



Torii Station
TAP Client Information



Last Name: _____

Field of Interest: _____

First Name: _____

Post Military Plan:

Complete DOD ID Number: _____

Employment

Last 4 (SSN): _____

Higher Education/Vocational School

Gender: M F

Re-Enlistment

DOB: _____

I have no idea

ETS/Retire Date: _____

Other _____

Planned Leave Date: _____

Mobile Phone: _____

Retiring: Y N

Other Phone: _____

Affiliation: USArmy

Personal Email: _____

Type: Enlisted
Warrant Officer
Commissioned Officer

Military Email: _____

Special Program: MEB PEB

Pay Grade/Rank: _____

Unit Name: _____

MOS: _____

In Training/PME Status: Y N

Wanted Salary: _____

Security Clearance: Y N

Relocating to:
State: _____
City: _____
Zip code: _____

Reason for Separation:
Retiring Voluntary Involuntary

Characterization of Discharge: _____

PRIVACY ACT STATEMENT
AUTHORITY: 10 U.S.C. 1142, Pre-separation Counseling; DoD Directive 1332.35, Transition Assistance for Military Personnel; DoD Instruction 1332.36, Pre-separation Counseling for Military Personnel; and E.O. 9397, as amended (SSN), DoD DTM 12-007, Implementation of Mandatory Transition Assistance Program Participation for Eligible Service Members and DA DTM 2014-18, Army Career and Alumni Program. PRINCIPAL PURPOSE(S): To document achievement of Career Readiness Standards commensurate with the Service member's desired employment, education, technical training, and/or entrepreneurial objectives. ROUTINE USE(S): The DoD "Blanket Routine Uses" found at <https://dpcl.d.defense.gov/Privacy/SORNsIndex/Blanket-RoutineUses/>. DISCLOSURE: Voluntary; however, if the requested information is not provided, it may not be possible for a Commander or designee to verify that a Service member has met the Career Readiness Standards.

Office Use Only:

IC _____

PreSep _____

3 Day _____

C2E _____

EW _____

ED _____

B2B _____

CNF Email w/ Class Dates _____

Signature
& Date



TORII STATION TAP SELF ASSESSMENT



Name: _____

ETS Date: _____

Family & Relocation Plan

Marital Status: _____ Spouse First Name: _____

Dependents #: _____ Spouse Attend Classes: Yes No

Highest Level of Education: _____

Concentration: _____

Is the cost of living higher where you plan to relocate?	Y	N
Do you have a support system in place (family/friends)?	Y	N
Do you have a plan for transportation?	Y	N
Is the thought of leaving the military causing stress for you or a family member?	Y	N

Financial Plan

Do you have a budget?	Y	N
Have you planned for retirement (TSP, 401k)?	Y	N
Do you have an Emergency Fund?	Y	N
Have you calculated whether to rent or buy?	Y	N
Have you reviewed your tax status with regard to taxable income?	Y	N
Have you reviewed the civilian requirements for your vehicles?	Y	N
Have you reviewed your credit card interest rates as a civilian?	Y	N
Have you reviewed your insurance needs/costs?	Y	N
Have you reviewed your credit report in the last year?	Y	N
Do you have up to date will(s) and power of attorney(s), as needed?	Y	N

The following questions will help us advise you which Career Tracks and additional classes will best fit your needs.

Do you plan to work after leaving the military?	Y	N
Do you have a confirmed job offer?	Y	N
Do you have an updated resume?	Y	N
Do you plan on staying in your career field?	Y	N
Are you interested in learning more about civilian employment?	Y	N
Are you interested in learning more about federal employment?	Y	N
Do you plan to enroll in any school/program or have you already?	Y	N
Do you have any professional license(s) or certification(s)?	Y	N
Are you interested in exploring education options?	Y	N

Have you attended a trade school?	Y	N
Do you plan to attend an apprenticeship program?	Y	N
Do you know which career field you are interested in?	Y	N
Interest in learning more about Knowledge/Skills/Abilities and different career fields?	Y	N
Do you currently own a business?	Y	N
Do you intend to start your own business?	Y	N
Do you have a business plan?	Y	N
Do you have business funding?	Y	N
Are you interested in learning more about owning a veteran business?	Y	N
Do you want your Caregiver/ Spouse/ Legal Guardian Present?	Y	N
Are you assigned to a Warrior Transition Unit (WTU)?	Y	N
Do you elect to receive additional information regarding your immigration status and expedited citizenship application?	Y	N
Do you consent to allow this form to be sent to Federal agencies for additional transition assistance post-separation?	Y	N
Do you consent to allow this form to be sent to Federal and other agencies who look for critical language skills and/or regional expertise that could be vital during times of need, crisis and/or national emergencies?	Y	N
Do you elect to participate in the long term post-transition tracking study?	Y	N
Do you consent to allow this form to be sent to state agencies for additional transition assistance post-separation?	Y	N

In your own words, what is your plan after the military?

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