



Newcomer Needs Assessment

Last Name: _____ First Name: _____

Sponsor's Rank: _____ Years of Service: _____ Status: _____

Personal E-Mail: _____

Phone Number: _____ Alt. Phone Number: _____

Arrival Date: _____ Gaining Unit: _____

Reporting Date: _____

Married:	Yes	No	Number of Children:				
Accompanied Tour:	Yes	No	Ages of Children (circle):	0-3	4-5	6-12	13-18
Shipping POV:	Yes	No	Total Pets:	Dogs	Cats	Other	None

Spouse Name: _____ Spouse Rank/Rate/GS: _____

Spouse E-Mail: _____

Spouse Phone: _____ Spouse Enrolled in EFMP: _____

Child's Name	Age	Youth Sponsorship		EFMP	
		Yes	No	Yes	No

Please select the services the Newcomer may need to access.

<input type="checkbox"/>	Cost of Living	<input type="checkbox"/>	High Schools	<input type="checkbox"/>	EFMP
<input type="checkbox"/>	Installation Housing	<input type="checkbox"/>	Home Schooling	<input type="checkbox"/>	Local Weather
<input type="checkbox"/>	Home/Apt Rentals	<input type="checkbox"/>	Private Schools	<input type="checkbox"/>	Want to be contacted by ACS Relocation Readiness?
<input type="checkbox"/>	Pre-Schools	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	
<input type="checkbox"/>	Elementary Schools	<input type="checkbox"/>	Spousal Employment	<input type="checkbox"/>	
<input type="checkbox"/>	Middle Schools	<input type="checkbox"/>	Temporary Lodging	<input type="checkbox"/>	