



ARMY COMMUNITY SERVICE (ACS)
RELOCATION READINESS PROGRAM



HEARTS APART – Waiting Families Program

PURPOSE: To sign up **YOUR** Family Member/Spouse as part of the Hearts Apart - Waiting Families Program. The Hearts Apart - Waiting Families Program provides information and support to Spouses/Families of Service Members who are on a restricted PCS Tour and/or Extended TDY.

DISCLOSURE: Disclosure of information is voluntary. Failure to provide required information may result in Army Community Service the inability to provide appropriate professional and development services to support Spouses and Families to feel connected while you are on a restricted PCS tour and/or extended TDY.

SPONSOR
NAME/RANK/BIRTHDAY _____

COUNTRY OF ASSIGNMENT _____

DATE OF DEPARTURE _____

SPOUSE
NAME/BIRTHDAY _____

HOME /CELL PHONE: _____

EMAIL: _____

ADDRESS _____

RELOCATING TO ANOTHER LOCATION; PLEASE WRITE THE NEAREST MILITARY INSTALLATION NEAR THE SPOUSE/FAMILIES ADDRESS:

NAME OF MILITARY BASE _____

ADDRESS _____

PHONE _____

If you **DO NOT** want your Spouse/Family Member to be part of the Hearts Apart - Waiting Families Program.....

Please sign here _____

Date _____