

**RELOCATION NEEDS ASSESSMENT
APPOINTMENT FORM FOR **OUTBOUND****

STAFF TO COMPLETE
DATE: _____
TIME: _____

In order to assist you further and to provide specific information on your individual PCS move, please complete the following information.

PLEASE CHECK IF:

- First Time PCS OR Overseas
- First-Term (new to the military serving first tour)

TODAYS DATE: _____

NAME: _____

RANK _____ **UNIT:** _____ **BIRTHDATE** _____

WORK/HOME PHONE: _____

EMAIL: _____

HOME ADDRESS:

DATE AND TIME PREFERRED: _____

DESTINATION and (Pin Point if Known) _____

TENTATIVE DEPARTURE DATE: _____

Please check the appropriate box for specific information required.

- | | |
|---|---|
| <input type="checkbox"/> Education – Colleges or Universities | <input type="checkbox"/> Youth Sponsorship |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Family Travel |
| <input type="checkbox"/> Childcare | Passport |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Exceptional Family |
| <input type="checkbox"/> Community | Member Program |
| <input type="checkbox"/> Housing On/Off Post | (EFMP) |
| <input type="checkbox"/> Financial Entitlements | <input type="checkbox"/> Immigration & |
| <input type="checkbox"/> Financial Planning | Naturalization |
| <input type="checkbox"/> Medical & Dental | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Transportation of Household Goods | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Shipment/Storage of POV | <input type="checkbox"/> Cultural & |
| <input type="checkbox"/> Passenger Travel | Recreational |
| <input type="checkbox"/> Shipment of Pets | <input type="checkbox"/> Relocation Stress |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sponsorship | |

Other Information requested:

**To Schedule an appointment contact: 270-798-6313/0513/956-2676 or
Email: usarmy.campbell.imcom-atlantic.mbx.mwr-acs-relocation@mail.mil**

STAFF USE ONLY
CONTACT LOG: