

Family Readiness Profile Sheet

Information on this form will help Unit Commanders and the Wing Family Program assist your family during deployment or extended TDY.

****FOR OFFICIAL USE ONLY – PROTECTED UNDER THE 1974 PRIVACY ACT****

SECTION I: Service Member			
Service Member's Full Name (Last, First, MI):	Rank:	Unit:	Dates of TDY / Deployment:
SECTION II: Primary Point of Contact			
Check One: Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify (friend, significant other, etc):			
Full Name:	Email Address:		
Home Phone:	Cell Phone:		
Street Address:	Mailing Address (if different from street address):		
May we contact at work in the event of emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone:		
Employer:	Supervisor's Name & Phone Number:		
SECTION III: Ex Spouse/Guardian Information (required if taking care of children)			
Check One: Ex Spouse <input type="checkbox"/> or Guardian <input type="checkbox"/>			
Name:	Street Address:		
Home Phone:	Cell Phone:		
May we contact at work in the event of emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Phone:		
SECTION IV: Dependent Children (use back for additional names)			
Child's Name (First and Last)	SEX	DOB	
SECTION V: Additional Contacts (parent, sibling, friend, etc.)			
Name:	Relationship:	Phone:	Mailing Address:
Name:	Relationship:	Phone:	Mailing Address:
SECTION VI: Additional Information			
Religious Preference / Faith Denomination:			
Family Member Concerns - Please list any family concerns that may arise in your absence:			
SECTION VII: Certification Signature			
I certify that the Family Readiness Group may contact those listed in Section II during my absence (only for those TDY or deployed +30 days). Yes <input type="checkbox"/> No <input type="checkbox"/>			
I certify that the provided information is correct. Signature:			Date: