



TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

SECTION A. SERVICE MEMBER INFORMATION

NAME: _____ DOD ID: _____ INSTALLATION: _____

WORK EMAIL: _____ PERSONAL EMAIL: _____

DATE OF SEPARATION: _____ WORK PHONE: _____ CELL PHONE: _____

HOW MANY YEARS OF SERVICE: _____ DOB: _____ AGE: _____ GENDER: _____

SECTION B. DEMOGRAPHICS

Rank: E1-E5 E6-E7 E8-E9 O1-O3 O4-O6 O7-O10 WO1-CWO5

Service Branch: USN USAF USA USMC USCG Reserve Guard

Rate/Designator/MOS/AFSC: _____

Marital Status: Single Married Widowed Divorced Separated Children# _____

Highest Level of Education: GED/HS Associates Bachelors Masters Post-Graduate Doctorate

Concentration: _____

SECTION C. DISCHARGE

Retiring 20+ Years	<input type="radio"/> Yes	<input type="radio"/> No
Medical Retirement	<input type="radio"/> Yes	<input type="radio"/> No
Medical Separation	<input type="radio"/> Yes	<input type="radio"/> No
Voluntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Involuntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Administrative Separation	<input type="radio"/> Yes	<input type="radio"/> No
Demobilization	<input type="radio"/> Yes	<input type="radio"/> No

SECTION D. PROJECTED CHARACTERIZATION OF DISCHARGE

Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Honorable Conditions (General)	<input type="radio"/> Yes	<input type="radio"/> No
Other than Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Bad Conduct	<input type="radio"/> Yes	<input type="radio"/> No
Dishonorable	<input type="radio"/> Yes	<input type="radio"/> No
Dismissed	<input type="radio"/> Yes	<input type="radio"/> No
Uncharacterized	<input type="radio"/> Yes	<input type="radio"/> No
Unknown	<input type="radio"/> Yes	<input type="radio"/> No

SECTION E. PERSONAL GOALS

What are your post-separation short-term goals?

What are your post-separation long-term goals?

SECTION F. FACTORS

FAMILY LIFE AND RELOCATION PLAN:

1. Do you plan to relocate after leaving the military? Yes No Unsure
If Yes, where? _____
2. Is cost of living higher where you plan to relocate? Yes No Unsure
3. Do you anticipate having a support system in place?
e.g., Family, Friends, Mentor, Transportation, Housing Yes No
4. Does the thought of leaving the military create stress on you or your family? Yes No

FINANCIAL PLAN:

1. Have you initiated projected post transition budget? Yes No N/A
2. Are you planning for your retirement? (e.g. TSP, 401K) Yes No N/A
3. Have you established a financial emergency plan? Yes No N/A
4. Do you have adequate cash set aside in case of emergencies? Yes No N/A
5. Have you considered additional expenses? (childcare or child support, commuting, etc.) Yes No N/A
6. Have you calculated the impact of renting vs. buying during your transition period? Yes No N/A
7. Have you examined your tax status with regard to taxable income? Yes No N/A
8. Have you reviewed your vehicle(s) payment, insurance, registration and taxes? Yes No N/A
9. Have you assessed your insurance needs? (medical, exceptional family member, dental, life) Yes No N/A
10. Have you reviewed your credit report in the last 4 months? Yes No N/A
11. Do you have an up-to-date will and/or power of attorney? Yes No N/A

SECTION G. TRACKS

EMPLOYMENT PLAN

1. Do you plan to work after leaving the military? Yes No
2. Do you have a confirmed job offer? Yes No
3. Do you have an updated resume? Yes No
4. Do you plan on staying in your current career field? Yes No
5. Would you like more information on employment? Yes No

EDUCATION PLAN

1. Do you plan to enroll in continuing education or do you have enrollment confirmation? Yes No
2. Do you have a professional license(s)/certificate(s)? Yes No
3. Would you like more information on education? Yes No

ENTREPRENEURSHIP PLAN

1. Do you currently own a business? Yes No
2. Do you intend to start your own business after leaving the military? Yes No
3. Do you have a business plan? Yes No
4. Would you like more information on entrepreneurship? Yes No

VOCATIONAL PLAN

1. Have you attended a trade school? Yes No
2. Are you enrolled in or plan to enroll in an apprenticeship program? Yes No
3. Do you have a technical or trade license(s)/certification(s)? Yes No
4. Would you like more information on trades? Yes No

INITIAL PATHWAYS COUNSELING SUPPLEMENTAL QUESTIONNAIRE

Name: Rank: Last 4 of SSN: Squadron:

If Relocating, City & State & Zip Code Moving:

1. What are your immediate plans after leaving your military career?

2. Are you currently being evaluated for a disability?

a. Do you plan on applying for disability?

3. Does your post military career goals align with your Military Occupational Specialty?

a. Future Occupation:

4. Have you applied for school?

5. Have you applied for employment?

6. What are your post-transition housing plans?

7. How you plan to meet your financial needs post-military?

8. How do you plan to address your insurance needs post-military (medical, life, vehicle)?

9. Are there any concerns you have with your transition into civilian life?

10. What excites you about your transition to civilian life?

11. What is the main reason for your decision to leave the military?

12. Do you elect to participate in the long-term post-transition tracking study?

Minot AFB A&FRC Statement of Understanding

PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397

PRINCIPLE PURPOSE: Client demographics are required for accurate service delivery, analysis, and future planning.

ROUTINE USES: The information on this form may be made available to other government agencies to assist the DoD in assessing military community needs. This information may be disclosed to DoJ, federal, state, local, or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law.

DISCLOSURE IS VOLUNTARY: Failure to provide data will not result in the individual being denied services.

DODID:	<input type="text"/>	Rank:	<input type="text"/>	Name:	<input type="text"/>	Unit:	<input type="text"/>
Phone:	<input type="text"/>	Home Address:	<input type="text"/>			Branch:	<input type="text"/>
Personal Email:	<input type="text"/>					Status:	<input type="text"/>
Government Email:	<input type="text"/>	DOB:	<input type="text"/>	Military Component:	<input type="text"/>		
PRP:	<input type="text"/>	Family Member(s); Name, DOB, Contact #, and Relationship to Member:					
Marital Status:	<input type="text"/>	<input type="text"/>					
EFMP:	<input type="text"/>						

1. The Airmen and Family Readiness Center respects your right to privacy; however, we do not have privileged communication. Air Force policy requires Airmen and Family Readiness Center staff to contact proper authorities about statements made or information disclosed by a customer that pertains to violation or possible violation of the Personnel Reliability Program (AFI 36-2104), the Family Advocacy Program (AFI 40-301) or admission of a crime in violation of the Uniformed Code of Military Justice, federal or state law. Such reports could be used against you in your employment. Examples of matters that must be reported to proper authorities include but are not limited to:
 1. Communicating a threat to injure or harm yourself or others
 2. Communicating threats to damage / destroy government property
 3. Abuse or neglect of a child or spouse or other dependent adult
 4. Employees involved in the unauthorized use of firearms or other dangerous weapons

If your supervisor or First Sergeant made an appointment for you, he/she will be notified that you attended the appointment. Except where required by law, matters discussed during Airmen and Family Readiness Center consultations will not be shared with your supervisor or other personnel unless there is a valid need to know. When someone is seen as a self-referral, squadron personnel are not routinely notified.

2. The information I am providing to the A&FRC counselor is true, correct and complete. The counselor will make suggestions which are believed to be in my best interest. I assume full responsibility for acting upon these recommendations. The PFR program does not give advice on specific investments, companies or insurance policies and assumes no liability for monetary loss.

3. My signature below indicates that I have read and fully understand this statement.

SIGNATURE

DATE

You are being asked to provide demographic information, which is electronically stored and secured. The record contains demographic information, a brief description of your visit(s), and your service plan. Records are maintained for the sole purpose of assisting you, the customer.

CUI

Personal Readiness Inventory

Please answer this brief inventory, it helps us understand your overall personal readiness and adjustment to military life. Instructions: **Based** on the past week please rate how well things are going by selecting from the drop down list **0-10**. With **10** as the best possible rating. Your consultant will use your answers to clarify your goals for coming to the Airman and Family Readiness Center.

Name:

Rank:

DODID:

OVERALL ADJUSTMENT TO MILITARY LIFE

(Understand & support the military lifestyle & mission requirements, etc)

RELOCATION/MOVING

(Ability to move when required)

ADJUSTMENT TO COMMUNITY

(Ability to find on and off base information, services, events , & activities, ect)

DEPLOYMENT READINESS

(Ability to support short-notice deployments, etc)

EMPLOYMENT

(Job search techniques & skills, ability to secure suitable employment, etc)

FINANCIAL READINESS

(Basic needs & financial obligations met, savings, investments & retirement, etc)

MILITARY/WORK ENVIRONMENT

(Work environment/relationships OPS TEMPO/pace of work)

PERSONAL RELATIONSHIPS

(Family, Friends & loved ones, etc)

RETENTION

(Intention to continue military career beyond current commitment)

TRANSITION TO CIVILIAN LIFE

(Prepared for separation/retirement, aware of benefits & entitlements, etc)

If your **RETENTION** score is 5 or below share the primary reason(s) you are considering separation