

# SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

For use of this form, see AR 600-8-8; the proponent agency is ACSIM.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, USC Section 301.  
**PRINCIPAL PURPOSE:** Personnel service support. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.  
**ROUTINE USES:** None. The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.  
**DISCLOSURE:** Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

1. **NOTE:** Soldiers/Family members/Civilians may retrieve information regarding their new assignment at **Army Knowledge Online** - <https://www.us.army.mil>

I have been counseled on the **Total Army Sponsorship Program** **FOR CIVILIAN EMPLOYEES ONLY:**  I would like to have a sponsor assigned to me. (Complete remainder of form.)  
 I decline the offer of sponsorship. (Complete Section 1 only.)

Typed or Printed Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

MOS/Branch/Civilian Occupational Series: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. **ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY:** *If additional space is necessary, please attach your documentation to the form)*

a. I (Rank/Grade and Name): \_\_\_\_\_, am on assignment to (Gaining Installation): \_\_\_\_\_ and expect to arrive on/about (Month and Year): \_\_\_\_\_

b. Soldier's/Civilian's contact information:  
Current Unit/Activity Address: \_\_\_\_\_  
DSN Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Other (i.e., Social Media): \_\_\_\_\_  
Leave Address and Phone number at this address until: \_\_\_\_\_

c. Status (check one):  Married-accompanied  Single-accompanied  Married-unaccompanied  Single-unaccompanied

d. Accompanied by Family members:

NAME	AGE	SEX	RELATIONSHIP	Exceptional Family Member Program (EFMP)	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. **GAINING UNIT/ACTIVITY INFORMATION:** *If additional space is necessary, please attach your documentation to the form)*

a. Gaining Unit/Activity: \_\_\_\_\_ d. Unit 1SG/Supervisor: \_\_\_\_\_  
b. Unit CDR/Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Email address: \_\_\_\_\_ e. TASP Unit Coordinator: \_\_\_\_\_  
c. Unit sponsor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Email address: \_\_\_\_\_ f. Date of initial contact: \_\_\_\_\_

4. **LOSING UNIT/ACTIVITY INFORMATION:** *If additional space is necessary, please attach your documentation to the form)*

a. Losing Unit/Activity: \_\_\_\_\_ c. Unit 1SG/Supervisor: \_\_\_\_\_  
b. Unit CDR/Supervisor: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
Email address: \_\_\_\_\_ d. TASP Unit Coordinator: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

5. **FAMILY CONSIDERATIONS:** *If additional space is necessary, please attach your documentation to the form)*

a. Housing requirements (check one):  On-post housing  Off-post housing  
b. Pets:  Yes  No  
If yes, list pet and type: \_\_\_\_\_  
c. Child care requirements:  Yes  No  
d. Spousal Employment info:  Yes  No  
If yes, list type of work: \_\_\_\_\_  
e. List of local schools:  Yes  No  
f. Contact by Unit Family Readiness Group (FRG):  
If yes, list Email address:  Yes  No  
g. Additional comments: \_\_\_\_\_