

2-3 Field Artillery Family Readiness Group Questionnaire

Spouse/Next of Kin's name: _____ Date of Birth: _____

Military Member's Name: _____ Date of Birth: _____

Address: _____ Phone #:HOME _____

_____ WORK _____

Email: _____

Information about Children and/or Dependent Adults in the home (Name, Age, Sex):

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| | |
| | |

Does your spouse work? N/A _____ Yes _____ No _____ Dual Military? _____ What Unit? _____

Can your spouse drive? N/A _____ Yes _____ No _____ Is there a family member with exceptional needs? Yes ___ No ___

What language is spoken at home? _____

Who would you want notified in case of an emergency other than your spouse? Print name, address and phone number _____

- Program subjects that I would be interested in are:
- | | |
|--|--|
| _____ Medical/Dental Care | _____ Army Community Service |
| _____ PX/Commissary Privileges | _____ Child Daycare |
| _____ Recreational Information | _____ Financial Management/Planning |
| _____ Learning Disabilities/Physical Handicaps | _____ Youth Activities |
| _____ Legal Services | _____ Veterinary Services |
| _____ Religious Services and Programs | _____ Family Counseling |
| _____ Transportation | _____ Coping with separation from spouse |
| _____ Emergency Care Services | _____ Coping with separation from children |
| _____ Volunteer Opportunities | _____ Coping with separation from parents |
| _____ Health/First Aid Training | _____ Reunion after separation |
| _____ Parenting | _____ A Day in the Field |
| _____ Stress Management | _____ Pre-deployment Issues |
| _____ Military Pay/Benefits | _____ Self-development |
| _____ Relocation Planning | _____ Spouse Employment |
| _____ Alcohol/Drug Abuse Prevention | _____ Educational Opportunities |
| | _____ Domestic Abuse |

Comments or additions to any of the above: _____

NOTE: This questionnaire is used to gather general information necessary to aid the Family Readiness Group program. The information listed above will not be released to any third-party individuals without your permission to do so.

Please realize we need your active participation and assistance in making our Family Readiness Group a SUCCESS. Which of the following areas would you be willing to help with?

_____ Leadership position _____ Mailing _____ Emergency Child Care
_____ Planning Unit Activities _____ Telephoning _____ Fund Raiser's
_____ Newsletter _____ Transportation (in my area) _____ Other (explain)

What do you think Family Readiness Groups could do for your family?

What talents or abilities do you have that you would be willing to share with other Family Readiness Group members?

What adult activities would you like the Family Readiness Group to sponsor?

What children's activities would you like the Family Readiness Group to sponsor?

NOTE: If you would like more information about the Family Readiness Group, please feel free to call:

Your Family Readiness Group Leader: _____ **at** _____.

1. Can we put your name on the phone roster to be called for unit informational purposes and social functions? YES ____ NO ____
2. Would you be willing to help out with fundraisers if you are available? YES ____ NO ____

This signature is consent for the above questions:

_____ **Signature of Spouse/Single Soldier**

_____ **Date**

PRIVACY ACT STATEMENT: Authority 10 U.S.C. 3013. Principal purpose: Information will be used to provide support, outreach, and information to family members before, during and after periods of family separation for the Family Readiness purpose. Primary use: Providing command information to family members via the Family Readiness Group concerning unit events and in emergencies. **I understand that my phone number will be published on the company spouses' roster that is available to company family member and the battalion/unit chain of concern. This information will not be disseminated for any purpose other than Family Readiness.**

Routine Uses: None

Mandatory or Voluntary Disclosure and Effect on Individual Not Providing Information: Disclosure is voluntary.

Nondisclosure could affect the speed in which necessary services are provided to the family member by community resource agencies.