



# OCONUS PCS INFORMATION SLIDES



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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!!!**

**If you are taking family members OCONUS, please contact the Family Travel Section at (915) 568-7163 / 9885 / 3325.**

**Family Travel Section is located at**

**BLDG 1 Pershing Road Room 212,**

**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](mailto: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

## *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.



## 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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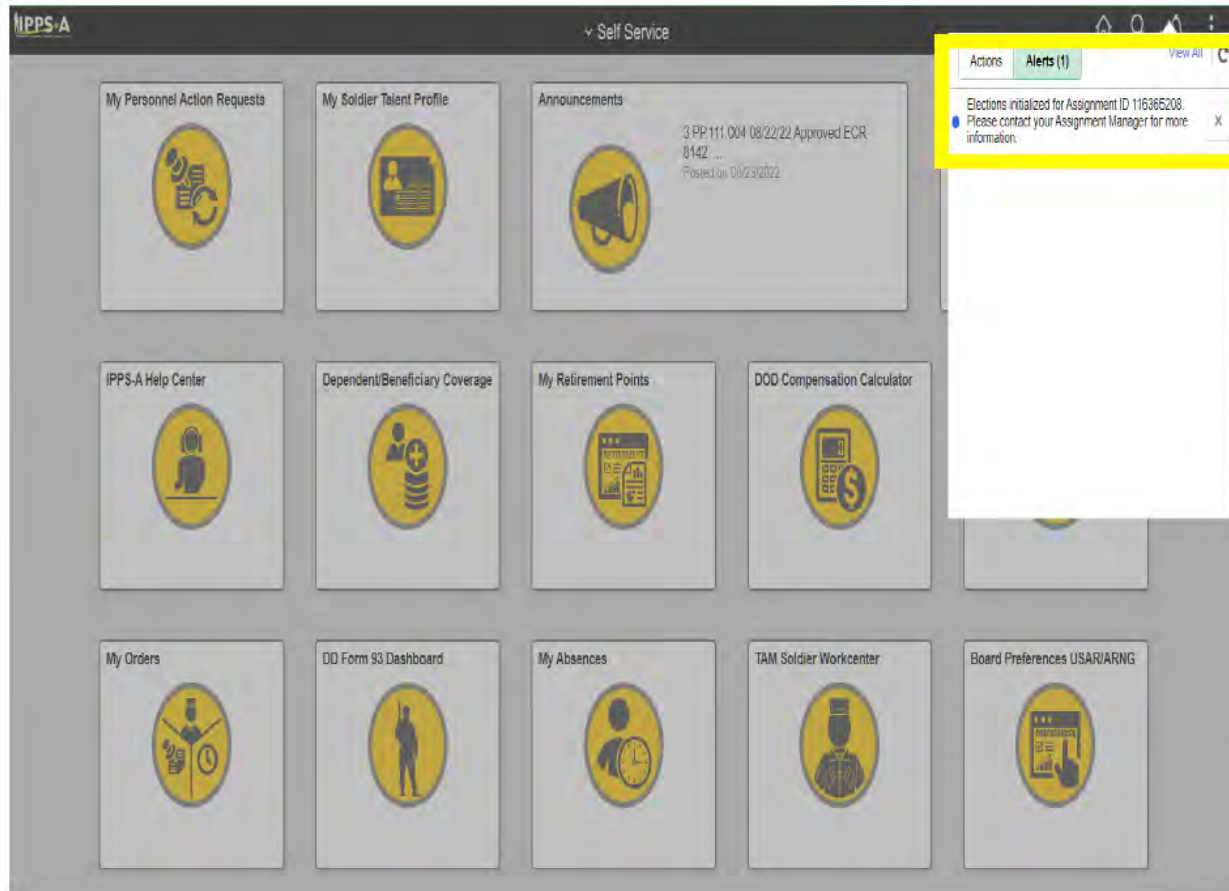


## REASSIGNMENTS



# Reassignment Briefing

## Reassignment Briefing



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

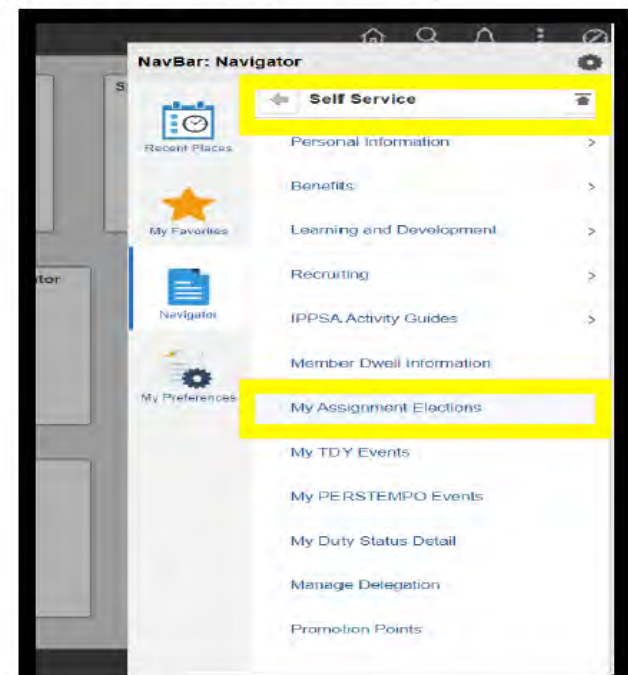


# Reassignment Briefing

## 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 |             |
|-------------------------------------|-------------|
| Q 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

**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!

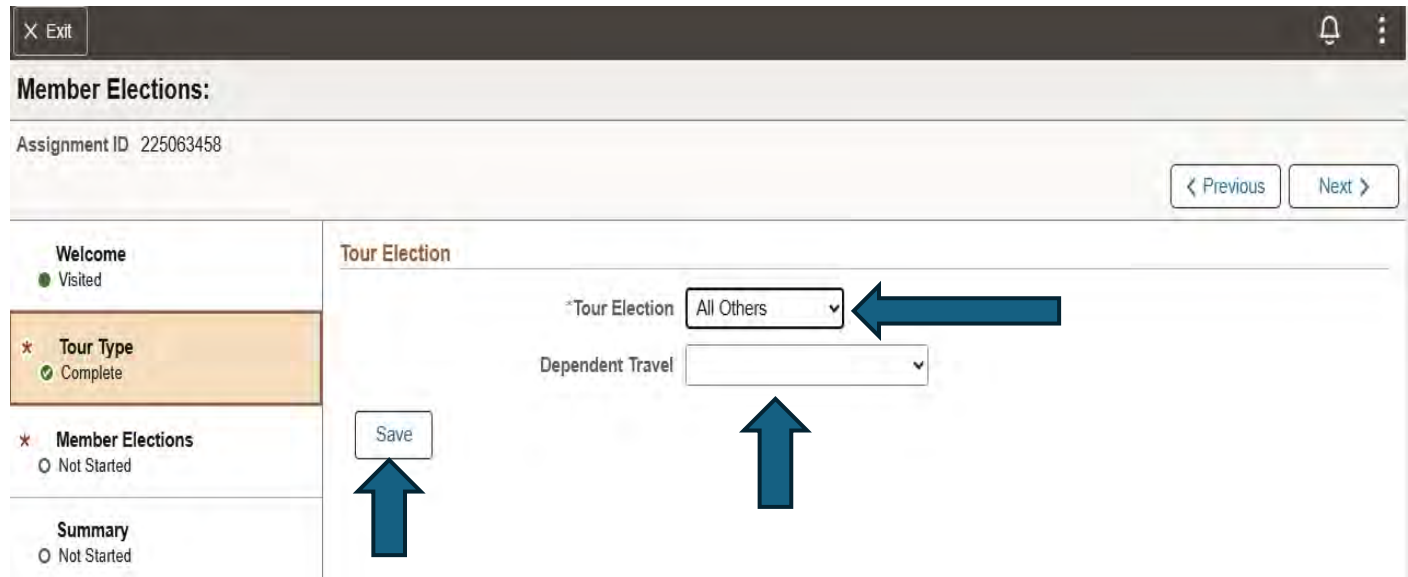
You have been placed on a Permanent or Temporary Assignment. In the next steps you will make elections to entitlements based on your marital status/dependents, assignment location, and tour election (OCONUS). An option must be selected on all elections and then submitted for further action.

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 titled "Member Elections" with a sub-header "Assignment ID 225063458". On the left is a sidebar with a "Tour Type" section marked as "Complete" and a "Member Elections" section marked as "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. | No <input type="checkbox"/>             |

### 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

CLEAR FORM

IMCOM 78

## REASSIGNMENT CHECKLIST

FULL NAME:  RANK:  DOD or EMPL ID:   
 CIV EMAIL:  PHONE #:  GAINING INSTALLATION:

Please answer the following questions:

1. Have you completed [Member Elections](https://my.ippsa.army.mil/) in IPPS-A? <https://my.ippsa.army.mil/> ☐ YES ☐ NO Must be completed to receive PCS Orders.
2. Do you have pets (cat/dog) traveling? (MPD WILL VERIFY ELIGIBILITY FOR ENTITLEMENT) [JTR Ch. 5 Section 052107](https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/) <https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/> (Check guidance for your next Permanent Duty Station for breed restrictions) ☐ YES ☐ NO
3. Are you eligible for and require breast milk shipment entitlements on your orders? [JTR Ch. 2 Section 020101](https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/) <https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/> (MPD WILL VERIFY ELIGIBILITY FOR ENTITLEMENT) ☐ YES ☐ NO
4. Are you going TDY en route? ☐ YES ☐ NO
5. Dual Military? ☐ YES ☐ NO 5a. Did you waive Joint Domicile? ☐ YES ☐ NO
6. Spouse's Branch:  6a. Spouse's Military Status:
7. Are you returning from an unaccompanied tour? <https://armypubs.army.mil/default.aspx> (If yes, provide full address to include city, state, and zip code of where you were authorized to leave dependents) ☐ YES ☐ NO

\*\*\*\*\*For Soldiers PCSing to Overseas\*\*\*\*\*

8. Does the service member currently have a valid Official Government Passport? ☐ YES ☐ NO
  9. Do you have a Home Based and Advanced Assignment Program (HAAP)? (If you choose to decline or change your current HAAP, you must submit a PAR in IPPS-A with supporting documents endorsed by an O6 to your S1 and route it to HRC for approval.) [AR 614-100/AR 614-200](https://armypubs.army.mil/default.aspx) <https://armypubs.army.mil/default.aspx> Where will your dependents reside while serving a dependent restricted tour?
  10. Do you have an approved Command Sponsorship for your dependents to your gaining duty location? If no go to E-EFMP Portal. [AR 55-46 Chapter 4 Section 3](https://armypubs.army.mil/default.aspx) <https://armypubs.army.mil/default.aspx> ☐ YES ☐ NO
  11. For Family Travel Overseas have you initiated and/or completed the process in the [E-EFMP Portal](https://efmp.army.mil/)? <https://efmp.army.mil/> For Country specific documents please see the E-EFMP Portal. ☐ YES ☐ NO
  12. Will you ship or put your POV in storage at government expense? ☐ YES ☐ NO [JTR Ch. 5 Section 0530 & 0532](https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/) <https://www.travel.dod.mil/Policy-Regulations/Joint-Travel-Regulations/>
- ONLY AUTHORIZED ONE OPTION UNLESS DUAL MILITARY WITH JOINT DOMICILE

\*\*\*\*\*For Soldiers PCSing from Overseas\*\*\*\*\*

13. Did you complete an Early Return of Dependents? ☐ YES ☐ NO
14. Do you have a POV in storage? If your POV is in government storage, you can pick it up at the VPC where you dropped it off or request to have it transferred to the VPC closest to the gaining Permanent Duty Station. Select VPC location for pick up:
15. Are you taking your Consecutive Overseas Tour leave; free home travel entitlement, en route to your next duty station? [AR 600-8-10 Chapter 4 Section 3](https://armypubs.army.mil/default.aspx) <https://armypubs.army.mil/default.aspx> ☐ YES ☐ NO
16. Are you deferring your Consecutive Overseas Tour leave; free home travel entitlement? [AR 600-8-10 Chapter 4 Section 3](https://armypubs.army.mil/default.aspx) <https://armypubs.army.mil/default.aspx> ☐ YES ☐ NO

Service Members Signature:

Date:





- ◎ SOU/GTCC

- ◎ 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  
entire  
form

Enlisted &  
Officers

Officers  
Complete  
only this  
portion

Career  
Counselor

APC  
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 Declination 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 ☐

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

Agency Program Coordinator (APC)  
for GTCC validation:

\_\_\_\_\_  
Name/Rank

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Signature

SOU / GTCC

REVISED VERSION JAN 11, 2017



# 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                                                                                               |                |
| <b>PRIVACY ACT STATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                                                                                                                                                               |                |
| <b>Authority:</b> Title 10, USC, Sections 3010, 8012, and 5011; Title 5, USC, Section 301.<br><b>Principal Purpose:</b> Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment.<br><b>Routine Use:</b> (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.<br><b>Disclosure:</b> 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<br>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?<br><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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                                                                                               |                |
| 13. NAME OF MDP/PS REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                                                                                               |                |
| B. TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | REASSIGNMENTS H/R ASSISTANT                                                                                                                                   |                |
| D. GRADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | 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/PS within 21 calendar days of the date shown in item 13E, and one copy to the address in item 6. |                          |                                                                                                                             |                                                                                                                                                          |  |                                                                                                                                                                                                                                                 |                                                                                                     |  |         |
| <b>MEDICAL STATUS</b>                                                                                                                                                                               |                          |                                                                                                                             |                                                                                                                                                          |  |                                                                                                                                                                                                                                                 |                                                                                                     |  |         |
| 14A. PHYSICAL PROFILE SERIAL CODE (PULHES)                                                                                                                                                          |                          |                                                                                                                             | 15. PHYSICAL CATEGORY CODE                                                                                                                               |  |                                                                                                                                                                                                                                                 | 16. 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 T                                                                                                                                                                      |                          |                                                                                                                             |                                                                                                                                                          |  |                                                                                                                                                                                                                                                 |                                                                                                     |  |         |
| 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.



# 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



## 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

APD LC v1.01ES



WE ARE THE ARMY'S HOME



## Reassignment Briefing

## DA FORM 5121

Ensure this  
is complete  
& correct

Location of  
PCS Assignment



# **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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                |                            |                      |
| <b>PRIVACY STATEMENT</b><br>Title 10, USC, Sections 3010, 3012 and 3051; Title 5, USC, Section 501; and EO 12958 (SSN).<br>To make assignment decisions, evaluate family member travel to overseas commands and assign family housing.<br>General disclosures permitted by the Privacy Act and the Army's systems of records not (see apply).<br>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. |                  |                                                                |                            |                      |
| <b>PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA (To be completed by Leaving AMPD/RSC)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                |                            |                      |
| 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<br>FORT BLISS, TX 79916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | USAR ELE DEF EQ OPP MGS<br>FORT STEWART, GA                    |                            |                      |
| 8. TELEPHONE NO. (Include Area Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. RSC AUTH      | 10. PERS CON NO.                                               | 11. REPORT DATE (YYYYMMDD) |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                | 3021-01-00                 |                      |
| <b>PART B - HOUSING AND FAMILY TRAVEL DATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                |                            |                      |
| 12. TDY Enlistee (Complete only if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                |                            |                      |
| A. WORKING STATUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | B. PURPOSE DETON                                               |                            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                |                            |                      |
| 13. Married Army Couples Program (Complete only if joint claimant will be requested)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                |                            |                      |
| 14. SPONSOR (Sponsor only if joint claimant will be requested)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | 15. SPONSOR (Sponsor only if joint claimant will be requested) |                            |                      |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                |                            |                      |
| 30. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 31. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 32. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 33. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 34. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 35. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 36. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
| 37. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                |                            |                      |
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| 100. SIGNATURE (Signature of family member)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                |                            |                      |



# 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

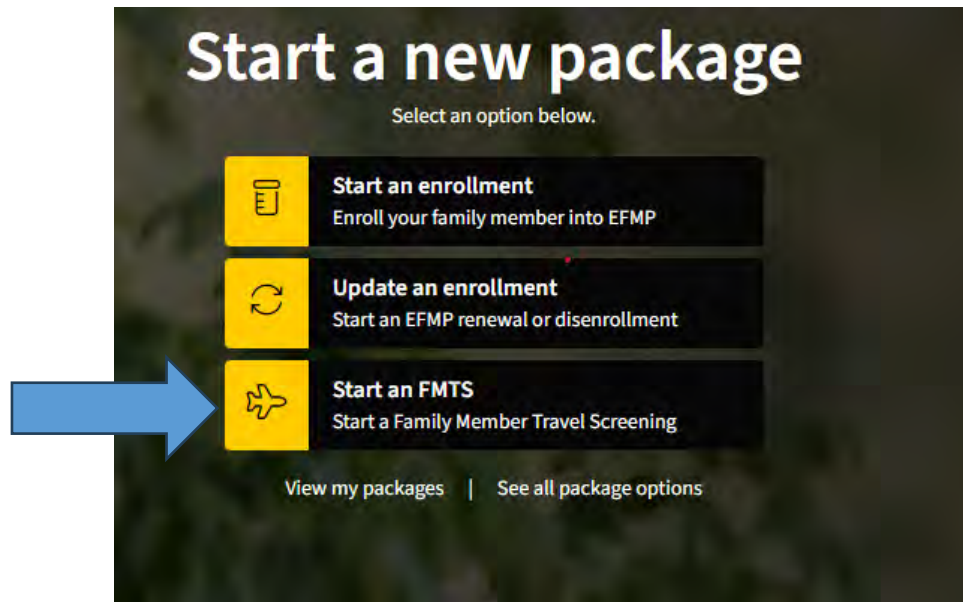


# FAMILY TRAVEL

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 3<sup>rd</sup> 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]  
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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                                                                                                                                                                                            |  |                               |  | Last Name (at Parent's Birth)                                                                    |  |                                                                              |  |
| Mother/Father/Parent - First & Middle Name                                                                                                                                                                          |  |                               |  |                                                                                                  |  |                                                                              |  |
| Date of Birth (mm/dd/yyyy)                                                                                                                                                                                          |  | Place of Birth                |  | Sex                                                                                              |  | U.S. Citizen?                                                                |  |
|                                                                                                                                                                                                                     |  |                               |  | <input type="checkbox"/> Male <input type="checkbox"/> Female                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |
| 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?                                                                |  |
|                                                                                                                                                                                                                     |  |                               |  | <input type="checkbox"/> Male <input type="checkbox"/> Female                                    |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |  |
| 11. Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                              |  | Date of Marriage (mm/dd/yyyy) |  | Have you ever been widowed or divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Widow/Divorce Date (mm/dd/yyyy)                                              |  |
|                                                                                                                                                                                                                     |  |                               |  |                                                                                                  |  |                                                                              |  |
| 12. Additional Contact Phone Number                                                                                                                                                                                 |  |                               |  | 13. Occupation (if age 16 or older)                                                              |  |                                                                              |  |
| <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell                                                                                                                           |  |                               |  |                                                                                                  |  |                                                                              |  |
|                                                                                                                                                                                                                     |  |                               |  | 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)                                                                                                                                                                                   |  |                               |  |                                                                                                  |  |                                                                              |  |
| City                                                                                                                                                                                                                |  |                               |  |                                                                                                  |  |                                                                              |  |
| State                                                                                                                                                                                                               |  |                               |  |                                                                                                  |  |                                                                              |  |
| Zip Code                                                                                                                                                                                                            |  |                               |  |                                                                                                  |  |                                                                              |  |
| Apartment/Unit                                                                                                                                                                                                      |  |                               |  |                                                                                                  |  |                                                                              |  |
| 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                                                                                                                                                                                   |  |                               |  |                                                                                                  |  |                                                                              |  |
| City                                                                                                                                                                                                                |  |                               |  |                                                                                                  |  |                                                                              |  |
| State                                                                                                                                                                                                               |  |                               |  |                                                                                                  |  |                                                                              |  |
| Zip Code                                                                                                                                                                                                            |  |                               |  |                                                                                                  |  |                                                                              |  |
| Phone Number                                                                                                                                                                                                        |  |                               |  |                                                                                                  |  |                                                                              |  |
| Relationship                                                                                                                                                                                                        |  |                               |  |                                                                                                  |  |                                                                              |  |
| 21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input type="checkbox"/> Yes <input type="checkbox"/> No 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: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired) |  |                               |  |                                                                                                  |  |                                                                              |  |
| 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: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired) |  |                               |  |                                                                                                  |  |                                                                              |  |
| <b>PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY</b>                                                                                                                                                |  |                               |  |                                                                                                  |  |                                                                              |  |
| 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: A#                                                                                                                                      |  |                               |  |                                                                                                  |  |                                                                              |  |
| <input type="checkbox"/> Report of Birth Filed/Place: A#                                                                                                                                                            |  |                               |  |                                                                                                  |  |                                                                              |  |
| <input type="checkbox"/> Passport C/R S/R Per PERS #/DOI: A#                                                                                                                                                        |  |                               |  |                                                                                                  |  |                                                                              |  |
| <input type="checkbox"/> Other: A#                                                                                                                                                                                  |  |                               |  |                                                                                                  |  |                                                                              |  |
| <input type="checkbox"/> Attached: A#                                                                                                                                                                               |  |                               |  |                                                                                                  |  |                                                                              |  |
| <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                    |  |                               |  |                                                                                                  |  |                                                                              |  |
| <br>* 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

**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  
M F  
X  
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](http://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

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)  
A. B.

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  
Issue date (mm/dd/yyyy)

11. Name Change Information Complete if name is different than last U.S. passport book or passport card  
Changed by Marriage Place of Name Change (City/State) Date (mm/dd/yyyy)  
Changed by Court Order  
Please submit a certified copy. (Photocopies are not accepted!)

**CONTINUE TO PAGE 2**

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 \*

# 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.**



# PASSPORTS

## Passport/Visa/Travel Document Requirements

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

Street Address 2 (apartment, company, suite, unit, building or 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

### Preferred Method of Communication

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

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.

# **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](http://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](mailto: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](http://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](mailto: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: 08-31-2019  
ESTIMATED BURDEN: 30 Minutes

**1. MINOR'S NAME**

Last  First  Middle

**2. MINOR'S DATE OF BIRTH (mm/dd/yyyy)** **3. THIS AUTHORIZATION IS VALID FOR:**

☐ Passport Book and Card ☐ Book Only ☐ Card Only

**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 required 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: ☐ Driver's License ☐ Passport ☐ Military ID ☐ 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)

DS-3053 08-2016 Page 2 of 2



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# **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](mailto: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



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## 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 3<sup>rd</sup> Thursday 1300-1600**

**(915) 568-2898**

**Email: [usarmy.bliss.id-readiness.mbx.imcom-dpw-housing@army.mil](mailto: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



WE ARE THE ARMY'S HOME



## REASSIGNMENTS



# **Army Community Service (ACS)**

## **Financial Readiness Program**

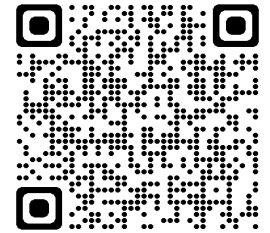
The Army Community Service Financial Readiness Program (FRP) is here to provide free education, counseling and support services, whether this is your first move or the first of many. Let us provide you with the information and resources to navigate your next military move. Same services will be provided 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>

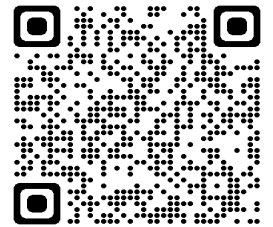


# Army Community Service (ACS)

## 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://msepjobs.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.

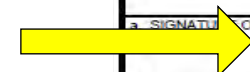
# Army Community Service - EFMP

| EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) QUERYING SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| For use of this form, see AR 608-75; the proponent agency is ACSIM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| <p><b>PRIVACY ACT STATEMENT</b></p> <p><b>AUTHORITY:</b> 5 USC Section 301, Departmental Regulations; 10 USC 1071-1085; 10 USC Section 3013, Secretary of the Army; and Army Regulation 608-75, EFMP.</p> <p><b>PRINCIPAL PURPOSE:</b> To identify soldiers that have family members for enrollment in the EFMP.</p> <p><b>ROUTINE USES:</b> 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><b>DISCLOSURE:</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| 4a. HOME ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | b. HOME PHONE NUMBER      |
| 5a. DUTY ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | b. DUTY PHONE NUMBER      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | c. FAX NUMBER             |
| d. 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? <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? <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



List all  
enrolled  
Family  
members

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



**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: \_\_\_\_\_

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



WE ARE THE ARMY'S HOME



## 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<br>NOTE 2 | Without Dependents   |
| <b>Officer Personnel</b>              |                           |                      |
| 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               |
| <b>Enlisted Personnel</b>             |                           |                      |
| E-9                                   | 15,000 <b>Note 4</b>      | 13,000 <b>Note 4</b> |
| 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](http://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.**

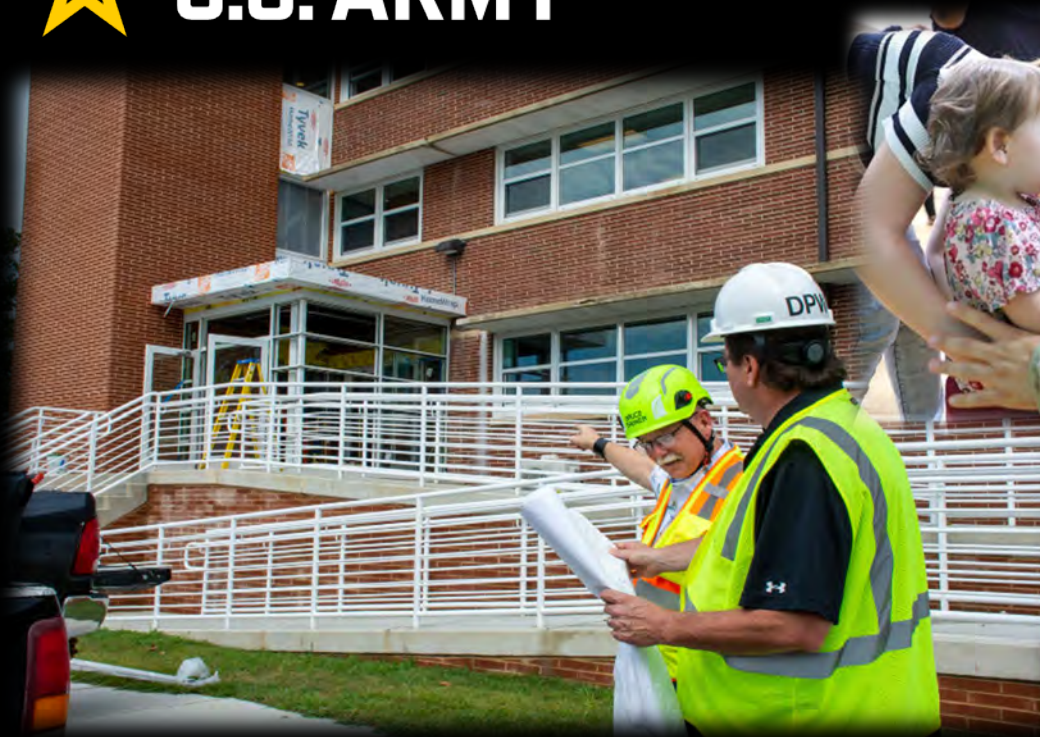
**\*Upon return to CONUS you are entitled to get reimbursed what the government would have paid to store your POV.**

**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, 2<sup>nd</sup> floor

(915) 568-6904/1270





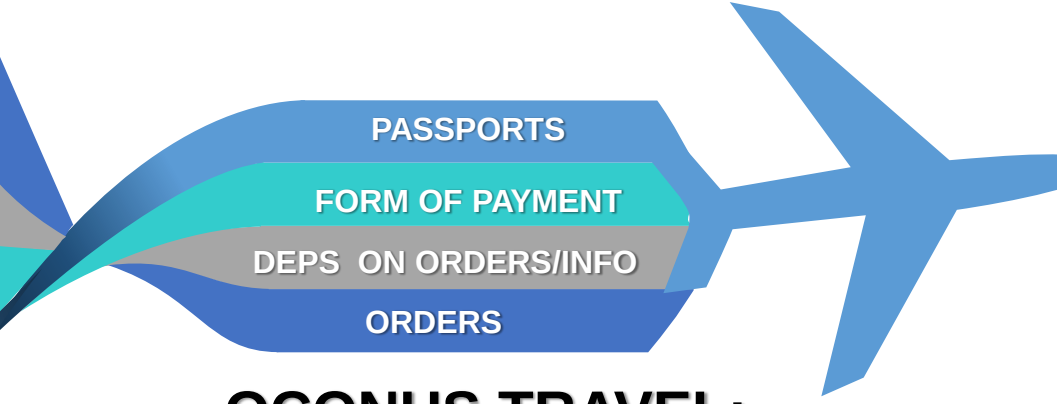
# U.S. ARMY SCHEDULING OCONUS AIR TRAVEL

**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.



# 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

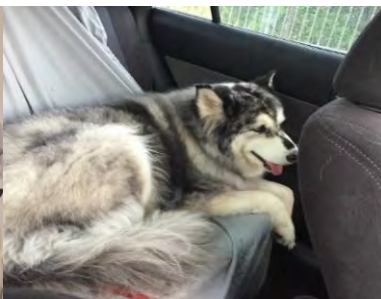
- Port of Embarkation: Norfolk, VA (ORF)
  - Commercial flight to ORF from El Paso

## 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

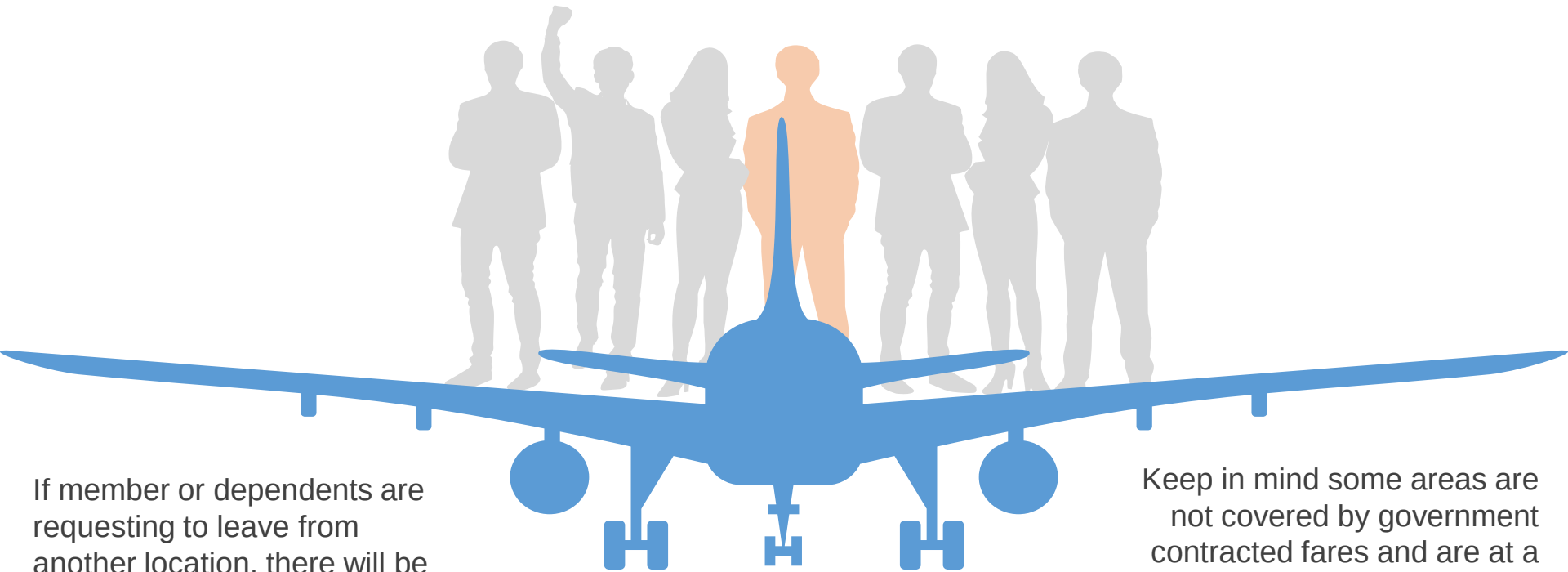
- CLOSED ON WEEKENDS AND ALL FEDERAL HOLIDAYS
- LAST VEHICLE IS ACCEPTED FOR IN/OUT PROCESSING NO LATER THAN 1600
- Please contact your respective VPC if you have any questions or require additional information concerning your vehicle.
- WEBSITE TO BOOK APPOINTMENT AND FOR ALL OTHER VPCs: [www.pcsmypov.com](http://www.pcsmypov.com)





# 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.  
3<sup>rd</sup> Floor West Clinic  
Ft. Bliss, TX 79918

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

Email: [Usarmy.bliss.medcom-wbamc.mbx.efmp@health.mil](mailto: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, 1<sup>st</sup> floor @ (915)568-3668/3338**
- **Transportation (only) will process your request for PPM/DITY advance and/or settlement claims**



# ARMY MILITARY PAY OFFICE



**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



# 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!



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**MILITARY ONE SOURCE**



**WE ARE THE ARMY'S HOME**





# Military OneSource

Connecting You  
to Your Best MilLife



# PCS'ING? LET US HELP!!



**Master Your PCS**

With online tools, resources and expert relocation support  
24/7 from Military OneSource

Military OneSource provides the moving support you need, all in one place. For planning tools, information about housing allowances, moving with kids and pets, OCONUS tips, how to schedule your move and more, visit <http://www.militaryonesource.mil/pcs>.

#### Use Plan My Move to create custom checklists

Simply answer a few questions and the tool creates lists tailored to your unique needs. New features enable you to:

- View your tasks by topic or timeline
- Edit and add checklist items
- Rearrange checklist items with drag and drop
- Revisit and continue previously saved checklists
- Save your checklists in a variety of formats

<https://planmymove.militaryonesource.mil>

#### Learn about your new duty station on the MilitaryINSTALLATIONS website

Get information about:

- Base essentials
- Military and family support services such as child and youth, housing, transportation and school options
- Sponsor and youth sponsorship
- Contact information for installation programs and services
- Maps, photos, local community information and more

<https://installations.militaryonesource.mil>

#### Let the Relocation Assistance Program help with your PCS

Contact your local Military and Family Support Center or call Military OneSource for information about:

- Pre-departure briefings and newcomer orientations
- Foreign-born spouse support
- Exceptional Family Member Program support
- Finances, housing and stress management
- Child care options
- Spouse employment assistance
- Local community resources

Call Military OneSource at 800-342-9647  
or visit [www.militaryonesource.mil](http://www.militaryonesource.mil).



U.S. Department of Defense



**Make This Your Best Move Yet**

Get a specialty consultation on relocation and transition  
to make change less stressful.

Any military spouse can call Military OneSource at any time to get personalized relocation or transition support from a consultant trained in military moves. Consultants can refer you to resources from the Department of Defense to your new installation and community. Start your best move with Military OneSource so you can start your first chapter strong.

#### Gear Up for a Great Move

Military OneSource Consultants offer you:

- Help coordinating your move
- Assistance finding housing or an organization
- Tools for estimating and controlling moving costs
- Tips for shipping and storing household goods
- Resources for moving pets safely
- Resources for immigration and naturalization services
- Support for English language education
- Information about programs and services at mid-level care workbooks
- Guidance on local transportation
- Career coaching and assistance
- Referrals for non-medical counseling to make adjustments
- Help finding affordable child or elder care

Call Military OneSource at 800-342-9647 anytime or go to [MilitaryOneSource.mil](http://MilitaryOneSource.mil) to schedule your consultation. We can help with relocation, transition, and other aspects of your life in the military, from fitness to finances.



[www.MilitaryOneSource.mil](http://www.MilitaryOneSource.mil) • 800-342-9647



PCS'ING? LET US HELP!!

## Help Your Toddlers Understand Moving



Download the free app from your app store.







**U.S. ARMY**

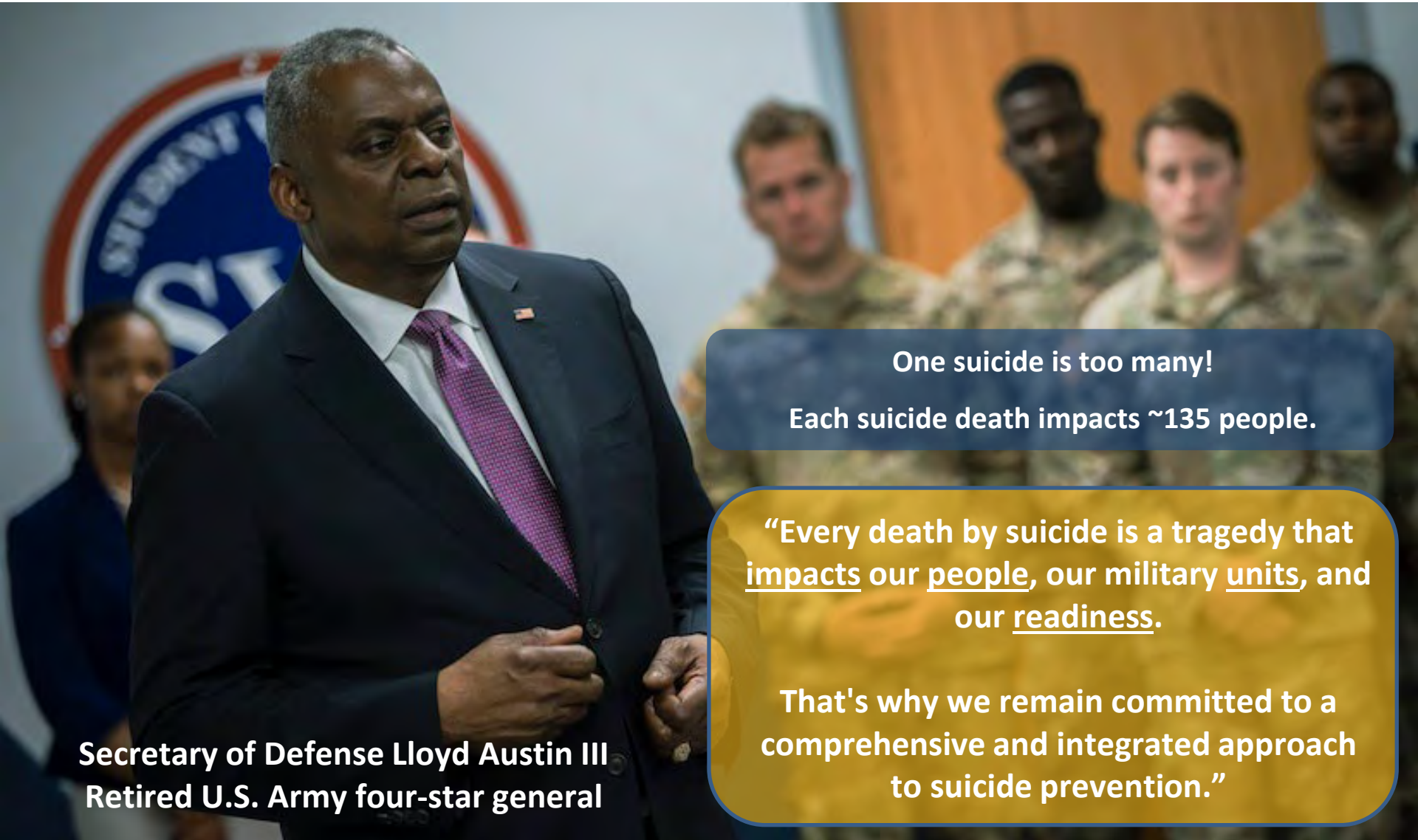


**DIRECTORATE OF PREVENTION,  
RESILIENCE AND READINESS**

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



*Base Module*



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.”

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





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# 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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RESILIENCE AND READINESS



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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RESILIENCE AND READINESS



**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







# Use ACE to Strengthen Protective Factors



**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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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.



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







# Debrief: Identify and Mitigate Risks



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?





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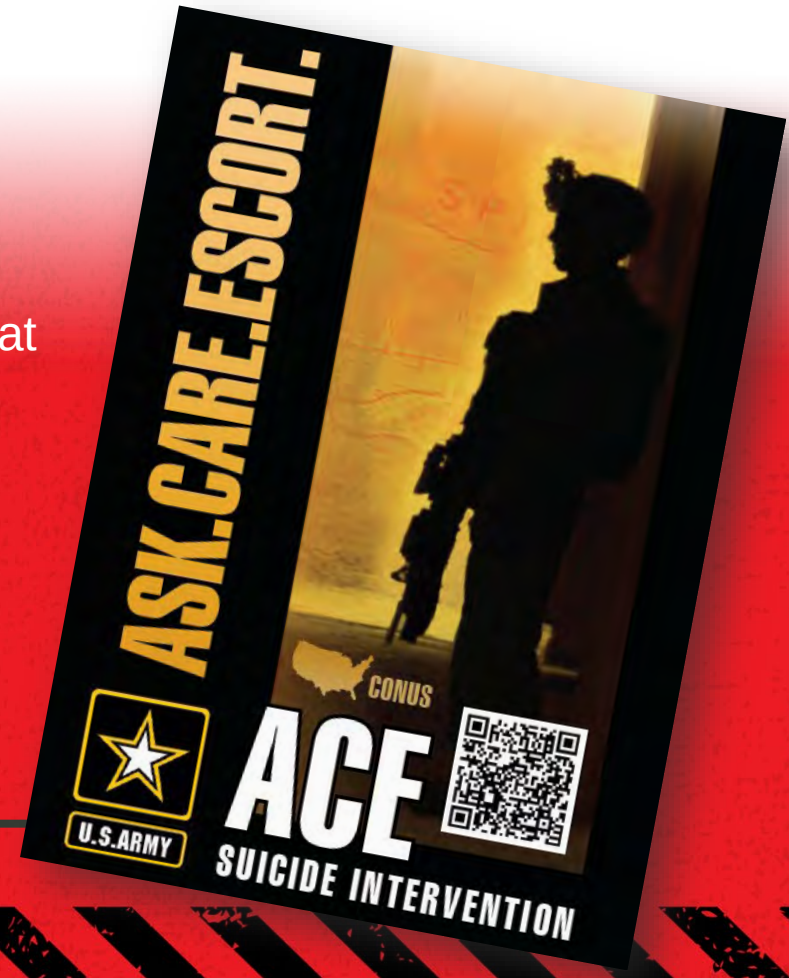
# Debrief: Warning Signs



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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!



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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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RESILIENCE AND READINESS

## 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/](https://militaryonesource.mil/); chat via website
- Psychological Health Resource Center: 866-966-1020; [pdhealth.mil/resources](https://pdhealth.mil/resources); chat via website
- Real Warriors campaign: [realwarriors.net](https://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](https://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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RESILIENCE AND READINESS

## 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](http://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](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.*

