



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 Installation: _____

Reporting Date: _____

Flight Number: _____ Airline: _____ Arrival Time: _____

Total # Travelling: _____ Total Luggage: _____ Total Pets Travelling: _____

Married:	Yes	No	Number of Children:			
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Accompanied Tour:	Yes	No	Ages of Children (circle):		0-3	4-5	6-12	13-18
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Shipping POV:	Yes	No	Total Pets:		Dogs	Cats	Other	None
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If YES to pets, have they started the Direct Airport Release process?	Yes	No
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Spouse Name: _____ Spouse Rank/Rate/GS: _____

Spouse E-Mail: _____

Spouse Phone: _____ Spouse Enrolled in EFMP: _____ Command Sponsored: _____

Child's Name	Age	Command Sponsored		Youth Sponsorship		EFMP	
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No
		Yes	No	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"/>	Command Sponsorship
<input type="checkbox"/>	Installation Housing	<input type="checkbox"/>	Home Schooling	<input type="checkbox"/>	EFMP
<input type="checkbox"/>	Home/Apt Rentals	<input type="checkbox"/>	Private Schools	<input type="checkbox"/>	Local Weather
<input type="checkbox"/>	Pre-Schools	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Local Cultural Characteristics
<input type="checkbox"/>	Elementary Schools	<input type="checkbox"/>	Spousal Employment	<input type="checkbox"/>	Want to be contacted by your new SFRG?
<input type="checkbox"/>	Middle Schools	<input type="checkbox"/>	Temporary Lodging	<input type="checkbox"/>	Want to be contacted by ACS Relocation Readiness?