



CUI

# AIRMAN & FAMILY READINESS CENTER (A&FRC) DEPLOYMENT/REMOTE FAMILY SUPPORT INFORMATION SHEET

*Personal Data, Privacy Act of 1974 as amended applies. This may contain information which may be protected IAW DoD 5400.11R and is CUI.*

**All information in this box must be completed**

BRIEFING DATE: \_\_\_\_\_  
Military Member's Information:

Briefings are conducted every Wednesdays at 1000 (NOTE: deployers must be between 60-30 days of deployment to accomplish)  
The link to register is: [click here](#) If you are not able to access that link, use Meeting ID: 161 751 6831, Passcode: 280692

DOD ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Rank: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ Squadron: \_\_\_\_\_

Status: \_\_\_\_\_ (Single (S), Married (M), Mil-Mil (MM), Single Parent (SP), To Foreign National (MFN)

Deployed Country: \_\_\_\_\_

Estimated Departure Date: \_\_\_\_\_ Estimated Return Date: \_\_\_\_\_

Estimated # of Days Deployed: \_\_\_\_\_ **Family Remaining in Area:**

If you marked NO, please provide:

Temp Address \_\_\_\_\_ Temp City \_\_\_\_\_ Temp State \_\_\_\_\_

Zip \_\_\_\_\_ Temp Contact Phone \_\_\_\_\_ Fam Mbr Departure \_\_\_\_\_

Date \_\_\_\_\_ Fam Mbr Return Date \_\_\_\_\_

**The information below is MANDATORY INFORMATION provided by the AD member scheduled to deploy. This will allow the A&FRC and Key Spouse to send information to your family about deployed events, classes and programs offered while you are away. In addition, the Key Spouse will be able to do well-being checks periodically with your family. Once the spouse or family member is contacted they will have the opportunity to communicate if they do not wish to be contacted in the future. Our records will be annotated and we WILL HONOR your family's wishes.**

Spouse Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CHILD/CHILDREN INFORMATION:**

1. Name \_\_\_\_\_ Age \_\_\_\_\_
2. Name \_\_\_\_\_ Age \_\_\_\_\_
3. Name \_\_\_\_\_ Age \_\_\_\_\_
4. Name \_\_\_\_\_ Age \_\_\_\_\_
5. Name \_\_\_\_\_ Age \_\_\_\_\_
6. Name \_\_\_\_\_ Age \_\_\_\_\_

SPECIAL CIRCUMSTANCES: (examples: spouse pregnancy, English is second language, children reside w/guardian other than parent, special needs)

\_\_\_\_\_  
\_\_\_\_\_  
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