Attachment 6 – 25ID and USARHAW Redeployment Coversheet and Checklist for Full Redeployment Schedule

PERSONAL APPOINTMENTS Unit Rear Det Coordinate Barracks HHG Delivery POV's Available for pick up	**DAY 1** **(Unit POC, SIGN AND DATE)**
MANDATORY BRIEFINGS (SGT SMITH THEATER) Suicide Prevention with Interactive DVD (Chap) ASAP/CATEP VA Benefits 8TSC SJA Legal 125 FIN Travel Voucher MWR Services EFMP DDHC Services Warrior Adventure Quest Installation Policies, Standards, PT Routes, Off-Limit Installation Safety SHARP	**DAY 2** **(USARHAW MSE POC, SIGN AND DATE)**
PERSONAL APPOINTMENTS HHG Deliveries Outbound HHG Arrangements POV pick up Motorcycle Safety Course RC FIN Travel Vouchers (USAR/ARNG Only) CIF Turn In (USAR/ARNG Only)	**DAY 3** **(Unit POC, SIGN AND DATE)**
REDEPLOYMENT ROUND ROBIN HEARING-DENTAL SBHC & SBDC Dental Exams Hearing Exams BH Screenings Med Appts as needed	**DAY 4** **(Unit POC, SIGN AND DATE)**
SRP SITE REDEPLOYMENT SRP (R-SRP) R-SRP In-Processing PCS/Separation Orders FSBI Legal Finance Chaplain ACS ACAP Transportation Post-deployment Lab TB Screening TB Testing (if needed) Flu Vaccinations Vision Readiness Pharmacy Screen Confirm completion of DD 2796 DEERS Updates TRICARE On Line BH Screening Final Medical Review SRP Provider Review/complete DD 2796 Make Medical Consults (if needed) DHR Final R-SRP out-processing (all R-SRP tasks must be validated)	**DAY 5** **(GARRISON SRPM, SIGN AND DATE)**
BH MEETING/UNIT TASKS/TRANSITION PREP/MEDICAL APPT (AS NEEDED) BN-led BH Meeting UNIT TASKS Transition Preparation Medical Appts as needed	**DAY 6** **(Unit POC, SIGN AND DATE)**
UNIT TASKS Transition Preparation Outbound HHG Arrangements (see DOL slides) Med Appts as needed	**DAY 7** **(Unit POC, SIGN AND DATE)**
UNIT TASKS Transition Preparation Outbound HHG Arrangements (see DOL slides) Med Appts as needed	**DAY 8** **(Unit POC, SIGN AND DATE)**
UNIT TASKS/TRANSITION PREP/MED APPTS (AS NEEDED) UNIT TASKS Transition Prep Med Appts as needed ** Chalk CDR Survey, see Garrison HR POC at Conroy Bowl	**DAY 9** **(Unit POC, SIGN AND DATE)**

Day 1, 4, and 6-9 can be signed and validated by a representative at BN Level.
Day 2 must be signed and validated by a USARHAW G-3 MSE representative/coordinator.
Day 5 must be signed and validated by a Garrison HR Conroy Bowl representative.

Dated: 11 JUNE 2025

Attachment 6 – 25ID and USARHAW Redeployment Coversheet and Checklist

For use of this form, see Attachment 5 - USARHAW Redeployment Planning and Mandatory Scheduling

Data required by the Privacy Act of 1974.

Authority: PL 53-579, 1974; 5 US 552a; 10 US Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In-Out-, Soldier Readiness, Mobilization, and Deployment Processing); and EON 9397 (SON).

Purpose: To ensure soldiers, civilians, and family members are properly reintegrated.

Routine uses: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

Section I - Reintegration validation

1. Rank	2. Name (last, first, MI)	
4. Unit of assignment	5. Component	
	☐ Active ☐ DOD	☐ AAFES
	☐ Guard ☐ DAC	Other (specify)
	☐ Reserve ☐ Contractor	
	☐ Non-military ☐ Red Cross	

6. Status				7. Travel status
☐ TPU	☐ IMA	☐ NG10	☐ RET	☐ a. Unit order
☐ IRR	☐ AGR	☐ NG32	☐	☐ b. Individual

8. UIC	9. Deployed in support of (circle one) OEF-A OEF-P	10. REFRAD date (yyyy/mm/dd)
11. MSC	12. MACOM	

13. Accuracy statement: I hereby certify the information above accurately reflects my status as of this date.

Signature of soldier Date

14. Personnel Services Detachment Review and Certification: I hereby certify the soldier named above has completed reintegration processing in accordance with HQDA DCSCONPLAN 2 MAY 03 and USARHAW Implementing Guidance.

Printed name of Personnel Services Detachment Team Chief

15. Signature of Personnel Services Detachment Team Chief Date

16. Commander's certification: (must be signed by the unit Commander or First Sergeant.) I hereby certify the soldier named above is properly reintegrated.

Printed name of Commander or First Sergeant

17. Signature of Commander or First Sergeant Date

The Reintegration Checklist is filed in the soldier's personnel packet to complete the action.

Dated: 11 JUNE 2025

Name (last, first, MI)	

AP Tasks are USARHAW Specific, "PRE-BL" are tasks completed before block leave

DCSP#	Section II – DCSP Mandated Tasks Completed In-Theater	PRE-FLIGHT	YES	NO	Date	Initials
1.1.1	Receive Soldier/small unit leader tip card, as applicable.	X				
1.1.2	Reunion briefing.	X				
1.1.3	Suicide Awareness/Prevention training.	X				
1.1.4	Redeployment Medical Threat briefing.	X				
1.1.5	Soldier Life Experience briefing.	X				
1.1.6	Complete post deployment health assessment (DD Form 2796).	X				
1.2.4	DCS command information briefing.	X				
1.4.4	Finance and legal briefing.	X				
AP 1.2.5	Postal change of address.	X				

All Pre-Block Leave Mandated Tasks In-Theater Requirements have been completed.
VERIFYING OFFICIAL: (Name) Signature: Date:

DCSP#	Section III – DCSP Family Member/Care Provider /Chaplain Specific Tasks Before Spouses Return	PRE-RETURN	YES	NO	Date Initials	
1.5.1	Receive Military OneSource information.	X				
1.5.13	Family members receive reunion basics training.	X				
1.5.14	Receive Preventive Health Threat brief.	X				
	Receive Behavioral Health brief.	X				
1.5.15	Spouses receive briefing on potential signs and symptoms of distress, if applicable.	X				
1.5.1	Chaplain appointment or visit (if requested)	X				
1.5.17	Spouses take marital enrichment assessment, if applicable.	X				

All Pre-Block Leave DCSP Family Member/Care Provider/Chaplain Specific Requirements have been completed.
VERIFYING OFFICIAL: (Name) Signature: Date:

Name (last, first, MI)						
AP Tasks are USARHAW Specific, "PRE-BL" are tasks completed before block leave						
DCSP#	**Section IV-Mandatory Briefings During Home Station Redeployment Schedule**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
1.1.3	Suicide Prevention Interactive Training	X				
	ASAP and CATEP	X				
	VA Benefits	X				
	8TSC SJA Legal.	X				
	Installation Policies, Standards, PT Routes, Off-Limits	X				
	MWR Services	X				
	Post Deployment Battlemind Briefing					
	SHARP	X				
	EFMP	X				
	SBHC Services	X				
	Warrior Adventure Quest (WAQ)	X				
	Installation Safety	X				
	Finance Travel Vouchers					
All Pre-Block Leave Mandatory Briefing Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						
DCSP#	**Section V – Installation Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
2.5.3	Report theft/lost/damage of personal property with HHG contractor upon delivery.	X				
AP 2.5.5	Complete HHG/personal property arrangements.	X				
AP 2.1.14	Viewed the "Making Safety Personal" video.	X				
AP 2.1.15	Received Radiation Safety information	X				
AP 2.1.17	Provide information and referral assistance (Army Community Service).					
AP 2.5.9	Retrieve stored POV.					
AP 2.5.10	Notify military police of any damage to POV if POV is in motor pool or contracted facility.					
AP 2.5.11	Cleared quarters, BOQ, BEQ, if applicable.					
AP 2.5.12	Received family readiness group information.					
All Pre-Block Leave Mandatory Installation Tasks have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						

Name (last, first, MI)						
AP Tasks are USARHAW Specific, "PRE-BL" are tasks completed before block leave						
	R-SRP TASKS AT SRP SITE					
DCSP#	**Section VI– R-SRP Personnel Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
1.2.3a	Records update and evaluation reports completed (OER/NCOER) (if required).	X				
1.2.3b	Promotion/awards during deployment documented in ORB/ERB.	X				
1.5.11	Ensure DD Form 214 is prepared and submitted, if applicable.	X				
AP 2.2.17	Review and update emergency data record (DD Form 93) and SGLV (DD Form 8286/8286A)	X				
AP 2.4.10	If assigned TCS to deployed unit, ensure out-processing complete (individual augmentee only).					
AP 2.5.4	Received ACAP career counseling, if applicable (DD Form 2648)					
	Has Soldier received ACAP pre-separation brief, if applicable					
	Was ACAP appointment scheduled, if applicable. Appointment date:_____					
	Update identification card and military identification tags	X				
1.1.2, 1.1.5,1.5.16, 2.1.10. 2.1.11	Received ACS Redeployment Reunion Info	X				
All Pre-Block Leave Personnel Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						
DCSP#	**Section VII – Redeployment Finance Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
2.4.6	Change or discontinue allotments.					
AP 2.4.11	Submit final travel voucher (DD Form 1351-2), if required.	X				
AP 2.4.12	Entitlements verified/direct deposit changes completed.					
AP 2.4.13	Discontinue Savings Deposit Program contributions.					
All Pre-Block Leave Installation Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						
DCSP#	**Section VIII – Redeployment Legal Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
2.5.4	Record damage to stored POV on DD Form 788.	X				
AP 2.4.14	Counseled on claims filling procedure.					
AP 2.4.15	Receive legal services (for example, update wills, powers of attorney), if necessary.					
All Pre-Block Leave Legal Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						

Name (last, first, MI)						
AP Tasks are USARHAW Specific, "PRE-BL" are tasks completed before block leave						
	R-SRP TASKS AT SRP SITE					
DCSP#	**Section IX – R-SRP Medical Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
2.3.5	Lab verifies post-deployment HIV serum/blood sample is drawn and documented in medical	X				
	Lab verifies G6PD results are documented in DD 2766 and in MEDPROS.	X				
	Screen and update all routine vaccinations					
	Pharmacy verify terminal Malaria Chemoprophylaxis	X				
AP 2.3.20	Pharmacy verify 2 medical emergency/warning tags if needed.	X				
AP 2.3.18	Verify Vision Readiness screening completed. The Soldier is VR Class:	X				
	SRP Provider verify Soldier has DD 2766 present	X				
1.16	SRP Provider verify post deployment health assessment (DD Form 2796), including behavioral	X				
2.3.4	Consults scheduled if indicated. (Provider write N/A if not indicated)	X				
All Pre-Block Leave Medical Requirements have been completed. 2.3.1 Verify X 2.3.1.1 Public X						

DCSP#	**Section X – Redeployment Security Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
AP 2.2.18	Account for all COMSEC equipment.	X				
AP 2.2.19	Account for all classified material accessed during deployment.	X				
AP 2.2.20	Badges or devices for secure areas turned-in, as required.	X				
AP 2.2.21	Receive handling of classified material briefing.	X				

All Pre-Block Leave Security Requirements have been completed.
VERIFYING OFFICIAL: (Name) Signature: Date:

Name (last, first, MI)						
AP Tasks are USARHAW Specific, "PRE-BL" are tasks completed before block leave						
DCSP#	**Section XI – Unit Specific Tasks** **To be completed after returning to Home Station**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
AP 2.1.13	Completed POV risk assessment.	X				
AP 2.1.16	Completed Day 1 unit-specific tasks (for example, meal card, ration card, barracks).	X				
AP 2.1.21	Notify unit mail room/consolidated mail room (UMR/CMR) of your return.	X				
AP 2.2.15	EMILPO release from attachment transactions submitted, if applicable					
AP 2.2.16	Verify individual PERSTEMPO updated.	X				
AP 2.5.6	Re-activate car insurance.					
AP 2.5.7	Obtain/replace expired car registration documents.					
AP 2.5.8	Replace expired driver's license.					
AP 2.1.18	Complete Army Research Institute survey.	X				
AP 2.1.20	Ensure leave form (DA Form 31) is completed block leave.	X				
2.3.7	Verify deployment medical record (DD Form 2766) was turned into medical treatment facility.	X				
2.3.1	Schedule follow-up 90-180 day TB screening	**90-180 days**				
2.3.4	Schedule Post Deployment Health Re-Assessment (PDHRA)	**90-180 days**				
	Schedule Well Woman Exam for female Soldiers	**pre or post BL**				
	Schedule Periodic Health Assessment if needed	**pre or post BL**				
	Verify Redeployment Dental exam completed	**pre or post BL**				
	Verify Redeployment Hearing exam completed	**pre or post BL**				
	Complete R-SRP Consults if scheduled	**pre or post BL**				
AP 2.3.19	Receive required routine immunizations.	**post BL**				
AP 2.3.21	Ensure Soldier receives ASAP screening and evaluation if necessary.	X				
2.2.12	Conduct MAR-2 and PEB.					
All Pre-Block Leave Unit Specific Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						

Name (last, first, MI)						
AP Tasks are USARHAW Specific, "PRE-BL" are tasks completed before block leave						
DCSP#	**Section XII – Reserve Component Specific Redeployment Tasks**	**PRE-**	**YES**	**NO**	**Date**	**Initials**
1.5.11	Ensure DD Form 214 is prepared and submitted.	X				
2.4.1	Received information on transition entitlements, legal rights, SSCRA.					
2.4.2	Received information on 18-year sanctuary (retirement), if applicable.					
2.4.9	Identify Government travel card holders and review current status					
2.3.10	Received copy of medical profile (DA Form 3349) prior to separation, if applicable.					
2.3.11	Convert identified Soldiers to MRP status.	X				
2.4.13	Received information on readjustment to the civilian workplace, reemployment rights, SSCRA.					
AP2.1.18	Contacted civilian employer at home station.					
AP 2.1.19	Turn-in active duty ID card and receive Reserve ID card.	X				
	RC Command Finance Updates completed	X				
2.4.10	Receive Tri-Care Reserve Select Brief	X				
	Complete Tri-Care Reserve Select on-line agreement	X				
	Verify Redeployment Dental exam completed	X				
	Verify Redeployment Hearing exam completed	X				
	SHPE Physical Completed.	X				
	Verify R-SRP and SHPE PE Consults completed if scheduled	X				
All Pre-Block Leave Reserve Component Specific Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						
DCSP#	**Section XIII – Civilian Employee Specific Redeployment Tasks**	**PRE-BL**	**YES**	**NO**	**Date**	**Initials**
1.4.3	Update deployment information in CIVTRACKS (Completed in theater).	X				
2.3.12	Extend health care for deployment-connected conditions to DA civilians.	X				
	Complete all medical R-SRP tasks	X				
2.3.3	Received Office of Workers Compensation Program (OWCP) process for occupational illness/injury.					
AP 1.4.3.1	Update emergency database.					
AP 2.2.23	Initiate restoration of annual leave.					
AP 2.2.24	Verify completion of annual personnel appraisal, if needed.					
All Pre-Block Leave Civilian Employee Specific Requirements have been completed. VERIFYING OFFICIAL: (Name) Signature: Date:						