

**RELOCATION NEEDS ASSESSMENT
APPOINTMENT FORM FOR INBOUND
(TELEPHONE OR FACE TO FACE)**

STAFF TO COMPLETE
DATE:
TIME:

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

PLEASE CHECK IF:

- First-Term (new to the military serving first tour)

SOLDIER'S NAME

DATE OF BIRTH:

RANK _____ **Unit Information** _____

SPOUSE NAME &

DATE OF BIRTH

PHONE: _____

EMAIL: _____

HOME ADDRESS:

TENTATIVE ARRIVAL DATE: _____

NAME OF LAST DUTY ASSIGNMENT: _____

Please check the appropriate box for specific information required.

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

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 <i>Follow Up:</i>
CONTACT LOG: