Army Community Service (ACS)

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. ROUNTINE 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.

Full Name (Last, First, Middle):				DOB (MM/DD/Y	YYY):	Branch of Service:		
Move Type:				Marital Status:		Gender:		
Chapter				☐ Divorced		Female		
ETSing				☐ Dual Military		Male		
PCSing				☐ Married				
(MM/DD/YYYY):				☐ Separated				
Retiring -				☐ Single				
Sponsor Rank: Sponsor Current Unit:	onsor Current Unit: Email (Civilian or military):							
Gaining Installation / Specific location:	· ·	Assignment Length:		Child(ren) Age(s):				
Local Home Address:					Is this your first PCS/move?			
					□ No □ Yes			
If you have children, are they relocating with you?					Is this your first enlistment?			
□ No □ Yes					□N	o □ Yes		
Fill out below information if Married								
Spouse Name (First, MI, Last):					Spouse DOB (MM/DD/YYYY):			
Spouse Email:					Spouse Phone:			
Spouse Address:	Spouse Address: Same as above					Spouse Primary Language:		
Spouse Gender:		Are you or yo	ur spou	ise expecting?	<mark>Is your sp</mark>	oouse moving with you:		
□ Female □] Male	□ No	□ Yes	5	□ No	o □ Yes		
Signature:				Date:				
Please indicate any unique concerns and/or red	quests and wheth	er you would li	ke a ph	one call or email	regarding	such.		