas orientation briefings.
- NATO Travel Orders. NATO travel orders are required for U.S. Military travel to or through Belgium, Canada, Denmark, France, Germany, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Turkey, or the United Kingdom.

Reassignment Briefing

Tour Election for Overseas (OCONUS) Assignments

- Soldiers on assignment to an overseas duty station must elect either an “all others (unaccompanied)” tour or a “with dependents (accompanied)” tour*.
 - Complete DA Form 5121, Overseas Tour Election Statement.
 - Read each statement on the form carefully before making the decision.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (*except for a visit for a period not exceeding 3 continuous months*), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

*Officers and career enlisted with no dependents who are not married to another Service-member and are assigned to long-tour areas overseas will serve the accompanied tour. First-term Soldiers with no dependents who are not married to another service-member on assignment to 36-month accompanied tour locations in Germany, Italy, Belgium, or Japan will serve the 36-month accompanied tour.



Reassignment Briefing

Extended Tour Lengths for MOS

- Purpose: the purpose of this ALARACT message is to inform soldiers that the ASA (M&RA) issued an ETP (reference 1.A.) That authorizes a change to the tour length requirement for certain military occupational specialties (MOS) and areas of concentration (AOCS) in locations in the republic of Korea with approve accompanied tours.
- All soldiers in the MOS/AOC listed in the enclosure to reference 1.A. Who are single and have no dependents and are reassigned to locations in Korea with an existing approved accompanied tour with pcs orders transmitted to the act feature in IPPS-A on or after 1 august 2024 will serve the existing 24-month accompanied tour. Soldiers assigned to the designated locations with pcs orders transmitted to the act feature in IPPS-A prior to 1 august 2024 will serve their original overseas tour length and are encouraged to voluntarily extend to 24 months

Extended Tour Lengths for MOS

Soldiers in the select MOS/AOC who have no dependents, are not married to other Service Members, and are on a PCS order to the Republic of Korea will serve the accompanied tour length of 24 months.

MOS/AOC TITLE/DESCRIPTION

15Q Air Traffic Control Operator

15T UH-60 Helicopter Repairer

31K Working Military Dog Handler

31D Criminal Investigations Special Agent

35L Counterintelligence Agent

35N Signal Intelligence Analyst

311A CID Special Agent

Reassignment Briefing

Tour Lengths

- Korea (except as indicated) 36/24 (see note) 12 02-11-25 • Not every service member is eligible for an accompanied tour in locations where such tours are authorized.
- Command sponsorship eligibility and the allocation of command sponsorship opportunities to the Services by USFK are contingent upon the availability of facilities and services, as determined by the USFK Commander. For areas authorized for an accompanied tour, 36 months is the standard tour length; however, Services may request waivers from USFK to allow a portion of their command sponsorship allocation to serve 24-month accompanied tours.
- A service member not eligible for an accompanied tour serves a 12-month dependent-restricted tour. • U.S. military personnel under U.S. Diplomatic Mission-Korea control, including those assigned to Joint U.S. Military Affairs Group-Korea, do not require USFK command sponsorship approval



Reassignment Briefing

Service Remaining Requirement (SRR)

- ✓ Soldiers may not depart their current permanent duty station (PDS) unless they have the required SRR, unless PCS orders indicate the SRR has been waived.
 - CONUS to CONUS moves require 24 months' SRR.
 - OCONUS to CONUS moves require 12 months' SRR when returning from accompanied areas, and 6 months' SRR when returning from dependent-restricted areas. At 6 months prior to Date Eligible to Return from Overseas (DEROS), OCONUS Soldiers who do not meet the SRR to return to CONUS will have their DEROS adjusted to 2 days prior to their ETS.
 - CONUS to OCONUS or OCONUS to OCONUS moves require the Soldier to meet the prescribed tour, whether it is accompanied or unaccompanied.
 - Assignments to certain locations/duties may have a different SRR. For example, assignment to recruiting duty require 36 months' SRR from CONUS and 42 months' SRR from OCONUS.

Reassignment Briefing

Service Remaining Requirement (SRR)

- ✓ Soldiers with sufficient service remaining to complete the prescribed tour or serve the unaccompanied tour will comply with the assignment.
- ✓ Soldiers who must acquire additional time in service in order to comply with assignment instructions must either extend or reenlist, or decline to extend or reenlist, within 30 calendar days of the assignment transmittal date.
- ✓ Career Soldiers (not in NCO Career Status Program or “Indef”) who decline to extend or reenlist in order to meet the SRR must coordinate with their Career Counselor to execute a DA Form 4991 (Declination of Continued Service Statement). Signing this form has many implications, including the Soldier’s departure from service at the current ETS date.
- ✓ Initial term Soldiers who decline to extend or reenlist in order to meet the SRR will not execute a DA Form 4991; however, they must sign a statement indicating they will not extend or reenlist to meet the SRR. This statement does not prevent further reenlistment.
- ✓ Soldiers who have at least 19 years and 6 months of active Federal service upon assignment notification may elect to acquire additional service to complete the prescribed tour, retire in lieu of PCS, or execute DA Form 4991.
- ✓ Soldiers who decline to meet the SRR for assignment may still be eligible for other assignments (CONUS and OCONUS) provided they have sufficient SRR for the new assignment. For example, a Soldier who declines to extend/reenlist to meet the SRR for a 36-month assignment may be placed on assignment to a location requiring only 12 months’ SRR.

Reassignment Briefing

Service Remaining Requirement (SRR)

✓ Enlisted Airborne Assignments

- Soldiers on assignment instructions to an airborne position or unit will be utilized for at least 3 years in an airborne position/unit unless physically disqualified, exempted by general court-martial authority, separated, reassigned by DA or accepted for another airborne, airborne ranger, special forces, or other training/assignment which is considered by DA to have higher priority.
- Soldiers who have less than 3 years to ETS are still eligible for the assignment; this is not a service remaining requirement.
- Before issuing assignment orders, the Soldier must initial the airborne option statement, indicating acceptance or declination of the airborne assignment.
- If the Soldier declines the assignment, withdrawal of SQI (P) and deletion of assignment will be submitted IAW AR 614-200.

Reassignment Briefing

Married Army Couples Program

- ✓ Married Army couples desiring joint assignment to establish a common household or joint domicile (JD) must request such assignment by enrolling in the Married Army Couples Program (MACP).
- ✓ Soldiers who marry during or after advanced individual training (AIT) and have not proceeded to their first unit of assignment, who desire a JD with their spouse, must enroll in the MACP. When enrolled, the Soldiers will be automatically provided JD assignment consideration.
- ✓ When a Soldier enrolled in the MACP is considered for reassignment, the other Soldier is automatically considered for assignment to the same location or area, except when one Soldier is assigned to a dependent restricted location.
- ✓ Enrollment in the MACP only guarantees Joint Domicile (JD) assignment consideration; it does not guarantee that the couple will be assigned together.
- ✓ Favorable consideration for JD assignment will depend on a valid requisition in the same area for both Soldiers and is subject to the needs of the Army. JD assignments will not be considered when one Soldier is attending school in a PCS status; however, consideration will be given upon school completion.
- ✓ Assignment instructions for each Soldier will indicate whether or not a joint assignment is approved.
- ✓ Married Army couples that do not enroll in the MACP or dis-enroll from the MACP indicate that JD assignments are not desired; therefore, this cannot be used as the basis to request deletion from an assignment.



Reassignment Briefing

- **DESIGNATED PLACE MOVES**

- Soldiers on assignment to dependent-restricted tours are authorized to move Family members to a designated place, unless participating in the HAAP.
- Soldiers who elect to serve an unaccompanied tour are authorized to move Family members to a designated place.
- Family members cannot be moved again at Government expense until subsequent PCS, or if the Soldier serves a consecutive overseas tour.
- Soldiers authorized deferred travel for Family members are not authorized to move Family members to a designated place, unless travel is expected to be delayed by 20 weeks or more (nonconcurrent travel). Family members will then be authorized to travel from the designated place to the new PDS at government expense provided the Family members are command sponsored and the Soldier has at least 12 months remaining in the OCONUS command.
- The designated place may be:
 - any location in CONUS
 - Alaska, Hawaii, Puerto Rico, or US territory/possession (losing installation commander approval)
 - The follow-on PDS (dependent-restricted and unaccompanied tours only)
 - Any OCONUS location approved by the Secretary of the Army (dependent- restricted tours only)



Reassignment Briefing

Human Immunodeficiency Virus (HIV) Testing

- Soldiers who receive overseas AI are required to take an HIV test as part of their Soldier reassignment processing requirements if they have not been tested in the 6 months prior to their departure.
- Date, time, and location of test will be annotated on DA Form 4036, Medical and Dental Preparation for Overseas Movement
- Those who are HIV infected will be deleted from AI.



Reassignment Briefing

Application Requirements for Deletions and Deferments

- ✓ Deletion and Deferment Requests should be submitted:
 - Within 30 days of assignment notification, or as soon as the determination is made that a deletion or deferment is needed. Requests submitted after 30 days will not be rejected; however, they must include an explanation of the circumstances resulting in the late submission.
 - Using a Personnel Action Request (PAR), along with supporting documentation, through the BN S1. If the commander recommends approval, the request is forwarded through the colonel/O-6 level chain of command to HRC.
- ✓ If a disqualifying factor can be resolved within 120 days of the report month, a deferment rather than deletion should be requested.
- ✓ Soldiers will continue with the reassignment process until the action has been completed (except for requesting port call, moving Family members, shipping household goods (HHG), and terminating quarters).

Reassignment Briefing

Application Requirements for Deletions and Deferments

✓ Compassionate Deletion or Deferment

- A request based on compassionate reasons or extreme Family problems.
- Requires DA Form 3739 (Application for Compassionate Actions) with a colonel/O-6 endorsement.
- Deferment should be used instead of deletion if the extreme Family problems can be resolved within 90 days of the report date.
- The request will be submitted to HRC within 45 days of assignment notification (30 days for officers), or within 72 hours of the deletion or deferment situation occurring (or becomes known to Soldier).
- If the request is based on medical problems of a Family member, a signed statement from the attending physician giving specific medical diagnosis and prognosis of illness (including date of onset, periods of hospitalization, and convalescence) must be included. If illness is terminal, life expectancy must be included. The medical statement will list any factors bearing on the medical condition, and if the Soldier's presence is requested.
- If the request is based on legal issues, it must include a signed statement from a licensed attorney and include the problems and justification for the Soldier's presence.
- If the request is based upon other than medical or legal problems, supporting statements from responsible persons, such as clergy, social workers, or local law enforcement officials, must be included.

DEROS is the driving factor in requests for deletion, deferment, or early arrival for Soldiers currently assigned to OCONUS units. Requests that will result in Soldiers departing OCONUS after or prior to their DEROS should be submitted as foreign service tour extensions or curtailments, except for compassionate requests or adverse action.



Reassignment Briefing

Availability Date

✓ OCONUS Availability Date

- Availability date establishes the earliest authorized flight departure date.
- Enlisted Soldiers
 - Availability date is set to three (3) calendar days prior to the Soldier's Date Eligible for Return from Overseas (DEROS)
- Officers
 - Availability date is based on the reporting date to the next unit of assignment or Temporary Duty (TDY) station, minus the number of days travel time, leave, and any approved Permissive TDY.
- Soldiers may fly up to nine days past their availability date, unless otherwise stated in orders.
- The availability date is documented as the "Avail date" on the last page of PCS orders.

Reassignment Briefing

Reporting Timelines

The end date should end one day prior to your report date. (Ex: Leave should end 19 May if Report date is 20 May.)

✓ Early Reporting

- Soldiers must report to their gaining command on or before the report date indicated on their PCS orders.
- Unless special instructions specifically authorize or prohibit early report, Soldiers departing:
 - CONUS locations may report to the gaining command up to 30 days prior to the report date indicated on the PCS orders.
 - OCONUS locations may report to the gaining command at any time between their availability date and the report date indicated on the PCS orders.
 - Soldiers desiring to report to the gaining command earlier than 30 days prior to the report date on the PCS orders must submit a Personnel Action Request (PAR) to request early arrival. If approved, the report date will be changed.

✓ Soldiers desiring to report to the gaining command after the report date indicated on the PCS orders must request a deferment.





REASSIGNMENTS MEMBER ELECTIONS



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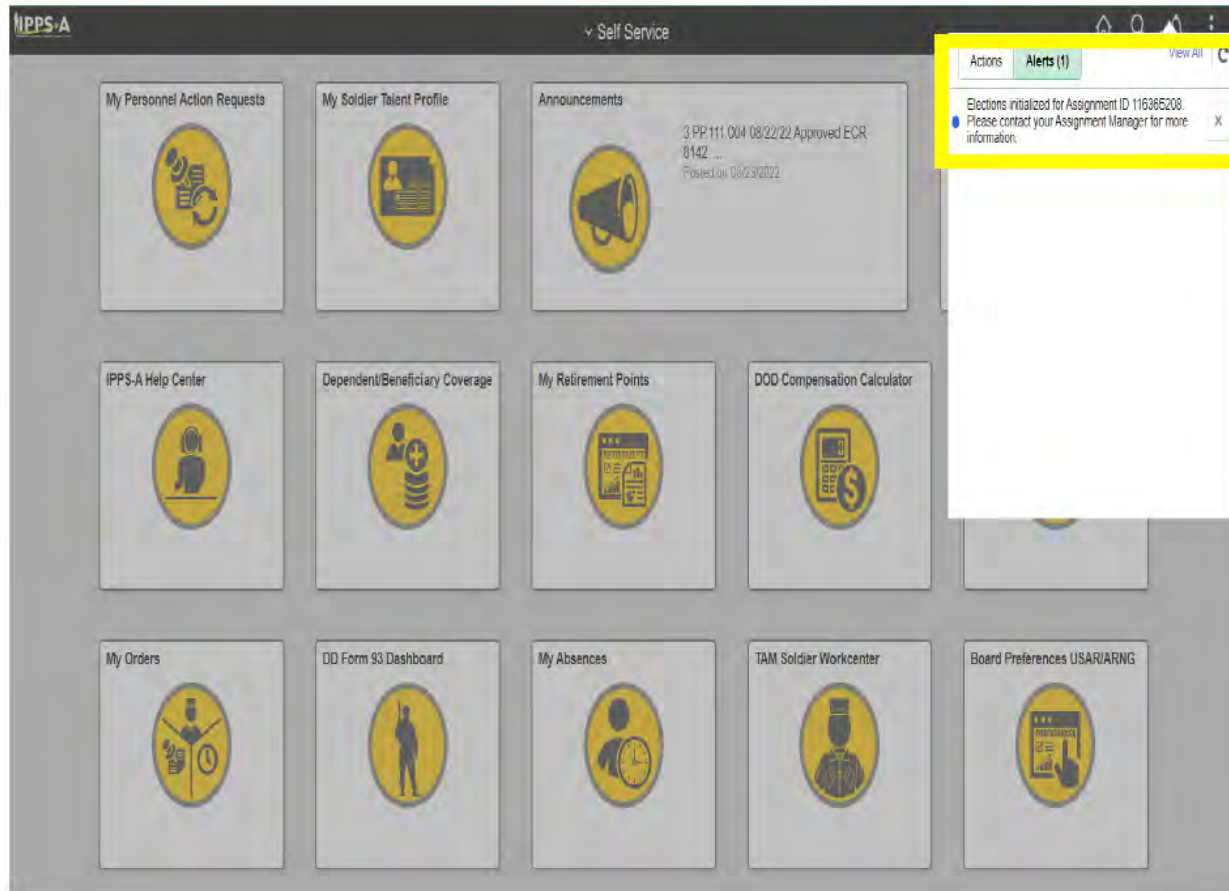


REASSIGNMENTS



Reassignment Briefing

Reassignment Briefing



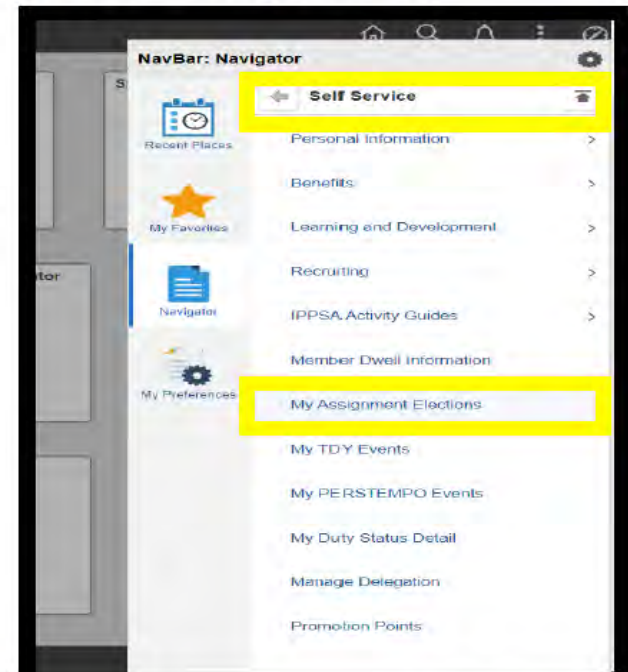
- User Log-ins, clicks their notification, and receives the following message

Reassignment Briefing

Reassignment Briefing

Member Elections – Self-Service (User Completion)

- ✓ User will navigate to
Self Service > My Assignment Elections
- ✓ User will click into the Assignment Elections



Assignment Elections		
ACT Assignment ID	Type	Status
1 116365208	Permanent	Not Started

Reassignment Briefing

- HOW TO COMPLETE MEMBERS ELECTIONS

CONTROLLED UNCLASSIFIED INFORMATION	
Search in Menu	
Type T1	Status T1
Permanent	Not Started
Permanent	Complete



Click on the ACT Assignment you are currently wanting to do members elections (Status should be not started)

Reassignment Briefing

CONTROLLED UNCLASSIFIED INFORMATION

✕ Exit
🔔 ⋮

Member Elections:

Assignment ID 225063458
 Next >

Welcome
● Visited

★ **Tour Type**
☐ Not Started

★ **Member Elections**
☐ Not Started

Summary
☐ Not Started

Welcome to the Member Elections Activity Guide!

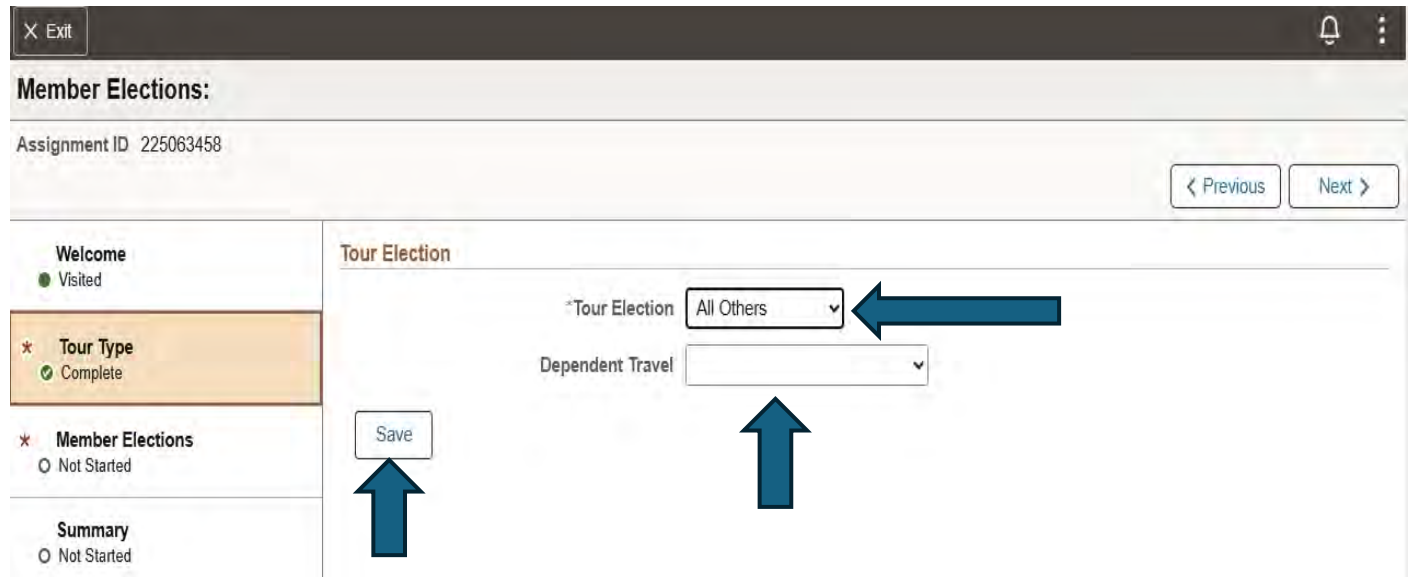
You have been placed on a Permanent or Temporary Assignment. In the next steps you will make elections to entitlements based on your marital status/dependents, assignment location, and tour election (OCONUS). An option must be selected on all elections and then submitted for further action.

Make sure to select Save on each Page to complete that Action Item (even if you have no selections that you need to make).

Click Next



Reassignment Briefing



The screenshot shows a web application window titled "Member Elections:" with a sub-header "Assignment ID 225063458". On the left is a sidebar with a "Tour Type" section marked "Complete" and a "Member Elections" section marked "Not Started". The main content area is titled "Tour Election" and contains two dropdown menus: "Tour Election" (currently set to "All Others") and "Dependent Travel". A "Save" button is located below the "Tour Election" dropdown. Three blue arrows are overlaid on the image: one pointing to the "Tour Election" dropdown, one pointing to the "Dependent Travel" dropdown, and one pointing to the "Save" button.

Click the dropdown menu from the tour elections and click with dependents or all others.

Click the drop-down menu from dependent travel and choose your plans for you and the family.

Click Save.

Click Next.

Reassignment Briefing

[< Previous](#)

Welcome
● Visited

Tour Type
✓ Complete

Member Elections
● In Progress

Summary
○ Not Started

Member Entitlement Elections

Entitlement ID	Description	Accept Entitlement
125	Traveler is a Government Travel Charge Card (GTCC) Individually Billed Account (IBA) holder.	Yes <input checked="" type="checkbox"/>
126	Traveler is not a Government Travel Charge Card (GTCC) Individually Billed Account (IBA) holder.	<input type="checkbox"/> No

Questionnaire

[Save](#)

Click IBA and toggle to yes if you have a GTCC. (Only choose 1 Option).

CLICK CBA and toggle to yes if you do not have a GTCC. (Only choose 1 Option).

Then Click save.

Click Next.

Click Mark Complete.



Forms Completion



Reassignment Briefing

- ◎ SOU/GTCC
- ◎ DA Form 5118 (Pg. 3). Enlisted and Officers.
- ◎ DA Form 4036-R

*These forms will go with you
after the Levy Briefing.*

• **Loose/Stapled Packet in Folder**

Reassignment Briefing

SOU / GTCC

Enlisted

complete
Career
Counselor

Enlisted &
Complete
Officers

only this
APC
portion
Coordinator

NAME: _____ SSN: _____ GRADE: _____

Statement of Understanding for Reassignments (ENLISTED ONLY) (INDEF - N/A)

MID CAREER/CAREER SOLDIERS: Soldiers that have reenlisted on active duty or have more than 4 years for pay purpose at ETS (except if on initial enlistment).

- ☐ Soldier meets service remaining requirements for this assignment _____
- ☐ I understand that I must extend my current enlistment or reenlist to meet service remaining
- ☐ I officially state that I will not reenlist or extend to meet service remaining requirements and will contact my Retention NCO to set up an appointment to sign a Declaration of Continued Service Statement (DA Form 4991-R)

Soldier's Signature

Date

Career Counselor

Name/Rank

Signature

Date

GTCC Verification (Enlisted and Officers)

I have a Government Travel Charge Card (GTCC). Yes ☐ No ☐

MEMBERS SIGNATURE: _____

DATE: _____

Agency Program Coordinator (APC)
for GTCC validation: _____

Name/Rank

DATE: _____

Signature

SOU / GTCC

REVISED VERSION JAN 11, 2017
ALL PREVIOUS VERSIONS ARE OBSOLETE

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Reassignment Briefing

DA 5118 Page 3

**BN S-1
COMPLETION**

**PA
PHYSICIANS
SIGNATURE
DATE**

**BN CMDR
SIGNATURE
DATE**

PART II - BATTALION STATUS

INSTRUCTIONS: The Battalion S1 will answer all the questions in Part II (Sections D and E). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, Review or possible removal from this assignment. If a question does not apply, check "N/A" block. The Battalion S1 must sign the completed statement and return it to the MPD/Personnel Service Company with the completed Soldier Status Election Statement attached.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT		8. CURRENT UPC	
9. GAINING UNIT		10. EDAS CYCLE NO.	11. TODAY'S DATE (YYYYMMDD) 20210125	
12. ARRIVAL DATE (YYYYMMDD)	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

Section D - Duty Status

	YES	NO	N/A
37. Is the soldier currently attached to another installation for the purpose of processing a personnel action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Is the soldier currently assigned to another unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Is the soldier currently assigned to a unit scheduled for permanent overseas deployment (other than unit TDY movement such as REFORGER)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Is the soldier in an AWOL status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is the soldier presently confined?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Is the soldier currently TDY from his/her home station and not scheduled to return at least 60 days prior to the first day of the arrival month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Is the soldier presently undergoing any medical or dental treatment that would prevent this reassignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is the soldier awaiting court or trial appearance as a defendant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E - Duty Status

45. Is the soldier pending an early release from active duty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Is the soldier pending a Medical Evaluation Board (MMRB/PEB)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is the soldier pending MOS reclassification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the soldier under suspension of favorable personnel actions (FLAGGED)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Is the soldier enrolled in Phase III of the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is the soldier scheduled for any schooling not in conjunction with this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Has the soldier applied for specialized training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Is the soldier being delayed from complying with these assignment instructions due to administrative processing errors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Are there any circumstances not listed above that would preclude the soldier from complying with these assignment instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Medical Readiness Code (MRC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55a. I am <input type="checkbox"/> I am not <input type="checkbox"/> aware of any medical conditions that would prevent me from worldwide deployability			
Initials: _____ 55b. Date (YYYYMMDD): _____			
56a. DEPLOYABILITY CERTIFICATION: I certify that this Soldier's deployable status is: <input type="checkbox"/> Ready <input type="checkbox"/> Not Ready			
56b. Physician's name and title or position: _____			
56b. Physician's Signature: _____		56d. DATE (YYYYMMDD) _____	
57. REMARKS (Annotate any additional information or discrepancies): _____			
58a. BATTALION COMMANDER'S SIGNATURE _____		58b. DATE (YYYYMMDD) _____	



Reassignment Briefing

DA Form 4036-R

MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT			
For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1.			
PRIVACY ACT STATEMENT			
Authority: Title 10, USC, Sections 3010, 8012, and 5011; Title 5, USC, Section 301. Principal Purpose: Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment. Routine Use: (1) For personnel service support; and (2) information is primarily obtained from review of records unless assignment is to be an isolated area which requires evaluation and personal interview. Disclosure: Disclosure of information is voluntary. If family members are required to complete medical and dental evaluation and personal interview, but refuse to do so, they will not be permitted to accompany the soldier to the overseas assignment.			
1. TO	2. FROM IMBL-HRM-REA, ATTN: REASSIGNMENTS BLDG 1/RM 205, FORT BUSS, TX 79916		
3. NAME (Last, Middle, First)	4. SSN	5. GRADE OR RANK	6. PMOS OR AOC
7. PRESENT DUTY OF ASSIGNMENT		8. PROJECTED UNIT OF ASSIGNMENT (include location/country)	
9. PROJECTED DUTY MOS OR AOC (9 Position Code)		10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DERIVED BY AR 40-501, PARA 5-13 C? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. IF ANSWER TO ITEM 10 IS "YES" AND IF MEMBER IS REQUESTING FAMILY TRAVEL, ALL FAMILY MEMBERS WILL BE SCREENED BY THE LOCAL MEDICAL TREATMENT FACILITY FOR SPECIAL MEDICAL AND FUNCTIONAL NEEDS. ENTER NAMES OF ALL ACCOMPANYING FAMILY MEMBERS, OTHERWISE ENTER N/A.			
NAME		NAME	
12. LIST ANY OTHER SPECIAL MEDICAL OR DENTAL INTERVIEW RESULTS IN THE ASSIGNMENT INTERVIEW.			
13A. NAME OF MDP/PSC REPRESENTATIVE		B. TITLE	
		REASSIGNMENTS H/R ASSISTANT	
C. GRADE		E. DATE	
CIV		20230125	

**Must be signed by
Reassignments**

NAME: _____			SSN: _____			GRADE: _____		
Complete the medical and dental status portions below, return the original and one copy to the MDP/PSC within 21 calendar days of the date shown in item 13E, and one copy to the address in item 6.								
MEDICAL STATUS								
14A. PHYSICAL PROFILE SERIAL CODE (PULHES)			B. PHYSICAL CATEGORY CODE			C. MEDICAL RECORDS REVEAL THE FOLLOWING ASSIGNMENT LIMITATIONS		
YES	NO	N/A	ITEM					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15A. Does the member meet the medical fitness standards outlined in AR 40-501? (If "no" explain briefly)			B. IF CONDITION IS TEMPORARY, EXPECTED DATE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16A. Has member completed HIV screening?			B. DATE, TIME AND LOCATION OF APPOINTMENT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17A. Is the member pregnant?			B. IF "YES", EXPECTED DATE OF DELIVERY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18A. All active duty and reserve personnel of PCS assignment to Korea will be vaccinated with hepatitis B vaccine. Does the member require immunization?			B. IF "YES", INDICATE DATE, TIME AND LOCATION OF APPOINTMENT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19A. Does the member require remedial medical care?			B. IF "YES", INDICATE DATE, TIME AND LOCATION OF		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20A. drug			MEMBER ENTERED		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21A. assign or no			Family members, if FOR A FOLLOW-UP STATUS WITHIN 30 CALENDAR OF LOSS (Item 9). ON OF APPOINTMENT(S)		
22. Medical Records Indicate That			MENT, IF NEEDED					
REQUIRES	HAS	M						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Two hearing aids					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Medical warning tag					
23A. NAME OF MEDICAL OFFICER			B. TITLE					
C. SIGNATURE			D. GRADE			E. DATE		
DENTAL STATUS (Complete only if item 10 is checked "Yes" or if required by item 12.)								
YES	NO	24A. Is the member dentally qualified?			B. IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT			
<input type="checkbox"/>	<input type="checkbox"/>	25a. Does the member require remedial dental care?			B. IF "YES", INDICATE DATE, TIME AND LOCATION OF APPOINTMENT			
<input type="checkbox"/>	<input type="checkbox"/>	21A. If item 10 is checked "yes", can the member be assigned to an area where dental facilities are limited or nonexistent?			B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME AND LOCATION OF APPOINTMENT(S)			
27A. NAME OF DENTAL OFFICER			B. TITLE					
C. SIGNATURE			D. GRADE			E. DATE		

**Need SRRC Provider's
stamp & signature
on this page**



MEDICAL

Walk-Ins / Appointments

APPOINTMENTS for Providers / Case Management - will be given a slip with the section, appointment time & person to see

MON-FRI 0800-1500

Please Call for hours

MONDAY

Please Call for hours

TUESDAY

Please Call for hours

WEDNESDAY

Please Call for hours

THURSDAY

Please Call for hours

FRIDAY

Please Call for hours

Concerning DA Form 4036-R,

SRPC Site

Information:

**Vogel Hall,
1717 Marshall Rd.
Fort Bliss, Texas
79916**

915-742-4153



Next - Left Side of Folder

- ◎ These forms will be completed right now.
- ◎ Starting from top to bottom.

OCONUS - TO-1 Statement

NAME: _____ DoDID: _____ GRADE: _____

Phone Number: () - - Army Email: _____

Emergency POC Name: _____ Emergency POC Phone Number: () - -

TO-1 Statement OCONUS

1. I will apply for voluntary retirement in lieu of PCS: ☐ YES ☐ NO
2. I will ☐ Accept ☐ Decline the Airborne Assignment: ☐ N/A
3. I will comply with PCS assignment instructions: ☐ YES ☐ NO
4. I will apply for a Deletion or a Deferment: ☐ YES ☐ NO
5. I am TDY en-route, have **family members** and elected TDY Option number: _____
6. I will request _____ days of leave (PCS LEAVE ONLY) not including days for clearing, nor permissive TDY
7. I will be traveling with a pet (cat/dog): ☐ YES ☐ NO
8. I have a Government Travel Charge Card (GTCC): ☐ YES ☐ NO
9. I elect to serve the following tour: ☐ With family member(s) ☐ Without family member(s)
10. If you elected to serve in an "All Other" or Dependent Restricted short tour and have family members but **will not** be taking them with you, select options that best applies to you.
☐ Family will remain at Fort Bliss or previous location ☐ Family will relocate to a different location

If relocating family members please provide information below:

Names of Family Members	Relationship	DOB	Citizenship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Exact address: (Street Address, City, State and Zip Code). NOTE: Your BAH will be based of this address.

Signature _____ MPD, Reassignments Rep initials: _____

Soldier's signature

TO-1 Statement OCONUS

REVISED VERSION JANUARY 17, 2024
ALL PREVIOUS VERSIONS ARE OBSOLETE

Ensure this
is complete
& correct

All must be completed.
If not applicable
"N/A" or "None"

Typically, all BAH paid to high cost living areas get audited when Soldiers are on restricted tours. The city, state, and zip code of where dependents will reside will be on the orders.

Signature



TDY Options for Schooling in Conjunction with PCS

- ✓ Soldiers who are authorized movement of Family members at Government expense and are directed to TDY schooling of less than 20 weeks in conjunction with PCS assignment will have the following options for locating their Family members while they perform their TDY:
- **Option 1** (CONUS to CONUS and CONUS to OCONUS only): Family in government quarters remain in government quarters until completion of TDY. The Soldier is authorized Government travel to and from the TDY station and the commander may authorize up to 10 duty days to prepare to move Family upon return from TDY prior to signing out of the present CONUS station.
 - **Option 2** (CONUS to CONUS and OCONUS to CONUS only): Move Family member(s) from present CONUS station to new CONUS duty station prior to reporting to the TDY station. The gaining commander may authorize up to 10 duty days for the Soldier to settle the Family in government quarters (if available) or on the local economy. Soldier will sign into the new CONUS duty station, then proceed TDY for schooling. Soldier is authorized government transportation to and from TDY station.
 - **Option 3** (CONUS to CONUS and CONUS to OCONUS only): Return to present duty station upon completion of TDY to move Family who currently live on the local economy to the new duty station. The Soldier is authorized Government travel to and from the TDY station and the commander may authorize up to 10 duty days to prepare to move Family upon return from TDY prior to signing out of the present CONUS station.
 - **Option 4** (CONUS to CONUS, CONUS to OCONUS, OCONUS to CONUS): Clear current duty station prior to departure for TDY and, at personal expense, move Family to the TDY station or to some other location. Soldier may not be given a certificate of non-availability of government quarters at the TDY station if inadequate government housing is available. The entitlement for Family member(s) transportation will be based on the most direct routing between the old PDS and the new PDS.



TDY Options for Schooling in Conjunction with PCS

- ✓ CONUS enlisted Soldiers selected to attend Airborne Training, Recruiter school, or Drill Sergeant school TDY in conjunction with PCS are not authorized to move Family members, household goods, or execute any portion of their PCS entitlements prior to graduating from training.
- ✓ As such, travel options are limited to Option 1 or 3. Failure to complete any of the above training may result in a cancellation of PCS to the new PDS. The intent is to reduce the Army's PCS costs due to high failure rates at these schools.

Reassignment Briefing

TDY/Schools Form

This form is only for
Soldiers attending school
“TDY Enroute” with dependents.

Ensure this
is complete
& correct

Only initial
1 option

NAME (Last, First, MI)

SSN

GRADE

Soldiers who are authorized movement of Family members at Government expense and are directed to TDY schooling with PCS assignment will have the following options for locating their Family members while they perform their TDY:

____ OPTION 1. Elect that dependent(s) currently residing in Government quarters be permitted to remain in Government quarters until completion of TDY period. Under this option Soldier is authorized Government travel to and from TDY station and his or her commander may authorize up to 10 duty days to prepare to move dependent(s) upon return from TDY prior to signing out of the present CONUS station (applies CONUS to CONUS, and CONUS to overseas PCS movements).

____ OPTION 2. Elect to move dependent(s) from present CONUS and/or overseas station to new CONUS duty station prior to reporting to the TDY station. The gaining commander may authorize up to 10 duty days to settle Soldier's dependent(s) in Government quarters (if available) or on the local economy. Soldier will sign into the new CONUS duty station, then proceed TDY for schooling. Soldier will be authorized Government transportation to and from TDY station (applies to CONUS to CONUS, and overseas to CONUS PCS movements).

____ OPTION 3. Elect to return to present duty station upon completion of TDY to move dependent(s), who currently live on the local economy (CONUS), to the new duty station. Under this option Soldier is authorized Government travel to and from TDY station, and his or her commander may authorize up to 10 duty days upon return from TDY to prepare to move dependent(s) prior to signing out of the present CONUS station (applies to CONUS to CONUS, and CONUS to overseas PCS movements).

____ OPTION 4. Elect to clear current permanent station prior to departure for TDY station; and move dependent(s), at personal expense, accompany Soldier to TDY station or travel to some other location. Soldier may not be given a certificate of non-availability of Government quarters at the TDY station, if adequate Government housing is available. Soldier's entitlement for dependent transportation will be based on the most direct routing between the old permanent station and the new permanent station (applies CONUS to CONUS, CONUS to overseas, and overseas to CONUS PCS movements). Soldiers who are being reassigned overseas must be medically and dentally qualified for assignment.

Signature

Date

Signature of Service Member

Signature of Witness

Date



REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCS, G-1

Block 1 through 35 must be completed by the Military Personnel Division/Personnel Service Company. If additional Action is required, blocks 36 through 40 will be completed as applicable. Prepare this form in two copies. Place one in the Reassigned File and one in the MPRJ.

1. NAME		2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE		7. CURRENT UNIT OF ASSIGNMENT		8. CURRENT UPC	
9. GAINING UNIT PROCESSING CODE		10. GAINING UNIT			
11. ARRIVAL DATE		12. AI MOS	13. AI ASI		
15. AI LANGUAGE		16. EDAS CYCLE NO.	17. TODAY'S DATE 20#10#15		
18. DATE OF EDAS CYCLE (For Enlisted)	19. DATE OF RFO (For Officers)	20. DATE REASSIGNMENT NOTIFICATION FWD		21. DATE REASSIGNMENT NOTIFICATION RECEIVED	
22. DATE PCS BRIEFING/INTERVIEW SCHEDULED #22	23. DATE PCS BRIEFING/INTERVIEW CONDUCTED #23	24. DATE ACS BRIEFING SCHEDULED #24		25. DATE ACS BRIEFING CONDUCTED #25	
26. DATE DA FORM 4036 FORWARDED TO MTF	27. DATE DA FORM 4036 RECEIVED	28. DATE PINPOINT ASGMT/FAM TVL REQUEST FWD TO OVERSEAS COMMAND		29. DATE PINPOINT ASGMT/FAM TVL DECISION RECEIVED	
30. ANTICIPATED DATE OF LOSS	31. DATE "DLOS" SUBMITTED	32A. PCS ORDERS NO.	32B. DATE		
33A. PCS AMENDMENT ORDER NO.	33B. DATE	34. REPORT DATE TO OUTPROCESSING	35. DATE SOLDIER DEPARTED UNIT		
36. IF REENLISTMENT/EXTENSION IS REQUIRED (Enlisted Only)					
A. DATE REENLISTMENT OFFICE NOTIFIED		B. DATE REENLISTMENT/EXTENSION COMPLETED			
37. IF SECURITY REQUIREMENTS ARE REQUIRED					
A. DATE REQUEST FOR SECURITY INVESTIGATION/CLINIC FORWARDED TO G2/SECURITY MANAGER		B. DATE SECURITY INVESTIGATION/CLINIC RECEIVED			
38. IF DELETION/DEFERMENT IS REQUIRED					
A. REASON CODE	B. DATE DELETION/DEFERMENT REQUESTED	D. APPROVAL AUTH.			
		(1) HQDA		(2) MPD/PSC	
	C. DATE DELETION/DEFERMENT FORWARDED TO APPROVAL AUTH.	DATE DELETION/DEFERMENT APPROVED		DATE DELETION/DEFERMENT DISAPPROVED	
39. IF PASSPORT/VISA IS REQUIRED					
A. DATE DD FORM 1056 AND FORM DSP 11 FORWARDED		B. DATE PASSPORT/VISA RECEIVED			
40. IF PORT CALL IS REQUIRED					
A. DATE INITIAL PORT CALL REQUESTED		B. DATE INITIAL PORT CALL RECEIVED			
C. DATE INITIAL PORT CALL CANCELLED		D. DATE SECOND PORT CALL REQUESTED			
E. DATE SECOND PORT CALL RECEIVED		F. DATE SECOND PORT CALL CANCELLED			

DA Form 5117, MAR 2007

PREVIOUS EDITIONS ARE OBSOLETE

APO LC v1.00

WE ARE THE ARMY'S HOME

Reassignment Briefing

DA FORM 5117

Date Format:
YYYYMMDD

Annotate today's date.
If prefilled date is not today,
cross it out and annotate
today's date

Annotate today's date



OVERSEAS TOUR ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency is DSC, G-1

PRIVACY ACT STATEMENT

Authority: Title 10, USC, Section 3010, 8012 and 5031, and Title 5, USC, Section 301.
Principle Purpose: For personnel service support.
Routine Uses: (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (deletion/deferments; additional service; or any other special processing required).
Disclosure: Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

INSTRUCTIONS: Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

1. NAME	2. SSN	3. GRADE/RANK
---------	--------	---------------

4. FOR ALL SOLDIERS

Having been advised that I am scheduled for a permanent change of station assignment to _____, I understand that I must elect to serve either an "all others tour" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (except for a visit for a period not exceeding 3 continuous months), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand that I am not authorized to move my family and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all other" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

5. FOR INVOLUNTARY EXTENSION

I further understand that I will be involuntarily extended in the overseas command if:

I am an obligated volunteer officer (OBV) and do not wish to extend my Active Duty Service Obligation (ADSO) and the end date of my ADSO follows my date eligible for return from overseas (DEROS) within 11 months (long tour area) or six months (short tour area).

I will be returned to the continental U.S. (CONUS) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal DEROS, I must be eligible for and take action to acquire sufficient service to have the required months remaining at DEROS.

6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

I have been briefed and understand the joint domicile requirements.

7. FOR USAR OBC OFFICERS

I understand that I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my ADSO until completion of the prescribed tour.

8. FOR ALL SOLDIERS

Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a. ☐ I elect to serve a tour for a period of _____ months in an "all others" status.
b. ☐ I elect to serve a tour for a period of _____ months in an "with dependents" status.

9. SIGNATURE OF SOLDIER

10A. SIGNATURE OF WITNESS

B. DATE (YYYYMMDD)

Signature

Date

DA FORM 5121, MAR 2007

PREVIOUS EDITIONS ARE OBSOLETE

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Reassignment Briefing

DA FORM 5121

Ensure this
is complete
& correct

Location of
PCS Assignment

DA Form 5118 (Reassignment Status and Election Statement)

✓ DA Form 5118

- This form is used to conduct initial screening of assignment instructions to determine the Soldier's eligibility for the assignment.
- Part I is completed by the Reassignments Processing Center, and is used to determine:
 - If the Soldier meets general assignment eligibility, such as stabilization, time on station, and MOS qualification.
 - if the Soldier requires additional security clearance/background investigation processing.
 - If the Soldier must acquire additional service to comply with the assignment.
- Part II is completed by the Battalion S1, and is used to determine if the Soldier meets general assignment eligibility, such as duty status, adverse actions, and separation processing.
- Parts III and IV are completed by the Soldier and is used to determine:
 - If the Soldier intends to retire or decline an airborne assignment.
 - If the Soldier meets general eligibility requirements for OCONUS assignment and assignment to hostile fire areas.
 - If the Soldier's Family requires any special consideration.
 - If the Soldier desires to participate in the HAAP.
- Part V is completed by the Soldier's medical treatment facility, as is used to determine if the Soldier meets medical requirements for the assignment.

Reassignment Briefing

Enlisted Only

DA Form 5118 Page 4

PART III - BATTALION STATUS

INSTRUCTIONS: You will answer all the questions in Part III (Sections F and G). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT	8. CURRENT UPC		
9. GAINING UNIT	10. EDAS CYCLE NO.	11. TODAY'S DATE (YYYYMMDD) 20210225		
12. ARRIVAL DATE (YYYYMMDD)	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

Section F - Personal Status

	YES	NO	N/A
59. Do you have an approved retirement date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. If you are being assigned to an airborne position, do you wish to terminate your airborne status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Are you being assigned to a duty or an area for which you have a reassignment restriction for the reason of prior sensitive duty assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Do you have an enlistment or reenlistment commitment for other than the area of this assignment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Are you a pregnant soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Are you a sole parent or married to an Army soldier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Is your spouse pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Do you have an extreme family situation that meets the requirements outlined in table 2-1, AR 600-8-11?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section G - To and From OCONUS Status

67. Do you have any family members with a physical, emotional, developmental or intellectual disorder who are not enrolled in the Exceptional Family Member Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Have you failed to complete initial entry training (12 weeks military training or its equivalent) required before your overseas movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. If you have received assignment instructions to Turkey, are you or your spouse a Turkish or dual U. S.-Turkish national?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Are you being assigned overseas to a country where you committed a crime that resulted in civil or military imprisonment or conviction by a foreign tribunal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Are you being involuntarily reassigned to an unaccompanied short tour area following 12 cumulative months TDY during a 24-month period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Do you desire to report in early to the gaining overseas command?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Home Base Assignment Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Advance Assignment Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. REMARKS (Annotate any additional information or discrepancies)			

59 - 75
Mark either
(Yes, No, or N/A)

76a. SOLDIER'S SIGNATURE

Signature

76b. DATE (YYYYMMDD)

Date

DA FORM 5118, OCT 2012

Page 4 of 5
APD If v1.00ES

DA Form 5118 Page 5

PART III - BATTALION STATUS

INSTRUCTIONS: You will answer all the questions in Part III (Sections H). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT	8. CURRENT UPC		
9. GAINING UNIT	10. EDAS CYCLE NO.	11. TODAY'S DATE (YYYYMMDD) 20210225		
12. ARRIVAL DATE (YYYYMMDD)	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

Section H - Personal Status

	YES	NO	N/A
77. Have you applied for Conscientious Objector status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Are you a sole surviving son or daughter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Are you being reassigned to a hostile fire area and have immediate family members whose service in that area resulted in death, disability, missing in action, or prisoner of war status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Are you a former Peace Corps member being reassigned to the country in which you have served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Are you a former Prisoner of War or Hostage being reassigned to the country where you were held captive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Have you been hospitalized at least 30 days outside a hostile fire area due to a wound received in that area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. REMARKS (Annotate any additional information or discrepancies)			

77 - 82
Mark either
(Yes, No, or N/A)

84a. SOLDIER'S SIGNATURE

Signature

84b. DATE (YYYYMMDD)

Date

DA FORM 5118, OCT 2012

Page 5 of 5
APD If v1.00ES



WE ARE THE ARMY'S HOME



REASSIGNMENTS

- Questions ???





FAMILY TRAVEL



WE ARE THE ARMY'S HOME



REASSIGNMENTS



FAMILY TRAVEL

Family Travel Application Requirements for Overseas Tour

✓ Family Travel/Command Sponsorship

- Soldiers who desire their Family members accompany them to the new overseas duty station (not a dependent-restricted tour) must initiate Family Member Travel Screening (see EFMP slides) and apply for Command Sponsorship for their dependents as soon as possible. The gaining command is the only Command Sponsorship approving authority.
 - The Family travel authorization must be included on Soldiers' PCS orders, with Family members listed by name.
 - The overseas commander will approve concurrent travel when the Family members can be accommodated within 60 days after the sponsor's arrival in the overseas command. Deferred travel normally will be approved when the Family members can be accommodated within 61–140 days after the sponsor's arrival in the overseas command (for U.S. Army Europe only, deferred travel is between 31 and 140 days).
- ✓ Some Host Nations do not recognize a same-sex spouse as an authorized Family member. Command Sponsorship that violates an applicable Status of Forces Agreement (SOFA) will not be approved.
- ✓ Command sponsorship will not be granted to a Family member who is a registered sex offender.

FAMILY TRAVEL

Family Travel Application Requirements for Overseas Tour

- ✓ Requests for Family Travel must include
 - DA Form 5121 (Overseas Tour Election Statement) electing to serve with dependents.
 - DA Form 4787 (Reassignment Processing) listing all authorized dependents who will accompany the Soldier.
 - DA Form 5888 (Family Member Deployment Screening Sheet): All Family members must be screened at an Army EFMP clinic. EFMP screening is valid for 1 year.
 - DD Form 2792 (Family Member Medical Summary) and or DD Form 2792-1 (Special Education/Early Intervention Summary), if applicable.
 - DD Form 1172-2 (Application for Identification Card/DEERS Enrollment).
- ✓ Once all documents have been received by the Family travel section they will forward the request to the gaining command. The gaining command may take up to 30 days to process the request.
- ✓ Once Command Sponsorship is approved by the OCONUS command the Family member(s) can submit Passport/Visa application(s). It can take 4-6 weeks to complete this process and receive the Passports/Visa.

FAMILY TRAVEL

DA Form 4787

Concerning PCS Orders

STOP!!!

It is mandatory to fill out the DA Form 4787 if you are taking family members OCONUS.

Please complete the form with all signatures and return to the Family Travel Section, Reassignments located at:
BLDG 1 Pershing Road, Ft. Bliss, TX 79916.

Thank You

REASSIGNMENT PROCESSING				
For use of this form, see AR 600-5-11, the proponent agency is DCS, G-1				
PRIVACY STATEMENT				
Title 10, USC, Sections 3010, 3012 and 3051; Title 5, USC, Section 501; and EO 12958 (SSN). To make assignment decisions, evaluate family member travel to overseas commands and assign family housing. General disclosures permitted by the Privacy Act and the Army's systems of records not (see apply). Disclosure of information is voluntary. If the information is not provided, commanders will not be aware of family member travel and housing requests, and will result in no government travel and housing for family members.				
PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA (To be completed by Leaving AMPD/RSC)				
1. TO	2. FROM			
3. NAME (Last, first, MI)	4. SSN	5. GRADE	6. PMOS	
DOE, JOHN	111-22-3333	E-2PV2	11X1000YY	
7A. CURRENT ASSIGNMENT		7B. REASSIGNED TO (DATE/LOCATION/STATUS)		
72ND MP DET LAW FORT BLISS, TX 79916		USAR ELE DEF EQ OPP MGS FORT STEWART, GA		
8. TELEPHONE NO. (Include Area Code)	9. RSC AUTH	10. PERS CON NO.	11. REPORT DATE (YYYYMMDD)	
			3021-01-00	
PART B - HOUSING AND FAMILY TRAVEL DATA				
12. TDY Enlistee (Complete only if applicable)				
A. WORKS ORDER		B. PURPOSE DETON		
13. Married Army Couples Program (Complete only if joint claimant will be requested)				
14. SPONSOR (Sponsor only)		15. SPONSOR (Sponsor only)		
16. CURRENT MEDICATION				
17. TELEPHONE NO. (Include Area Code)				
18. Family Members Who Will Travel to Next Permanent Duty Station (If more space is needed, continue on a separate sheet)				
19. NAME (Last, first, MI)	20. RELATIONSHIP	21. SEX	22. DATE OF BIRTH	23. COUNTRY OF BIRTH
24. Are you currently married overseas and/or have family members who are currently overseas? (If yes, provide name, address, and phone number)				
25. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED		26. ADDRESS WHERE MY FAMILY WILL BE CONTACTED WHILE ON SERVIC		
27. TELEPHONE NO. (Include Area Code)		28. TELEPHONE NO. (Include Area Code)		
29. The undersigned hereby certifies that the information provided is true and correct to the best of their knowledge and belief. (Signature of family member)				
30. Signature of family member				
31. Signature of official		32. Signature of official		
33. REASSIGNMENT TRACKING CENTER EMAIL ADDRESS				
fb.family.travel@conus.army.mil				
34. DATE (YYYYMMDD)				

DA FORM 4787-R, MAR 2007

PREVIOUS EDITIONS ARE OBSOLETE

JAN 98 43.02



SOLDIER DECLARATION STATEMENT

- AMIM-BLH-M
- MEMORANDUM FOR USAG-H, MPD Team CSP, APO AP 96205
- SUBJECT: Soldier Declaration

1. In accordance with Army Regulation 614-30 Para 3-5a (5), I make the following declaration:

The Family member(s) for whom I am requesting command sponsorship does not have any qualifying convictions for offenses listed under 42 USC 16911, or Army Regulation 27-10. I understand that if I am granted command sponsorship and my Family member(s) is convicted of a qualifying offense at any time during the overseas tour, the command sponsorship will be revoked. Furthermore, I understand that the identified Family member(s) will be processed for early return from the overseas location.

2. The point of contact for this action is the undersigned at phone:
email address:



COMMAND SPONSORSHIP FAMILY STATEMENT



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON HUMPHREYS
UNIT #15228
APO AP 96271-5228

AMIM-HMH-M

11 November 2021]

MEMORANDUM FOR Military Personnel Division USAG Humphreys, Command
Sponsorship Program, APO, AP 96271-5228

SUBJECT: Command Sponsorship Family Member Statement.

1. In accordance with (IAW) AR 608-75, Family members will be screened when the Soldier is on assignment instructions to an OCONUS area for which command sponsorship/Family member travel is authorized and the Soldier elects to serve the accompanied tour. This applies to CONUS-to-OCONUS and OCONUS-to-OCONUS reassignments. _____ (SM Initials)
2. I understand that Command Sponsorship will not be requested until the DA Form 5888 has been completed for all Family Member physically residing with me _____ (SM Initials)
3. I understand that in order to request Dependent Student Travel IAW AR 55-46 and the Joint Travel Regulation that my student dependent must be Command Sponsored. _____ (SM Initials)
4. IAW AR 608-75, Soldiers who knowingly and willfully disregard or provide false information may be subject to Uniform Code of Military Justice (UCMJ, Art 92 and Art 107). _____ (SM Initials)
5. I have read and understand these statements _____ (SM Initials)
6. Point of contact for this memorandum is the MPD that completed the Family Travel request

Soldier's Printed Name

Signature

Date

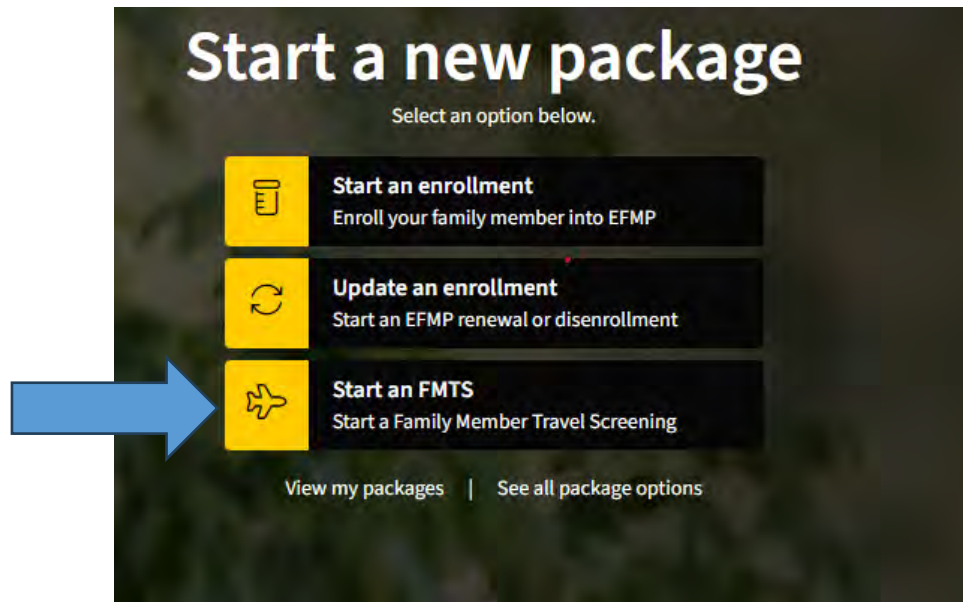


FAMILY TRAVEL

It is mandatory for you to go online at <https://efmp.army.mil> and submit an OCONUS screening if you are taking family members OCONUS.

For soldiers who are PCSing you will start a Family Member Travel Screening (FMTS).

Please see screenshot below.



Contact Information

Fort Bliss Family Travel:

915-568-9885

915-568-7163

915-568-3325

For EFMP issues/concerns, contact EFMP WBAMC 3rd Floor
West Clinic at 915-742-3715.

Address:

**Pershing Rd., Bldg. 1, Rm 212
Fort Bliss, TX 79916**





PASSPORTS



WE ARE THE ARMY'S HOME



REASSIGNMENTS



PASSPORTS

✓ Passport/Visa/Travel Document Requirements

✓ Soldiers

- Not all countries require passports; some only require orders and military ID card to enter the country. Check the DOD Foreign Clearance Guide website to verify passport requirement: <https://www.fcg.pentagon.mil>.

✓ Family members

- All command-sponsored, U.S. citizen Family members require a government no-fee passport, and possibly a visa, to PCS to a foreign country. Family members arriving overseas without a no-fee passport/visa when required will be denied entry and returned to CONUS at personal expense.
- Family members who are not U.S. citizens will travel on their personal passport issued by their country of citizenship.
- For information and instructions on how to apply for a no-fee passport for official government travel, visit <https://travel.state.gov/content/travel/en/passports/need-passport.html>.
- Family member travel is delayed frequently because of passport processing time. Family member applications for passports should be completed immediately after Family travel has been approved.
- Soldiers traveling with Family through Canada enroute to or from Alaska are recommended to apply for no-fee passports.



PASSPORTS

Passport/Visa/Travel Document Requirements

- ✓ Official passports may not be used for personal leisure travel to foreign countries. OCONUS passport offices present long delays in processing. The Department of State recommends individuals desiring a tourist passport for leisure travel obtain one prior to departing CONUS.
- ✓ Please be advised some assignments require a Visa in addition to Passports. A Visa will require additional time to process and cannot be requested until all Passports are received.
- ✓ Family members are required to have a current DEERS ID Card (10 years of age or older), Official Passport, and Visa (if required) in order to travel OCONUS.
- ✓ Soldiers moving from OCONUS to CONUS for the first time with a foreign spouse must obtain an Immigration Visa. Information is available at the United States Citizenship and Immigration Services website at <https://www.uscis.gov/>.

PASSPORTS

Passport/Visa/Travel Document Requirements

Who Requires a No-Fee Passport ???

- Based on PCS Assignment and Foreign Clearance Guide (FCG). Most common places requiring family members to have No-Fee Passports are: Germany, Italy, Korea, Japan, UK. (Alaska is strongly recommended).
- Hawaii- Passport NOT required.
- Some cases, Soldiers and family members may require to have an Official or Diplomatic Passport as specified by the Foreign Clearance Guide.
- Dependents who are not US citizens, please contact our office.

PASSPORTS

Passport/Visa/Travel Document Requirements

IMPORTANT NOTES:

In Accordance with the Italy Status Of Forces Agreement (SOFA), no fee passports and “Missione” Visas are required for all DOD civilians and eligible family members of both US military and DOD civilian personnel. Special Issuance (No Fee) Passports and Italian Entry Visas are mandatory prior to departure for Italy. Failure to comply will result in expulsion of dependents from Italy at personal expense, CAUSING FINANCIAL HARDSHIP NOT REIMBURSABLE BY THE U.S. GOVERNMENT. For the most up to date information on this critical requirement, please visit <https://www.fcg.pentagon.mil/fgc/cfm> using CAC enabled computer and select ‘Europe’ and then ‘Italy’.

PASSPORTS

Passport/Visa/Travel Document Requirements

No-Fee Passport and the Tourist Passport

There are 2 kinds of passports. No-Fee Passport and the Tourist Passport.

Our office will only process No-Fee Passports. Tourist Passports are processed off post at the nearest Post Office.



PASSPORTS

Passport/Visa/Travel Document Requirements

Passport Instructions Sheet

The link below is our Fort Bliss Passport website. At the bottom of the website are links to guide you in the completion of the passport application. Additional information can be found at:

<https://home.army.mil/bliss/index.php/about/Garrison/directorate-human-resources/passports>

PASSPORTS

Passport/Visa/Travel Document Requirements

Most Common Forms

DS-11: Initial U.S. Passport Application

DS-82: Renewal U.S. Passport Application

DS-3053: Consent For Issuing A Passport To A Child

<https://travel.state.gov/content/travel/en/passports/requirements/forms.html>



PASSPORTS

Passport/Visa/Travel Document Requirements



APPLICATION FOR A U.S. PASSPORT
Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions.
Please select the document(s) for which you are applying:
☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.
☒ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)
Note: The 52 page option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last: DOE
First: JOHN
Middle: WAYNE
2. Date of Birth (mm/dd/yyyy): 01/01/1980
3. Sex: ☒ M ☐ F
4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.): EL PASO, TX
5. Social Security Number: 123 45 6789
6. Email Address (e.g., my_email@domain.com): JOHN.WAYNE.DOE.MIL@MAIL.MIL
7. Primary Contact Phone Number: 123-456-7890
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. [Redacted]
Line 2: [Redacted]
Line 3: [Redacted]
Line 4: [Redacted]
Line 5: [Redacted]
Line 6: [Redacted]
Line 7: [Redacted]
Line 8: [Redacted]
Line 9: [Redacted]
Line 10: [Redacted]
Line 11: [Redacted]
Line 12: [Redacted]
Line 13: [Redacted]
Line 14: [Redacted]
Line 15: [Redacted]
Line 16: [Redacted]
Line 17: [Redacted]
Line 18: [Redacted]
Line 19: [Redacted]
Line 20: [Redacted]
Line 21: [Redacted]
Line 22: [Redacted]
Line 23: [Redacted]
Line 24: [Redacted]
Line 25: [Redacted]
Line 26: [Redacted]
Line 27: [Redacted]
Line 28: [Redacted]
Line 29: [Redacted]
Line 30: [Redacted]
Line 31: [Redacted]
Line 32: [Redacted]
Line 33: [Redacted]
Line 34: [Redacted]
Line 35: [Redacted]
Line 36: [Redacted]
Line 37: [Redacted]
Line 38: [Redacted]
Line 39: [Redacted]
Line 40: [Redacted]
Line 41: [Redacted]
Line 42: [Redacted]
Line 43: [Redacted]
Line 44: [Redacted]
Line 45: [Redacted]
Line 46: [Redacted]
Line 47: [Redacted]
Line 48: [Redacted]
Line 49: [Redacted]
Line 50: [Redacted]
Line 51: [Redacted]
Line 52: [Redacted]
Line 53: [Redacted]
Line 54: [Redacted]
Line 55: [Redacted]
Line 56: [Redacted]
Line 57: [Redacted]
Line 58: [Redacted]
Line 59: [Redacted]
Line 60: [Redacted]
Line 61: [Redacted]
Line 62: [Redacted]
Line 63: [Redacted]
Line 64: [Redacted]
Line 65: [Redacted]
Line 66: [Redacted]
Line 67: [Redacted]
Line 68: [Redacted]
Line 69: [Redacted]
Line 70: [Redacted]
Line 71: [Redacted]
Line 72: [Redacted]
Line 73: [Redacted]
Line 74: [Redacted]
Line 75: [Redacted]
Line 76: [Redacted]
Line 77: [Redacted]
Line 78: [Redacted]
Line 79: [Redacted]
Line 80: [Redacted]
Line 81: [Redacted]
Line 82: [Redacted]
Line 83: [Redacted]
Line 84: [Redacted]
Line 85: [Redacted]
Line 86: [Redacted]
Line 87: [Redacted]
Line 88: [Redacted]
Line 89: [Redacted]
Line 90: [Redacted]
Line 91: [Redacted]
Line 92: [Redacted]
Line 93: [Redacted]
Line 94: [Redacted]
Line 95: [Redacted]
Line 96: [Redacted]
Line 97: [Redacted]
Line 98: [Redacted]
Line 99: [Redacted]
Line 100: [Redacted]
9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)
A. [Redacted]
B. [Redacted]
STOP! CONTINUE TO PAGE 2
DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT
Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)
☐ Drivers License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other
Name: [Redacted]
Issue Date (mm/dd/yyyy): [Redacted] Exp. Date (mm/dd/yyyy): [Redacted] State of Issuance: [Redacted]
ID No: [Redacted] Country of Issuance: [Redacted]
Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)
☐ Drivers License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other
Name: [Redacted]
Issue Date (mm/dd/yyyy): [Redacted] Exp. Date (mm/dd/yyyy): [Redacted] State of Issuance: [Redacted]
ID No: [Redacted] Country of Issuance: [Redacted]
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.
Name of courier company (if applicable): [Redacted] Facility ID Number: [Redacted]
Facility Name/Location: [Redacted] Agent ID Number: [Redacted]
Signature of person authorized to accept applications: [Redacted] Date: [Redacted]
For Issuing Office Only: ☐ BK ☐ Card ☐ EF ☐ Postage ☐ Execution ☐ Other
* DS 11 B 09 2013 1 *

DS-11

Passport Application

- Do not sign before your appointment.

- Ensure the barcode is visible.

- Do not staple photo.

- Approval of Command Sponsorship is required in order to submit passport applications.




PASSPORTS

Passport/Visa/Travel Document Requirements

Parental Information

Must be a mirror image of the Birth Certificate

Name of Applicant (Last, First, & Middle)				Date of Birth (mm/dd/yyyy)			
10. Parental Information							
Mother/Father/Parent - First & Middle Name				Last Name (at Parent's Birth)			
Date of Birth (mm/dd/yyyy)		Place of Birth		Sex		U.S. Citizen?	
				Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mother/Father/Parent - First & Middle Name				Last Name (at Parent's Birth)			
Date of Birth (mm/dd/yyyy)		Place of Birth		Sex		U.S. Citizen?	
				Male <input type="checkbox"/> Female <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Have you ever been married? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the remaining items in #11.							
Full Name of Current Spouse or Most Recent Spouse				Date of Birth (mm/dd/yyyy)		Place of Birth	
U.S. Citizen?		Date of Marriage (mm/dd/yyyy)		Have you ever been widowed or divorced?		Widow/Divorce Date (mm/dd/yyyy)	
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
12. Additional Contact Phone Number							
		Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>		13. Occupation (if age 16 or older)		14. Employer or School (if applicable)	
15. Height		16. Hair Color		17. Eye Color		18. Travel Plans	
						Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy) Countries to be Visited	
19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.							
Street/RFD # or URB (No P.O. Box)						Apartment/Unit	
City						State Zip Code	
20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.							
Name				Address: Street/RFD # or P.O. Box		Apartment/Unit	
City				State Zip Code		Phone Number Relationship	
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the remaining items in #21.							
Name as printed on your most recent passport book				Most recent passport book number		Most recent passport book issue date (mm/dd/yyyy)	
Status of your most recent passport book: Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired) <input type="checkbox"/>							
Name as printed on your most recent passport card				Most recent passport card number		Most recent passport card issue date (mm/dd/yyyy)	
Status of your most recent passport card: Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired) <input type="checkbox"/>							
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY							
Name as it appears on citizenship evidence							
<input type="checkbox"/> Birth Certificate SR CR City Filed:				Issued: A#			
<input type="checkbox"/> Nat / Citiz. Cert. USCIS USDC Date/Place Acquired:							
<input type="checkbox"/> Report of Birth Filed/Place:							
<input type="checkbox"/> Passport C/R S/R Per PERS #/DOI:							
<input type="checkbox"/> Other:							
<input type="checkbox"/> Attached:							
<input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-84 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5513 <input type="checkbox"/> Citiz W/S							
<input type="checkbox"/> P/C of Citiz <input type="checkbox"/> DS-10 <input type="checkbox"/> DS-86 <input type="checkbox"/> DS-71 <input type="checkbox"/> IRL <input type="checkbox"/> CIS Ver							
				 * DS 11 C 09 2013 2 *			

DS-11 09-2013

Page 2 of 2



WE ARE THE ARMY'S HOME



PASSPORTS

Passport/Visa/Travel Document Requirements

DS-82

Passport Application

- Do not sign before your appointment.
- Ensure the barcode is visible.
- Do not staple photo.
- **Approval of Command Sponsorship is required in order to submit passport applications.**

U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS OMB CONTROL NO. 1405-0030
OMB EXPIRATION DATE: 09-30-2019
ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions
Please select the document(s) for which you are applying:
☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.
☒ Regular Book (Standard) ☐ Large Book (Non-Standard)
Note: The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last: **DOE** First: **JOHN** Middle: **WAYNE**
2. Date of Birth (mm/dd/yyyy): **01 01 1980** 3. Sex: **X** (M) (F) 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.): **EL PASO, TX**
5. Social Security Number: **123 45 6789** 6. Email (Info alerts offered at travel.state.gov): **JOHN.WAYNE.DOE.MIL@MAIL.MIL** 7. Primary Contact Phone Number: **123-456-7890**
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB. [REDACTED]
Country, if outside the United States: [REDACTED]
9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)
A. [REDACTED] B. [REDACTED]
10. Passport Book and/or Passport Card Information
Your name as printed on your most recent U.S. passport book and/or passport card: **JOHN WAYNE DOE**
Most recent passport book number: **111111111** Issue date (mm/dd/yyyy): **01/01/2010**
Most recent passport card number: [REDACTED] Issue date (mm/dd/yyyy): [REDACTED]
11. Name Change Information Complete if name is different than last U.S. passport book or passport card
Changed by Marriage: [REDACTED] Place of Name Change (City/State): [REDACTED] Date (mm/dd/yyyy): [REDACTED]
Changed by Court Order: [REDACTED]
Please submit a certified copy. (Photocopies are not accepted!)

CONTINUE TO PAGE 2


YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

X _____ Applicant's Legal Signature Date: _____
FOR ISSUING OFFICE ONLY ☐ PPT BK C/R ☐ PPT BK S/R ☐ PPT CD C/R ☐ PPT CD S/R
☐ Marriage Certificate Date of Marriage/Place Issued: _____
☐ Court Order Date Filed/Court: _____
From: _____
To: _____
☐ Other: _____
☐ Attached: _____
For Issuing Office Only ☐ BK Fee: _____ Cd Fee: _____ EF: _____ Postage: _____ Other: _____
* DS 82 B 08 2013 1 *



PASSPORTS

Passport/Visa/Travel Document Requirements

Name of Applicant (Last, First & Middle) DOE, JOHN WAYNE				Date of Birth (mm/dd/yyyy) 01/01/1980	
12. Height 5ft. 5in.	13. Hair Color BLACK	14. Eye Color GREEN	15. Occupation SGT	16. Employer or School (if applicable) US ARMY	
17. Additional Contact Phone Numbers					
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
18. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box) 142 E. BLOOM STREET				Apartment/Unit	
City EL PASO				State TX	Zip Code 79916
19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name JANE DOE		Address: Street/RFD # or P.O. Box 142 E. BLOOM STREET		Apartment/Unit	
City EL PASO	State TX	Zip Code 79916	Phone Number 012-345-6789	Relationship SPOUSE	
20. Travel Plans					
Departure Date (mm/dd/yyyy) 01/01/2018	Return Date (mm/dd/yyyy) 01/01/2019	Countries to be visited UAE			
STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE					
WHERE DO I MAIL THIS APPLICATION?					
<u>If applying in the United States or Canada:</u>					
FOR ROUTINE SERVICE (If you live in CA, FL, IL, MN, NY, or TX): National Passport Processing Center P.O. Box 640155 Irving, TX 75064-0155		FOR ROUTINE SERVICE (If you live in any other state or Canada): National Passport Processing Center P.O. Box 90155 Philadelphia, PA 19190-0155		FOR EXPEDITED SERVICE (Additional Fee, any state or Canada): National Passport Processing Center P.O. Box 90955 Philadelphia, PA 19190-0955	
<u>Because of the sensitivity of the enclosed documents, Passport Services recommends using trackable mailing service when submitting your application.</u>					
<u>If applying outside the United States or Canada:</u>					
United States citizens residing outside the U.S. or Canada CANNOT submit this form to domestic addresses listed above. Such applicants should visit www.usembassy.gov to find the nearest U.S. Embassy or Consulate for procedures for applying outside the United States.					
				 * DS 82 B 08 2013 2 *	



PASSPORTS

Passport/Visa/Travel Document Requirements

The following blocks need to have our office information.



Contact Information

Where should the passport be mailed?

Note: Please complete this section with a mailing address even if you are picking up your new passport directly from a passport agency.

Street Address/RED#, P.O. Box, or URB: *

Street Address 2 (apartment, company, suite, unit, building, floor if applicable): ?

City: *

State: *
Please Select...

Country: *
UNITED STATES

Zip Code: *

In Care Of (e.g. In Care Of - Jane Doe): ?

Is This Your Permanent Address? * ?
☐ Yes ☐ No

1. Insert:
IMBL-HRM-FT PASSPORT OFFICE

2. Insert:
PERSHING RD BLDG. 1 RM 211

3. Insert:
FORT BLISS

4. Insert:
UNITED STATES

5. Insert:
TX

6. Insert:
79916

7. Type in the word:
COMMANDER

8. Select "NO" and input your physical address.

9. Once you have completed your physical address scroll down to complete the rest of the information. See next slide.

Preferred Method of Communication

Preferred Method of Communication * ?
☒ Mail ☐ email ☐ Both

PASSPORTS

Passport/Visa/Travel Document Requirements

DS-3053

PLEASE CONTACT OUR OFFICE FIRST !!!

DS-3053: Consent Form required for minors under the age of 16 if one biological parent is not available to sign the application.

<https://travel.state.gov/content/travel/en/passports/requirements/forms.html>

PASSPORTS

Passport/Visa/Travel Document Requirements

• DS-3053



U.S. Department of State
STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

USE OF THIS FORM

The information collected on this form is used in conjunction with the DS-11, "Application for a U.S. Passport." When a minor under the age of 16 applies for a passport and one of the minor's parents or legal guardians is unavailable at the time the passport is executed, a completed and notarized DS-3053 can be used as the statement of consent. If the required statement is not submitted, the minor may not be eligible to receive a U.S. passport. The required statement may be submitted in other formats provided they meet statutory and regulatory requirements.

FORM INSTRUCTIONS

- Complete fields 1, 2, and 3. If field 3 is not completed, authorization will be valid for both products.
- Complete field 4, Statement of Consent, only if you are a non-applying parent or guardian consenting to the issuance of a passport for your minor child. NOTE: Your signature must be witnessed and notarized in field 5.
- The written consent from the non-applying parent that accompanies an application for a new U.S. passport must not be more than 90 days old. A clear photocopy of the front and back of the non-applying parent's government-issued photo identification presented to the notary is required with the written consent.
- Please submit this form with your minor child's new DS-11 passport application to any designated acceptance facility, U.S. Passport Agency, U.S. Embassy, or U.S. Consulate abroad.

SPECIAL REQUIREMENTS FOR INSTITUTIONS/ENTITIES GRANTED GUARDIANSHIP

Below is a list of documents you must submit with your DS-3053:

- A certified order of a court of competent jurisdiction granting guardianship to the institution/entity. (Photocopies are not acceptable.)
- A signed statement from the institution/entity on letterhead authorizing a specific person to apply for a passport for the child on its behalf. The statement must include the minor's name and the name of the individual(s) authorized to apply for the passport.
- A photocopy of employee identification documents proving the person applying for the minor's passport works at the institution/entity.

Please ensure that all of the above do NOT have any conditions placed on the period of validity of the passport or where the minor may travel. If there are conditions in the statement, a new statement of unequivocal consent is required.

WARNING: False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.

FOR INFORMATION AND QUESTIONS

For passport and travel information, please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at NPIC@state.gov. Customer Service Representatives are available Monday-Friday, 8:00 a.m. - 10:00 p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit www.travel.state.gov/childabduction or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at PreventAbduction1@state.gov.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 28 U.S.C. 6039E; Executive Order 11250 (August 5, 1968); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish two parent consent for a minor's passport application, as required by Public Law 105-113, Section 236.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-20, Passport Records.

DISCLOSURE: Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, Attn: Forms Officer 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.

DS-3053 08-2016

Page 1 of 2



U.S. Department of State
STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16
Attention: Read WARNING and FORM INSTRUCTIONS on Page 1

OMB CONTROL NO. 1405-0129
OMB EXPIRATION DATE: 09-21-2019
ESTIMATED BURDEN: 30 Minutes

1. MINOR'S NAME			
Last	First	Middle	
2. MINOR'S DATE OF BIRTH (mm/dd/yyyy)			
<input type="checkbox"/> Passport Book and Card <input type="checkbox"/> Book Only <input type="checkbox"/> Card Only			
3. THIS AUTHORIZATION IS VALID FOR:			
4. STATEMENT OF CONSENT To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. Statements expire after 90 days.			
I, _____, authorize _____ Print Name (non-applying parent/guardian) Print Name (person applying for minor's passport)			
to apply for a United States passport for my minor child named on this application. My consent is unconditional in regards to passport validity and travel.			
Street Address (non-applying parent)		Apartment	City State Zip Code
() Area Code	Telephone Number		E-mail Address
STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.			
OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.			
Signature of Non-Applying Parent or Guardian		Date (mm/dd/yyyy)	
NOTE: A clear photocopy of the front and back of the identification you presented to the notary is <u>required</u> with this form.			
5. STATEMENT OF CONSENT NOTARIZATION			
Name of Notary _____ Print Name (Notary Public)			
Location _____ City, State			
Commission Expires _____ Date (mm/dd/yyyy)			
Identification Presented by Non-Applying Parent or Guardian: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other (specify) _____			
ID Number: _____		Place of Issue: _____	
Issue Date (mm/dd/yyyy): _____		Expiration Date (mm/dd/yyyy): _____	
OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above noted identification document and the matching photocopy.			
Signature of Notary _____		Date of Notarization _____ Date (mm/dd/yyyy)	

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Page 2 of 2



WE ARE THE ARMY'S HOME



PASSPORTS

Passport/Visa/Travel Document Requirements

- **Visa Applications**

Not all countries require a visa. The Foreign Clearance Guide will state if a visa is needed.

Passport and Visa applications cannot be processed at the same time.

Once our office receives the passport, the visa application can be processed.

Please contact our office with any questions.



PASSPORTS

Passport/Visa/Travel Document Requirements

- **Important Notes**

Applications accepted by appointment only.

Passport application process:

October - January: 4-6 weeks

February - March: 6-8 weeks

April – September: 8-11 weeks

Visa application process: 1-4 weeks.

Processing times are approximate. Unforeseen factors such as workload can directly impact processing times.



PASSPORTS

Passport/Visa/Travel Document Requirements

Contact Information

Fort Bliss Passport Main Email Inbox:

usarmy.bliss.incom-central.mbx.fb-passports@mail.mil

915-568-1405

915-568-3325

915-569-7326

Address:

Pershing Rd., Bldg. 1, Rm 211, Fort Bliss 79916



PASSPORTS

Passport/Visa/Travel Document Requirements

- Questions ???





OUTPROCESSING



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REASSIGNMENTS



Out-Processing

Out-Processing (Installation clearing papers)

Installation clearing papers can be issued 10 business days (including DONSAS, excluding Federal Holidays) prior to their PCS leave start date.

Phone: (915) 568-2482/7714 or 569-7369/7348

Location: Bldg. 505 Pershing Road, **room 154, MON-WED, 0730-1600, THUR, 0900 TO 1600, FRI, 0730 - 1600**

THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO PICK UP:

1. An Installation PAC Slip (version dated 08/25/2023 – with all required signatures)
2. PCS Orders (with any Amendments if applicable)
3. IPPS-A “Absence in Conjunction with PCS” form.
4. Proxy Memo (if you are within 2 days of your leave start date)

Final out-processing appointment will be scheduled when Installation clearing papers are issued and will not be scheduled more than 2 business days prior to start of PCS leave.





ARMY HOUSING OFFICE



WE ARE THE ARMY'S HOME



REASSIGNMENTS



Army Housing Office (AHO)

- Fort Bliss AHO serves as the Military Advocate for all housing matters
AHO staff is employed by the Army to assist Service Members (SM) and their Families with housing matters and advocate on their behalf with community partners/agencies on and off-post
- Housing Service Office (HSO) Branch provides referral services and tenant/landlord dispute services for off-post leases
- Residential Communities Initiative (RCI) Branch provides oversight of the privatized company, Balfour Beatty Communities (BBC) managing on-post housing and provides tenant/landlord dispute services for on-post leases
- Unaccompanied Housing (UH) Branch provides oversight of the Army Barracks Management Program (ABMP)
- Army Housing Chief manages the AHO and reports directly to the Director of Public Works and Garrison leadership

Bldg T-0070 Carter Road

Monday-Friday 0900-1600

Closed for lunch 1200-1300

Closed every 3rd Thursday 1300-1600

(915) 568-2898

Email: usarmy.bliss.id-readiness.mbx.imcom-dpw-housing@army.mil



- All Soldiers assigned to Fort Bliss Family Homes must clear their quarters or provide a copy of their scheduled termination appointment prior to receiving the housing clearing stamp
- The sponsor or a designated person with POA must come into the Community Management Office to complete a 30-60 Day notice to vacate (check your lease agreement)
- Schedule transportation packing/pick up of your household goods before scheduling your move out
- The sponsor or designated person with POA must come to the Community Management Office to schedule, reschedule, or cancel an appointment
- These options cannot be handled via telephone



Submit termination notice in writing to your property manager/landlord

- 30 days prior to termination
- Attach a copy of orders
- Schedule your pre/final inspection
- Ensure your debt has been cleared with property manager/landlord
- Provide a forwarding address to property manager/landlord
- Security Deposit cannot be used as your last month's rent
- Any damage caused during your tenancy will be deducted from your security deposit and the balance refunded to you
- Security deposits are to be returned to you with 30 days of terminating your lease

Rental Partnership Program (RPP): Submit an intent to vacate to your property manager (This notice can be picked up from the Army Housing Office)

- 30 days prior to termination
- Attach a copy of your orders
- Schedule your pre/final inspection
- Cancel allotment prior to termination



Army Housing Office (AHO)

- Questions





OCONUS PCS COVID TESTING CENTER



WE ARE THE ARMY'S HOME



REASSIGNMENTS



COVID Testing for Service Members and families

Testing will be conducted at building 1029 Chaffee Road Monday through Friday 0800-1400 and Saturday 0800-1200. We will be closed Sundays, Federal Holidays and Fort Bliss DONSA's.

The testing is drive through. You do not need an appointment or a referral. Please bring a copy of your orders and military ID. We need at least 48 hours to get results, and you need to have your results prior to leaving El Paso.

Please coordinate with your Chain of Command, destination country and departure airline for specific requirements. U.S. Embassy websites are good resources for the most current information on travel restrictions.

As of right now, most countries are no longer requiring PCR tests (to include Korea and Japan).

Parents will need to assist with the testing of small children. We test children 2 years and older.

You will need to obtain your own results on the MHS GENESIS PORTAL: <https://patientportal.mhsgenesis.health.mil>

If the results are positive, you should delay your travel for at least 5 days.

If you will be on leave in another location prior to your international flight, you will have to coordinate for your own PCR testing, if it is required.

For questions or concerns, please call 915-276-8355.





ARMY COMMUNITY SERVICE



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REASSIGNMENTS



Army Community Service (ACS)

Financial Readiness Program

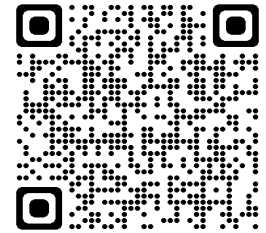
The Army Community Service Financial Readiness Program (FRP) is here to provide free education, counseling and support services, whether this is your first move or the first of many. Let us provide you with the information and resources to navigate your next military move. Same services will be provided at your next location, upon request. Please call (915) 568-4227/8676/4706 or visit the QR code to schedule an appointment before your move.

Services Provided:

- One-on-One Appointments (special circumstances)
- Unit Trainings
- Financial Classes
- Financial Workshops
- Financial Readiness Milestones
- Choose “Class Registration”

Topics Covered:

- Planning & Budgeting
- Debt Management
- Fundamentals of Banking
- Free Credit Report Review/ Credit Repair
- Security Clearance
- Thrift Savings Plan (Military & Civilian)
- Blended/ Legacy Retirement System
- Car Buying & Insurance
- First-Term PCS “Money & Moving”
- Consumer Issues



<https://bliss.armymwr.com/programs/financial-readiness-program>

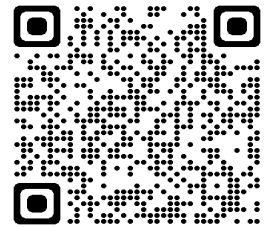


Army Community Service (ACS)

Army Emergency Relief

The Army Emergency Relief (AER) is the Army's own nonprofit organization dedicated to providing emergency financial assistance to soldiers, retired soldiers, and their families. Please call (915) 568-4706 or visit the QR code if assistance is needed before, during, and after your move.

Authorized Categories of Assistance



- Emergency Travel
- Rent
- Essential POV Repair
- Auto Repossession
- Funeral Expenses
- Utilities
- Dental (non cosmetic)
- Natural Disaster
- PCS Travel Assistance
- Minor Home Repair
- Repair of HVAC
- Purchase/Repair of Stoves, Refrigerators, Washer and Dryer
- Cranial Helmets
- Replacement Vehicles
- Essential Furniture
- POV Insurance Deductible



Army Community Service (ACS) Employment Readiness Program

The [Employment Readiness Program](#) (ERP) is a vital resource for service members and their families who are undergoing a Permanent Change of Station (PCS). ERP provides comprehensive support by offering job search assistance, resume writing workshops, career counseling, and access to employment opportunities both on and off the installation. It provides information on licensure reimbursement, networking opportunities, and entrepreneurial resources for home-based businesses. **Please call 915-569-5838 for more information.**

Services offered by the ERP include classes and seminars related to employment:

- Job fairs and other hiring events
- Resume writing Civilian/Federal
- Job Search
- Interviewing techniques
- Dressing for success
- Networking
- Entrepreneurship
- Education/Certification

Helpful Websites:

<https://www.armymwr.com/programs-and-services/personal-assistance/employment-readiness-program>

<https://www.armyfamilywebportal.com/content/employment-readiness-program>

<https://www.usajobs.gov>

<https://myseco.militaryonesource.mil>

<https://msejobs.militaryonesource.mil/msep/>

<https://www.dol.gov/agencies/vets/veterans/military-spouses>



Army Community Service - EFMP

IAW AR 608-75 it is mandatory for Soldiers to enroll authorized dependents in DEERS with special medical or educational needs into the [Exceptional Family Member Program \(EFMP\)](#). The EFMP is intended to assist the military in ensuring services are available for family members when a Soldier is transferred to a new duty station.


ACS services offered for families enrolled in EFMP (915) 569-4227 Option 5

- **Clearing is done through ACS EFMP**
 - No appointment is needed.
 - Out-processing Soldiers who have family members enrolled in the EFMP must complete DA Form 7415 and the "Needs Assessment for Relocating Soldiers" form and provide a copy of their orders to EFMP staff.
 - Additional assistance and resources are provided as required. In addition, the EFMP staff prepares a memo to the gaining installation informing them of the Soldier's report date and possible need for assistance.
 - EFMP staff pre-clear Soldiers who are not enrolled in the EFMP weekly.

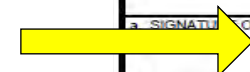
Army Community Service - EFMP

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET	
For use of this form, see AR 608-75; the proponent agency is ACSIM.	
<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.</p> <p>PRINCIPAL PURPOSE: To identify soldiers that have family members for enrollment in the EFMP.</p> <p>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.</p> <p>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.</p>	
1. NAME OF SOLDIER	2. RANK
3. UNIT current unit	
4a. HOME ADDRESS current home address	b. HOME PHONE NUMBER
5a. DUTY ADDRESS current duty address	b. DUTY PHONE NUMBER
	c. FAX NUMBER
d. EMAIL ADDRESS army.mil email address	
<p>6. Do you have a family member (<i>child or adult</i>) 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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>7. If the answer to the above question is yes, is the family member enrolled in EFMP?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>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.</p>	
<p>9. The above information is true and correct to the best of my knowledge.</p>	
a. SIGNATURE OF SOLDIER	b. DATE SIGNED (YYYYMMDD)

Must answer yes or no to BOTH



Must be signed and dated



DA FORM 7415, JUN 2009


PREVIOUS EDITIONS ARE OBSOLETE.

APD PE v1.03ES




WE ARE THE ARMY'S HOME





**ACS EFMP PCS Coordination
FORT BLISS**



Authority: AR 608-75 Exceptional Family Member Program (EFMP)
Purpose: To provide appropriate background information for coordinate location change for Soldiers enrolled in the EFMP.
Disclosure: Voluntary. However, failure to provide the requested information may impede Army Community Service (ACS) personnel from being able to assist individuals effectively.

Reason for Visit: ☐ In-Processing ☐ Out-Processing

Sponsor Name: _____ Rank: _____ DOB: _____
 Email: _____ Contact Number: _____
 Spouse Name: _____
 Spouse Contact Number: _____ Spouse Email: _____
 Gaining Installation: _____ Report Date: _____
 Will your Family be accompanying you to the new duty station? ☐ Yes ☐ No
 If not, what installation will they be closest to? _____

If applicable, it is highly suggested that you obtain/hand carry the following:

- Copies of Child Youth and Services (CYS) program documentation for each child.
- Copies of school transcripts/records for each dependent enrolled in school to include Special Education Records or Individualized Education Plan (IEP) / Individualized Family Service Plan (IFSP)
- Copies of medical records for self and dependents.
- Medication/medical supplies to meet your Family's needs for 90 days.

**The Family requests assistance from the gaining installation in the following areas:
(X) in the area(s) that apply to you.**

☐ Child, Youth & Services (CYS)
☐ EFMP Respite Care Information
☐ Housing Modifications/Accommodations
☐ Special Education or School Liaison Office
☐ No support requested at this time

☐ Community Recreation
☐ EFMP Systems Navigation
☐ Medical and/or Counseling Services
☐ Support Groups
☐ Other: _____

List ALL enrolled Exceptional Family Members:		
Name:	DOB:	Please circle reason for enrollment:
		Medical or Educational
		Medical or Educational
		Medical or Educational

AUTHORITY: 5 USC Section 301, Department regulations; 10 USC Section 3013, secretary of the Army; army regulation 608-1; Army Community Service Center.
 PRINCIPLE PURPOSE: To provide appropriate background information for coordinated location change for Soldiers enrolled in the Exceptional Family member Program.
 DISCLOSURE: Voluntary. However, failure to provide the requested information may impede Army community Service personnel from being able to assist individuals effectively.

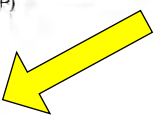
I, the Sponsor, hereby authorize the release of my information to EFMP, CYS, the MTF and the gaining installation's Army Community Service Directorates.

Signature of Sponsor: _____ Date: _____

List all
enrolled
Family
members



Check
services or
info you are
looking for
at new duty
station



Must be
signed




What to hand carry during a PCS?

- Copies of IEP/IFSP or 504 plan for each dependent child enrolled in school/EDIS
- Copies of school transcripts/records for each dependent enrolled in school
- Copies of medical records for self & dependents
- Medication/medical supplies to meet your Family's needs until arrival in new community (recommended 90 days worth) – speak with PCM regarding controlled substances during PCS

Services offered at every installation:

- Education – assistance with IEP/504s
- Links to civilian agencies – assistance with community resources
- Respite Care
- Support Groups and EFMP Family Activities
- Systems Navigation
- Transfer and Continuity of Services

Exceptional Family Member Program – Family Service

**Army Community Service
Walk-ins or Appointments for Assistance
Bldg. 2494 Ricker Road
915-569-4227 option 5**





FORT BLISS TRANSPORTATION



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REASSIGNMENTS



PCS Transportation Entitlements

Household Goods Shipment

- In order to arrange for shipment of your household goods, all service members must self counsel and perform the following once they receive their orders to facilitate their household goods pick up:
 - (1) Go to <https://www.militaryonesource.mil>
 - (2) Click on log into DPS, DOD Security Banner – Accept
 - (3) Customer - EITHER Register as a Customer or Log in with Certificate
 - (4) Make your transportation arrangements
 - (5) Print out and sign the DD forms generated by DPS
 - (6) After completing self counseling:
 - Bring a copy of your PCS orders with any amendments,
 - DD 1299, and DD 1797 to the Transportation Office. Telephone number is (915) 568-3102 or (915) 568-5951 or (915) 568-3668.
- You must schedule your pack dates within 7-10 business days after your self counsel.
- Spouses will require a power of attorney (POA) to submit paperwork and question status of any and all shipment(s). **NO EXCEPTIONS!**



PCS Transportation Entitlements

PCS and NTS Weight Allowance (Pounds)		
Grade NOTE 1/NOTE 3	With Dependents NOTE 2	Without Dependents
Officer Personnel		
0-10 to 0-6	18,000	18,000
0-5/W-5	17,500	16,000
0-4/W-4	17,000	14,000
0-3/W-3	14,500	13,000
0-2/W-2	13,500	12,500
0-1/W-1/Service Academy Graduates	12,000	10,000
Enlisted Personnel		
E-9	15,000 Note 4	13,000 Note 4
E-8	14,000	12,000
E-7	13,000	11,000
E-6	11,000	8,000
E-5	9,000	7,000
E-4	8,000	7,000
E-3 to E-1	8,000	5,000
Aviation Cadets	8,000	7,000
Service Academy Cadets/Midshipmen		350

PCS Transportation Entitlements

- **Asian Continent**
 - **HHG 80-100 days**
 - **UB 60-90 days**

- **European Continent**
 - **HHG 80-100 days**
 - **UB 60-90 days**



PCS Transportation Entitlements

Packing

- Areas being packed must be clean and free of trash/debris.
- Any boxes that have been previously packed, containers and foot lockers, etc. should remain open to verify contents. If need be, contents will be re-packed based on carrier responsibility and government requirement.
- Motorcycles may not always be authorized to ship. If you cannot ship, you may store. You will be required to provide proof of ownership; title or registration....NO EXCEPTIONS.
- Weapons may not always be authorized to ship. If you cannot ship, you may store. You will be required to provide weapons registration....NO EXCEPTIONS.

NOTE:

- **If the area/residence is not clean, the company has the right to refuse your movement.**



PCS Transportation Entitlements

Shipment of POV

- In general, if you are traveling overseas (OCONUS), the government will pay to ship one POV to your new location, but you will need to arrange for it to be dropped off at the designated drop-off center before departing.

NOTE: There may be some overseas bases such as Japan, where it is not possible to have a car. In these cases, the government will pay to store your POV stateside for the length of your tour.

- Privately owned vehicle shipments and storage arrangements can be scheduled at:

www.pcsmypov.com

- If you are authorized to ship your POV, the entitlement must be on your PCS orders. You are only entitled per diem from your current duty station to the authorized designated vehicle processing center (VPC) For Fort Bliss this will be the VPC in Grapevine, Texas.

PCS Transportation Entitlements

Storage of POV

- If you cannot ship your POV you are entitled to store at the servicing VPC or you can self store.

***Self storing means you arrange your own storage company and pay for the storage for the duration of your overseas tour.**

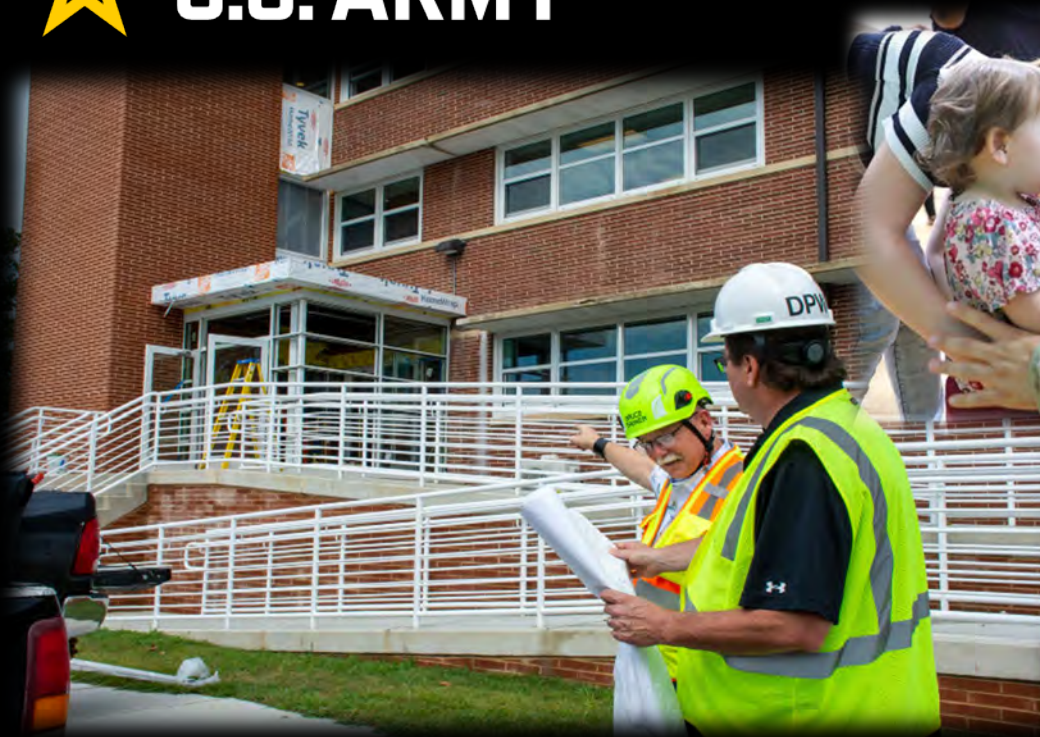
***Upon return to CONUS you are entitled to get reimbursed what the government would have paid to store your POV.**

NOTE: Strongly suggest storing at the servicing VPC.

- If you receive a Continuous Overseas Tour (COT) order entitling you to ship your car you are able to ship from the VPC center.

NOTE: There is no entitlement to pick up a vehicle from a third-party storage facility.





OCONUS LEVY BRIEFING Fort Bliss Official Travel Office

WE ARE THE ARMY'S HOME



HOURS OF OPERATION

Monday thru Wednesday & Friday
0730 – 1600

Thursday 1000 – 1600

CLOSED Everyday for Lunch 1200 – 1300

Ticket Exchanges 0800-1130 & 1300-1430

Located in BLDG 504A,
Room 209, 2nd floor

(915) 568-6904/1270





U.S. ARMY SCHEDULING OCONUS AIR TRAVEL

01

1 Copy of PCS orders, Absence Request and **NATO orders** (if applicable) (Leave form only if you are taking personal leave in OCOUNS before your report date)

02

If taking dependents: Deps. names need to be on PCS Orders w/Concurrent Travel Authorized and any one of the following for all that are traveling: DOD ID or Passport number

03

Orders will reflect type of payment used for booking the travel. IBA/GTCC holders must have their card active and in mission critical status (S-3/S-4 can assist)

04

A No Fee Passport if required for your new PDS. Please contact the Passport office for more guidance.

PASSPORTS

FORM OF PAYMENT

DEPS ON ORDERS/INFO

ORDERS

OCONUS TRAVEL:

As per the orders, we are authorized to book your travel between your “AVAIL” date (which is on the last page of orders) to the Report date.



WE ARE THE ARMY'S HOME



WHAT ARE PORT CALLS?

Port calls are flights on the AMC Patriot Express, also known as the “Rotator”. It is a Department of Defense (DoD) contracted commercial charter flight which provides international support to travelers on official duty and their families.

If you traveling to: Japan, Korea, or Guam via Patriot Express

- Port of Embarkation: Seattle, WA (SEA)
 - Commercial flight to SEA from El Paso

If you traveling to: Germany/Kuwait/Qatar/Turkey (Some locations in Italy/Spain) via Patriot Express

- Port of Embarkation: Baltimore, MD (BWI)
 - Commercial flight to BWI from El Paso

If you traveling to: Africa, Cuba (Some locations in Italy/Spain) via Patriot Express

- Port of Embarkation: Norfolk, VA (ORF)
 - Commercial flight to ORF from El Paso

If you traveling to: Hawaii & Alaska

- No Port of Embarkation
 - Commercial flight all the way from El Paso



TICKETING PETS TRAVEL



To increase success in booking pets aboard the PE, please come/email us immediately when you have received a **report date RFO message**. We can reserve a spot on the Patriot Express with that but cannot finalize the travel until we have your official orders.

- It can cost up to \$375 (per pet) to fly them aboard the Patriot Express (PE)
- PE only has 10 belly slots per aircraft
- A family may only request up to 2 pet slots
- Pet(s) cannot exceed 150 lbs. with Kennel
- We do not book the pet's commercial flight to the Port Call or for any other CONUS travel

however, we will request SATO to book a commercial reservation, then you must call the airline to book your pet aboard that flight.

- The most up to date DTR Chapter 103, paragraph K.d states; if we can't book your pet aboard the PE, we can now give you a statement of non-availability to fly commercially to your OCONUS location.
- Pet authorization must be included on your orders.

FLYING FROM A VEHICLE PROCESSING CENTER (VPC)



Every person authorized to flying to new PCS location are only authorized to fly from old duty station to new duty station. You are only authorized to fly out of El Paso unless you are relocating dependent(s). It *must* be stated on the orders if you are.



Dallas VPC

Everyone PCSing OCONUS is authorized to fly out of Dallas International Airport because it is the nearest Vehicle Processing Center to Fort Bliss, Texas.



LAX VPC

Is authorized if you are PCSing to Hawaii, Alaska, or taking the Port Call out of Seattle, you are then also authorized to fly from Los Angeles International Airport. However, you will only be reimbursed the mileage/per diem as if you were going to the Dallas VPC.

DALLAS IS FORT BLISS' AUTHORIZED VEHICLE PROCESSING CENTER (VPC)

Hours of Operation

0800 - 1600

Monday-Friday

Address

1123 Mineral Springs Rd,
Arlington, TX

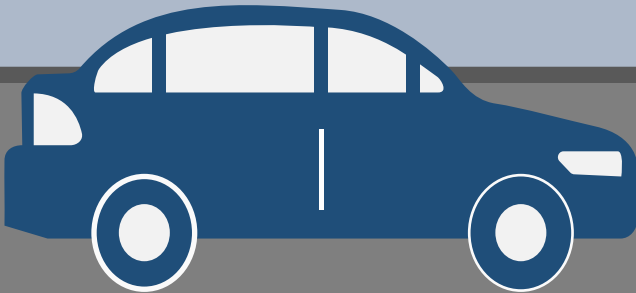
Contact

Local: 469-203-8629

Toll Free: 855-389-9499

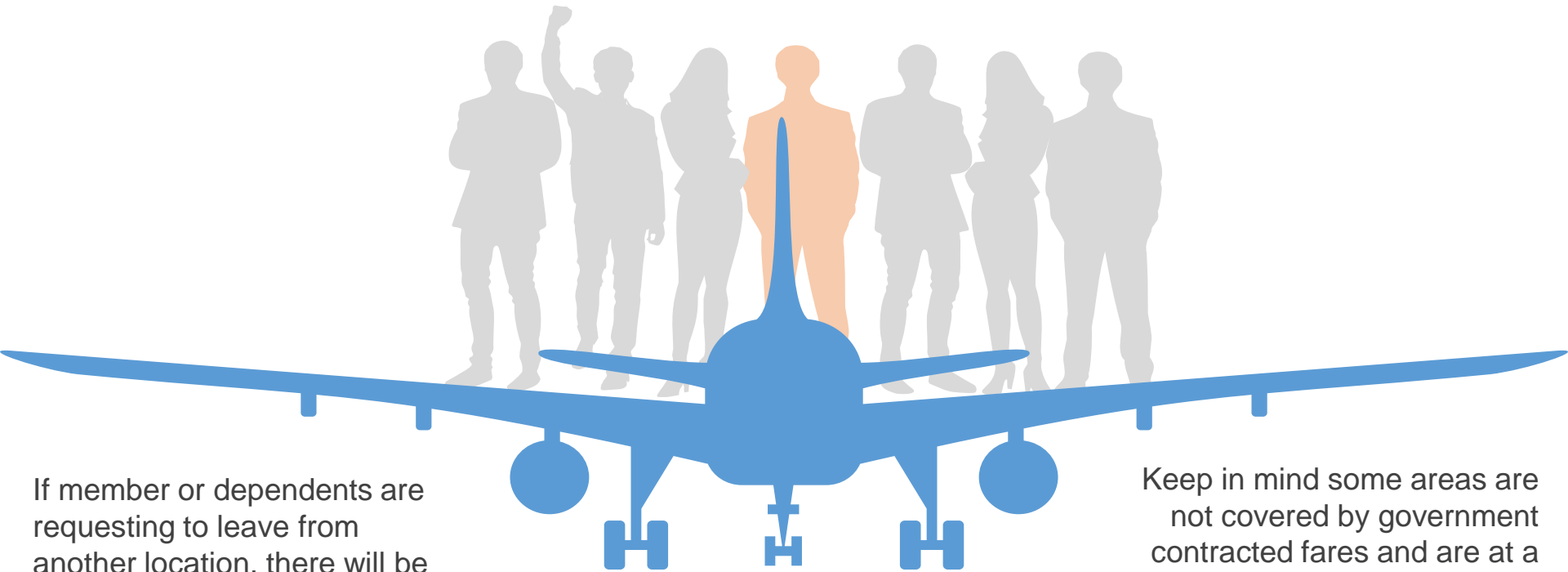
Fax: 972-639-3976

- CLOSED ON WEEKENDS AND ALL FEDERAL HOLIDAYS
- LAST VEHICLE IS ACCEPTED FOR IN/OUT PROCESSING NO LATER THAN 1600
- Please contact your respective VPC if you have any questions or require additional information concerning your vehicle.
- WEBSITE TO BOOK APPOINTMENT AND FOR ALL OTHER VPCs: www.pcsmypov.com



TICKET EXCHANGE PROGRAM

Official travel is authorized travel from El Paso or from another authorized location (i.e. family relocation) to your newly assigned duty station. To arrive or depart from any other location will call for a Ticket Exchange.



If member or dependents are requesting to leave from another location, there will be an "Exchange Processing Fee" of \$35.00 plus any additional cost (if any) that extends over the cost of the Government ticket per ticket.

Payment

Exchange fee/difference in airfare must be paid at the time of ticketing and on the member's personal credit/debit card.

Keep in mind some areas are not covered by government contracted fares and are at a much higher rate and/or international airlines flights may not be available with the same carrier to do the exchange with.



FLIGHT NOTES

- 01 Before booking travel, read your orders to understand what you are authorized.
- 02 Understand the form of payment needed to make travel arrangements.
- 03 Book tickets with us before going on leave.
- 04 Your orders will direct you to purchase your airfare tickets at your local ITO (Installation Transportation Office), which is with us at building 504A. If you don't, you may not be reimbursed any or all of the ticket purchased amount.



QUESTIONS?





EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)



WE ARE THE ARMY'S HOME



REASSIGNMENTS





U.S. ARMY *Exceptional Family Member Program (EFMP) / Overseas Family Member Travel Screening (FMTS)*

- ✓ AR 608-75 (Exceptional Family Member Program) requires that Soldiers enroll all DEERS beneficiaries who have special medical or educational needs into the EFMP. The EFMP is intended to ensure the Army PCS Family members only to duty stations where care is known to be available.
- ✓ In many overseas locations, the Army also considers the availability of host nation health care in the decision. Family member travel may be denied when a Soldier has a Family member with special needs and the services to meet those needs are unavailable at the overseas location. When Family travel is denied, Soldiers may request a deletion from the assignment or serve an unaccompanied tour.
- ✓ Soldiers enrolled in the program are responsible for updating EFMP enrollment information every 3 years, or upon changes in their dependent's needed services, whichever occurs first.
- ✓ EFMP does not expire; failure to update enrollment every 3 years results in a delinquent status notification to the command, which will interfere with release of PCS orders.
- ✓ **Enrollment update to be completed online at <https://efmp.army.mil>.**





Exceptional Family Member Program / Overseas Family Member Travel Screening (FMTS)

- ✓ Process of screening Family members
- Soldiers already enrolled in EFMP when considered for reassignment have their potential assignments pre-screened for EFMP support as part of the initial HRC assignment process.
- All Soldiers, whether enrolled in EFMP or not, on assignment to OCONUS, to include Alaska and Hawaii, who elect an accompanied tour (with dependents) are required to have every authorized dependent who is going overseas complete Family Member Travel Screening (FMTS).
- **FMTS must be initiated immediately at <https://efmp.army.mil>.**
- ❖ If a Family member has a medical/mental health condition that warrants being seen by a specialist or by their primary care provider more than once a year, a DD Form 2792 (Family Member Medical Summary) is completed by their provider to address their medical conditions.
- ❖ If a Family member has an Individualized Education Plan (IEP), a DD Form 2792-1 (Special Education/Early Intervention Summary) is completed by the school.
- ❖ If an infant receives services through an Early Childhood Intervention (ECI) program, a DD Form 2792-1, is completed by ECI, along with a copy of their evaluation/IFSP (Individualized Family Service Plan).



- ✓ The losing Reassignment Processing Center submits all FMTS documents via <https://efmp.army.mil>, to the gaining installation to determine if Family members can be supported. Determination at the gaining installation can take more than 30 days. PCS orders will be published upon receipt of Family travel decision.
- ✓ Families in Remote Areas (Not Near MTF) in CONUS, should refer to the AMEDD EFMP website at <https://efmp.amedd.army.mil/tools/contacts.html> for instructions on who to contact for assistance with FMTS.
- ✓ Military special needs Families with situations requiring extensive PCS move medical support may qualify for special conveyance air transport (air ambulance).

The following are some situations that may qualify:

- **Ventilator-dependent Family member**
- **Family member must travel with around the clock medical care/support**
- **Family member must travel with special medical equipment/DME**
- **Family member cannot travel via POC or commercial air**
- **Other than economy/coach accommodations are required**
- **NOTE: Office of the Surgeon General (OTSG), EFMP Office, must approve each case, and provide order amendment language to the servicing reassignments processing center.**

Contact Information

If you have any questions, please contact our front desk @

915-742-3715

*Please leave a detailed voicemail, we will contact you within **3 business days.***

We are located at:

William Beaumont Army Medical Center
18511 W. Highlander Medics St.
3rd Floor West Clinic
Ft. Bliss, TX 79918

Open: 7:30 to 4:15 Monday – Thursday, Closed Friday's, All Federal Holidays, and the 2nd and 4th Thursday of the month.

Email: Usarmy.bliss.medcom-wbamc.mbx.efmp@health.mil
(encryption enabled)





ARMY MILITARY PAY OFFICE



WE ARE THE ARMY'S HOME



REASSIGNMENTS



ARMY MILITARY PAY OFFICE



IN/OUT PROCESSING LOCATION:



Soldier Support Center, BLDG 505

Room 129

HOURS: M-W&F 0900-1200 & 1300-1600

THUR: 1200-1500

MAIN FINANCE OFFICE

BLDG 2 Sheridan Rd



ARMY MILITARY PAY OFFICE



AGENDA



- **PER DIEM RATES / DLA**
- **DEPENDENT TRAVEL / VPC - POV**
- **TLE / TLA**
- **PERMISSIVE TDY**
- **PPM/DITY MOVES**
- **GTCC IBA / CBA**
- **TRAVEL ADVANCE / ADVANCE PAY**
- **BAH**
- **FINANCE LINKS**



ARMY MILITARY PAY OFFICE



TRAVEL PAY PER DIEM BY POV

Per Authorized Travel Day *

- Soldier \$178.00
- Dependent(s) age 12 and older \$133.50
- Dependent(s) age 11 and under \$ 89.00

* Authorized Travel is 350 Miles = one day



ARMY MILITARY PAY OFFICE



TRAVEL PAY PER DIEM BY AIRPLANE



- **Soldier** **\$51.00**
 - **Dependent(s) age 12 and older** **\$34.00**
 - **Dependent(s) age 11 and under** **\$17.00**
-
- * **1 Day of Air Travel Authorized for CONUS travel**
 - * **2 Days of Air Travel Authorized to overseas locations**



ARMY MILITARY PAY OFFICE



GSA City Pair Fare Program

IAW JTR, Chap. 2: Standard Travel and Transportation Allowances
- “The GSA City Pair Program is a contract between the Government and certain airlines for routes frequently traveled for Government business. The program requires a traveler to use these routes when they are available. City Pair Program fares are for official travel only and cannot be used for travel to or from leave points or for any portion of a route traveled for personal convenience.”



ARMY MILITARY PAY OFFICE



TRAVEL PAY MILEAGE RATES FOR AUTHORIZED TRAVEL BY POV

- Monetary Allowance in Lieu of Transportation (MALT):
- MALT is based on the official distance in par. 020204, when traveling on a PCS order between any official points. Current rate as of July 2024: \$0.21 per mile (up to 2 vehicles).

Effective 1 JUL 2024



ARMY MILITARY PAY OFFICE



DISLOCATION ALLOWANCE (DLA)



DLA defrays the costs of relocating to the new

- **Members with authorized dependents are entitled to DLA at the with dependent rate & the dependents authorization to relocate must be included in PCS orders**
- **Dual Military – only one member will be entitled to DLA**
- **To claim DLA, complete DD Form 1351-2 and submit PCS orders to your gaining Finance Office**
- **For DLA rates go to <http://www.defensetravel.dod.mil>**



ARMY MILITARY PAY OFFICE



Dependent Travel/DLA & POV Drop Off - VPC



- Dependents who travel separately from sponsor to a designated location (other than member's new PDS) must be authorized and directed in the PCS orders. Sponsor must file a separate dependent/DLA travel voucher (DD Form 1351-2) with the gaining Finance Office.
- POV drop off at authorized designated VPC (Vehicle Processing Center) locations.



ARMY MILITARY PAY OFFICE



TEMPORARY LODGING EXPENSE (TLE)



- **CONUS entitlement based on current Locality Rate**
- **CONUS to CONUS moves – allowed up to 21 days**
 - may be split between losing and gaining duty station for dependents authorized to relocate to new PDS.
- **CONUS to OCONUS moves - allowed up to 7 days MAX at losing duty station (Fort Bliss, TX)**
- **TLE must be claimed at the gaining Finance Office**



ARMY MILITARY PAY OFFICE



TEMPORARY LODGING EXPENSE (TLE) (continued)



- **Following documents are needed when submitting your TLE Claim:**
 - original paid lodging receipt with a zero balance
 - a full set of your PCS orders (front/back/amends)
 - completed DD Form 1351-2 (travel voucher)
 - Copy of Absence Request with sign in date
- **No advances authorized for this entitlement**



ARMY MILITARY PAY OFFICE



Travel Pay Temporary Lodging Allowance (TLA)



- **Overseas entitlement only**
- **Payable through overseas Finance Office location**
- **Must have prior approval from Housing Services Office at overseas location**
- **Authorized in 10 day increments at new PDS**
- **No advances authorized for TLA**



ARMY MILITARY PAY OFFICE



Pet Travel Reimbursement "No Retroactive Reimbursement"



- As of **Jan 2024**:
- 1 Pet per PCS Household (Cat or Dog):
 - \$550 CONUS
 - \$2000 OCONUS
- **To Claim**:
 - Pet Authorization must be included in the orders or on amended orders. (Line 140)
 - Must have a valid paid receipt.
 - **Credit card** or **bank statements** are not acceptable as receipts.
 - Statement of non availability required if flights not booked by SATO travel.



ARMY MILITARY PAY OFFICE



Out Processing Brief

TRAVEL NOTE

PERMISSIVE TDY (PTDY)



- Up to 10 days of non-chargeable leave in order to relocate household to new PDS.
- No longer required to report to the Housing Service Office for Housing Stamp – CONUS to CONUS only.
- If you are authorized Permissive TDY (PTDY), you **MUST** have your Absence Request signed by the Battalion Commander (OCONUS PCS).
- PTDY in conjunction with PCS must have the approved dates of PTDY in the remarks section (block #17) of the Absence Request along with the mandatory statement:

“Soldier arrived at the new PDS on *date* to start PTDY”



ARMY MILITARY PAY OFFICE



PPMs/Do-It-Yourself (DITY) Move



- **Transportation will provide needed information and/or documentation in order for DITY/PPM claim to be paid by DFAS-Rome**
- **Transportation is located in Building 504, 1st floor @ (915)568-3668/3338**
- **Transportation (only) will process your request for PPM/DITY advance and/or settlement claims**



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If you are a Government Travel Charge Card holder, you cannot request an advance for travel – no exceptions!

(Per Diem/Mileage)

Ensure your card is in “Mission Critical” status through your unit GTA representative prior to your departure.

IBA – Individually Billed Account



ARMY MILITARY PAY OFFICE



Travel Pay Advance if not GTC holder



- Travel advances will be paid at 80% of PCS Travel Allowances for Per Diem &/or mileage.
- DLA paid at 100% rate
- Complete the advance form or complete via Smartvoucher and attach a complete set of orders, amendments, and Absence Request can be submitted **up to 20 days prior to sign out date**
- Advance will be calculated based on the mode of travel and dependent information provided on the Travel Advance Request form
- All payments are processed by DFAS-Rome and paid directly into the account for Travel on your *MyPay* web site

CBA CENTRALLY BILLED ACCT



ARMY MILITARY PAY OFFICE



DLA Advance if GTCC holder



- DLA paid at 100% rate
- Complete the advance form OR complete advance DLA via smartvoucher and attach a complete set of orders, amendments, and Absence Request can be submitted **up to 30 days prior to sign out date**
- Advance will be calculated based on the dependent information provided on the Travel Advance Request form
- All payments are processed by DFAS-Rome and paid directly into the account for Travel on your *MyPay* web site



ARMY MILITARY PAY OFFICE



Military Pay - Advance of Basic Pay



- **1 month of Basic Pay minus Federal taxes, deductions, collections, gov't loans, and all other debts**
- **Can be requested from old PDS, or en-route to gaining installation, or upon arrival at your new PDS**
- **Expenses must relate to PCS costs not covered by other advance payments such as: Travel/DLA/PPM**



ARMY MILITARY PAY OFFICE



Military Pay - Advance of Basic Pay



- Submit your Advance Pay request (DD Form 2560), Absence Request, & PCS orders to the Soldier Support Center Bldg 505 RM 129
- Example of how Advance Pay is computed:
 - Basic Pay **\$6,000.00**
 - Minus all deductions on LES **\$600.00**
 - Total Advance Pay **\$5,400.00**
- Advance will be released 3 – 5 business days once the payment is approved by AMPO



ARMY MILITARY PAY OFFICE



Military Pay – Requesting Advance of Basic Pay



- **All Married Soldiers & Dual Military member claiming w/dependent rate BAH:**
- **Itemization/explanation not required on the form**
- **Single SSGs and above & Dual Military member claiming w/out dependent rate BAH:**
- **Must itemize PCS related expenses**
- **Per AR 37-104-4, you must justify PCS related expenses**



ARMY MILITARY PAY OFFICE



Military Pay **Basic Allowance for Housing (BAH)**

- BAH is paid at the Fort Bliss rate while on PCS leave up to the report date of the new PDS.
- Balfour Beatty Housing is “Privatized” (Contractor) Housing paid by you to them through an allotment. Balfour Beatty will stop the housing allotment effective the date you clear/terminate their quarters. Finance does not stop allotments for the privatized housing.



ARMY MILITARY PAY OFFICE



Military Pay Basic Allowance for Housing (BAH)



PCS BAH

- Paid to Soldiers who were residing in the barracks - you will receive BAH at the without dependent rate for Fort Bliss while on PCS leave
- Soldiers receiving BAH-Diff are entitled to receive BAH at the with dependent rate (must have Birth certificate(s) and DA Form 5960 completed appropriately)



ARMY MILITARY PAY OFFICE



FINANCE WEBSITES



- <http://www.dfas.mil> for:
 - general questions relating to Military and Travel Pay as well as other useful information plus access to the *myPay* web site
- Go to <http://www.defensetravel.dod.mil> for:
 - BAH rates for your new location
 - COLA rates for OCONUS
 - DLA rates
 - Per Diem rates
 - Computation of TLE and TLA



ARMY MILITARY PAY OFFICE



QUESTIONS



NAME: _____ SSN: _____ GRADE: _____

DHR, Reassignments (Overseas) LEVY briefing Checklist

The following information and forms were covered during your Overseas LEVY briefing:

Int: _____ 1. Statement of Understanding - (Enlisted only)

Int: _____ 2. TDY Statement (All)

a. Deletion/Deferment requests (DA 4187)

b. TDY Enroute Options (Soldier's TDY enroute with family members only)

c. Overseas: with family members or "All Others" tour.

d. Homebase/Advance Assignment Program (HAAP)

Int: _____ 3. DA Form 5117 (Reassignments Processing) (All)

Int: _____ 4. DA Form 5121 (Overseas Tour Election Statement) (All)

Int: _____ 5. DA Form 5118 (Reassignments Status and Election Statement) - Enlisted only

Int: _____ 6. DA Form 5114 (Sponsorship Program counseling and Information Sheet) (All)

Note: (You must go into ACTnow and complete blocks 1, 2, 4, & 5) - Verification of initial action required

Int: _____ 7. DA 4036-R Medical and Dental Preparation for Overseas Movement) (All)

Note: This form must be completed at the Soldier Resilience & Readiness Center (SRRC).

Int: _____ 8. AT Level 1 (All) Note: Must be within six (6) months of your report date. (All)

Int: _____ 9. DA 5888 (Family Member Deployment Screening Sheet)

Note: This form is automatically forwarded to the Mendoza Clinic by Reassignments Family Travel Rep.

Int: _____ 10. DA 1787-R (Reassignments Processing) (To be completed by soldier who are trying to take family members overseas).

Int: _____ 11. VPM (Vehicle Processing Center) - Designated drop off point is Dallas, TX.

Int: _____ 12. Family Travel Request (EFMP packet)

Note: Family Travel Request or Request for Command Sponsorship is done by Reassignments upon receipt of EFMP packet from Mendoza Clinic.

Int: _____ 13. No Fee Passport applications.

Note: You do not need orders to submit No Fee passport applications. You must complete applications according to our instructions from the Department of State and schedule appointment via e-mail with our passport office.

** By signing this page, you concur with all documents covered and acknowledge the information is correct and true and also that you are aware of what is required to receive your PCS orders.

Signature

Date

Soldier's signature

Date

MPD/Reassignments Rep signature

Date

Note: Please go through your S1's for any questions pertaining to your PCS orders.

Reassignments Checklist

REVISED VERSION JAN 11, 2017
ALL PREVIOUS VERSIONS ARE OBSOLETE

Initial all

1 - 13

This form will
be completed
at the end
of the
Levy Briefing



CONCLUSION

This completes your levy briefing.

Please stay seated

Maintain 6 feet social distancing.

Please wait until the clerks call up you up.

Thank you!





U.S. ARMY



**DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS**

Unit Training: **Ask, Care, Escort**



Base Module



U.S. ARMY

Impact of Suicide



DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS

Secretary of Defense Lloyd Austin III
Retired U.S. Army four-star general

One suicide is too many!

Each suicide death impacts ~135 people.

“Every death by suicide is a tragedy that impacts our people, our military units, and our readiness.”

That's why we remain committed to a comprehensive and integrated approach to suicide prevention.”



U.S. ARMY

The Army Values and Suicide Prevention



DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS

ARMY VALUES

★ LOYALTY

Bear true faith and allegiance to the U.S. Constitution, the Army, your unit, and other Soldiers.

★ DUTY

Fulfill your obligations.

★ RESPECT

Treat people as they should be treated.

★ PERSONAL COURAGE

Face fear, danger, or adversity (physical or moral).

★ HONOR

Live up to the Army Values.

★ SELFLESS SERVICE

Put the welfare of the Nation, the Army, and subordinates before your own.

★ INTEGRITY

Do what's right, legally and morally.



Which **Army Value(s)** do you believe are most impactful to your role in preventing suicide?



How could a Soldier **leverage that value(s)** to help reduce suicide in the unit?





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Training Purpose



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To increase awareness of protective factors, risk factors, and warning signs that contribute to a person's level of risk for suicide

To equip you with specific actions that can be taken to bolster protective factors, mitigate risk, and intervene in a crisis in order to help prevent suicide by utilizing the steps Ask, Care, Escort (ACE)





WARNING SIGNS

Time-sensitive concerns for suicide risk
Stop and deal with this **NOW**

RISK FACTORS

Issues that increase suicide risk
Check in and follow up

PROTECTIVE FACTORS

Behaviors or supports that reduce risk
Encourage healthy behaviors



Establish a Baseline



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A BASELINE CAN INCLUDE A PERSON'S...

- Typical behaviors and moods
- Typical reactions to stress or typical coping behaviors
- General information (e.g., relationship or family status, hobbies)

Knowing the BASELINE of those around you is foundational to recognizing change and identifying risk.





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Protective Factors



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Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events



What are some examples of protective factors that can help offset or mitigate risk?

To help offset or mitigate risk:

- Use productive coping skills
- Be willing to talk with others
- Cultivate strong personal relationships and unit cohesion
- Utilize professional resources
- Connect to a strong sense of purpose





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Use ACE to Strengthen Protective Factors



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A

ASK how they are doing or about a specific aspect of their life

C

Show you **CARE** by actively listening and show interest in what they share

E

ESCORT by encouraging proactive use of resources



How could you use each step of **ACE** to enhance protective factors within your unit?





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Protective Factors



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RESILIENCE AND READINESS



You have likely developed **skills**, **strengths**, and **utilized resources** that help you to effectively cope with and overcome challenges.

Everyone still has some level of risk.

Protective factors help decrease the chances that a combination of risk factors result in negative outcomes.





Suicide Risk Factors



We all manage life's challenges differently. How we manage life issues can be **protective** or can increase our **risk** for negative outcomes.



RISK FACTORS

Changes in behavior such as:

- Avoiding friends or isolating
- Dramatic mood changes
- Anger or irritability
- Anxiety or depression
- Inability to sleep
- Poor coping mechanisms

Additional Risk Factors:

- Family/loved one's history of suicide
- Loss, conflict, or change in relationships
- Bullying or discrimination
- Job/financial problems or loss
- Substance use
- Sense of hopelessness





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Use ACE to Mitigate Risks



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A

ASK if they are okay
and if you can help



C

Show you **CARE** by
listening to their
problem



E

ESCORT them to an
appropriate helping
resource



*Choose a risk factor. How could you use each step of **ACE** to help the Soldier mitigate the risk?*



FACTORS

RISK

- Avoiding friends or isolating
- Dramatic mood changes
- Anger or irritability
- Anxiety or depression
- Inability to sleep
- Poor coping mechanisms
- Family/loved one's history of suicide
- Bullying or discrimination
- Loss, conflict, change in relationships
- Job/financial problems





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Debrief: Identify and Mitigate Risks



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RESILIENCE AND READINESS

What **risk factor** did you choose to discuss, and how could you use each step of ACE to help the Soldier mitigate their risk?

When using ACE to mitigate risk, how might that also be strengthening a protective factor?

Using ACE early at the sign of concern can stop some problems and stressors from growing and becoming overwhelming to the point of crisis.



There are signs that may indicate someone is contemplating suicide.



WARNING SIGNS

- Talking about death
- Giving belongings away
- Talking about harming oneself
- Regularly isolating
- Change in behavior

If you see a red flag (a warning sign or a sense something is “off”), take immediate action.



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Use ACE to Address Warning Signs



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A

ASK directly if they
are thinking of
killing or harming
themselves



C

CARE by listening and
showing support



E

ESCORT them directly
to an emergency
helping resource; do
not leave them alone



What have you done in the past, or can you do, to **stay calm** and composed when facing a crisis?





U.S. ARMY

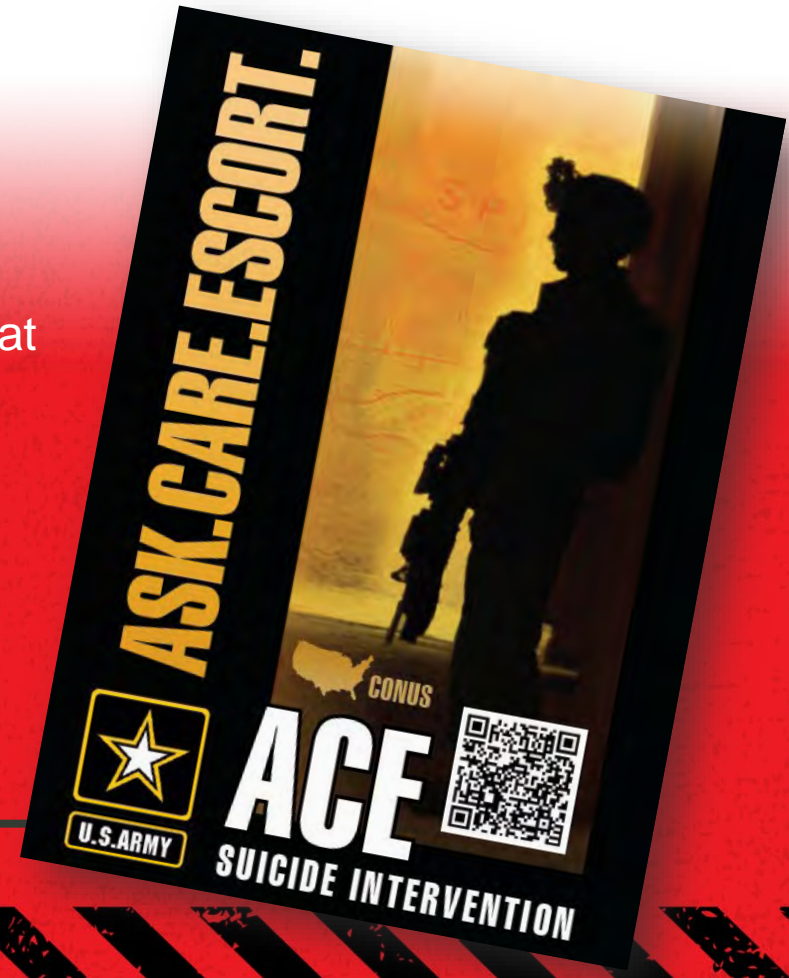
Debrief: Warning Signs



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What are the **warning signs** that can indicate a person might be contemplating suicide and require you to take immediate action?

How could you use the steps of ACE during a crisis situation?





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You are Equipped to Take Action!



DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS



You are now equipped to use ACE to bolster protective factors, mitigate risk, and support a Soldier in a crisis.

You cannot stand by and assume a person will reach out in a time of struggle or despair. A key takeaway from this training is to take initiative!





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Non-Emergency Resources



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Local Resources

- Army Community Service (ACS): (915) 569-4227
- Military Family Life Counselor (MFLC): (915) 569-4227
- Ready & Resilient Performance Centers: (915) 568-6684
- Army Wellness Center (AWC): (915) 742-9566
- Behavioral Health or Primary Care:
- Chaplain Services/Local Pastor: (915) 637-4265
- Unit Chaplain _____
- Holistic Health and Fitness (H2F) Personnel
- American Legion/VFW
- Department of Social Services (by state)
- Faith-based services or local church

Tactical Environments

- Battalion Aid Stations

General Resources

DoD or VA

- Military OneSource: 800-342-9647; militaryonesource.mil/; chat via website
- Psychological Health Resource Center: 866-966-1020; pdhealth.mil/resources; chat via website
- Real Warriors campaign: realwarriors.net; chat via website
- My VA 311: 844-MyVA311 (844-698-2311)
- Vet Center Call Center: 877-WAR-VETS
- Community Resources Guide: crg.amedd.army.mil

Other

- Dial 211 or <https://www.211.org>
- Department of Social Services (by state)



What other non-emergency resources do you know of?





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Emergency Resources



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Local Resources

- Your chain of command

- Emergency Room

- Local Emergency Resources
 - (Dial 9-1-1)
- Military Police

- Civilian Police

- ACE-SI

OCONUS Emergency Services (911)

- Germany: Dial 112
- Italy: Dial 112, 118
- South Korea: Dial 119

Crisis Hotlines

- Military/Veterans Crisis Line:
 - North America: Dial 988, Press 1
 - Text: 838255
 - Europe: 00800 1-273-8255 or DSN 118
 - Korea: 0808-555-118 or DSN 118
- Veterans Crisis Line Online Chat:
www.veteranscrisisline.net/chat
- Lifeline Crisis Chat: <https://988lifeline.org/chat/>
- National Suicide Prevention Lifeline:
1-800-273-TALK (8255). Press 1
- Suicide Hotlines (by State):
<http://www.suicide.org/suicide-hotlines.html>





https://wrair.gov1.qualtrics.com/jfe/form/SV_aXFrN0d3WYotliy

Participants: You have just completed
the **ACE Base** module.

Completing the survey will assist the DPRR in determining the effectiveness of training and will inform curriculum revisions during the next update cycle.

If you will receive a +1 module after this Base module (i.e, Fighting Stigma, Active Listening, Practicing ACE), please complete the survey at the end of that +1 module.

