

Army Community Service (ACS)

In-Coming Relocation Readiness Program Query Form

PRINCIPAL: Information is solicited under the authority of 10 U.S.C. 3013 and Executive Order 9397 to provide a basis for evaluating your need for assistance and to provide a record of action taken. **ROUTINE USES:** Information may be referred to other government agencies or to community social services necessary to resolve the problem. **DISCLOSURE:** Disclosure of information is voluntary. Failure to disclose all or part of the information could impede ACS personnel from being able to assist you effectively.

Service Member Full Name (Last, First, Middle):		Year of Birth (YYYY):		Branch of Service:	
Move Type: Chapter ETSing PCSing Retiring		Marital Status: <input type="checkbox"/> Divorced <input type="checkbox"/> Dual Military <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single		Gender: Female Male	
Report Date to POM (MM/DD/YYYY): _____					
Pay Grade/Rank:	Anticipated Unit:	Email (Civilian or military):			
Previous Duty Location:		Cell Phone Number:	National Guard / Reserve	Child(ren) Age(s) only:	
Local Home Address:				Is this your first PCS/move? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If you have children, are they relocating with you? <input type="checkbox"/> No <input type="checkbox"/> Yes				Is this your first enlistment? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Married Service Members ONLY - Fill out below information					
		Spouse Name (First, MI, Last):		Spouse Year of Birth (YYYY):	
		Spouse Email:		Spouse Phone:	
		Spouse Address: <input type="checkbox"/> <i>Same as above</i>		Spouse Primary Language:	
		Spouse Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Are you or your spouse expecting? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Signature:			Date:		

Please indicate any unique concerns and/or requests and whether you would like a phone call or email regarding such.