ARMY COMMUNITY SERVICE CLIENT INFORMATION SHEET

PRIVACY ACT STATEMENT

PRINCIPAL: To collect data necessary to enroll DOD personal and their family members in the Army Community Services client database as a tool to aid in delivery of services to DOD personnel and their family members. Statistical data will be provided to department of the Army.

ROUTINE USES: Records: (1) services requested (2) services delivered & (3) actions or services agreed on.

DISCLOSURE: Disclosure of information is voluntary. Failure to provide required information may result in the ability of Army Community Services to provide appropriate professional and/or developmental services to the individual.

CURRENT DATE: _____/_____/_____

CLIENT RELATIONSHIP TO SPONSOR: ◯ Self ◯ Spouse ◯ Child ◯ Parent/Guardian ◯ Other

TYPE OF VISIT: ◯ Individual ◯ Couple ◯ Family ◯ Gov't Civilian ◯ Retired ◉ Family Member

STATUS: (select one) ◯ Regular Army ◯ Active Guard/ Reserve ◯ National Guard ◯ Reserve

Marital Status: ◯ single ◯ married ◯ divorced separated ◯ widow / widower

◯ dual military ◯ single parent with custody

SERVICE MEMBER INFORMATION:	SPOUSE INFORMATION:
BIRTH DATE:	BIRTH DATE:
GENDER: MALE FEMALE	GENDER: MALE FEMALE
RANK: LAST NAME:	LAST NAME:
FIRST NAME: MI:	FIRST NAME: MI:
STREET ADDRESS:	STREET ADDRESS:
CITY:	CITY:
STATE: ZIP:	STATE: ZIP:
PHONE:	PHONE:
EMAIL:	EMAIL:
Unit Name:	