



### Statement of Understanding (SOU)

#### PRIVACY ACT STATEMENT AUTHORITY:

10 U.S.C. 8013

Executive Order 9397 Privacy act of 1974

DoDI 5400.11 and 6025.18

DoDM 6025.18, part 2 of Title 42, Code of Federal Regulations, as applicable.

Controlled by: 139th AW M&amp;FRP

CUI Categories: PRVCY

Distribution/Dissemination Control: FEDCON

POC: M&amp;FRPM Amy Mathias

#### INFORMATION PROVIDED TO MILITARY & FAMILY READINESS PROGRAMS IS IAW:

DODI 1342.22 Military Family Readiness: 4.3.A.

4.3.A. DAFI 36-3009 Military &amp; Family Readiness Centers: 3.1.

AFI 10-403 Deployment Planning &amp; Execution: 1.18.9 &amp; 3.8.9.7 &amp; 5.7.5

PRINCIPAL PURPOSE: Client demographics required for accurate service delivery, and future program planning.

ROUTINE USES: Track family information to provide family support during member's TDY/deployment.

TODAY'S DATE:

#### SERVICE MEMBER INFORMATION

<b>NAME</b> (LAST, FIRST, MIDDLE INITIAL) To include Maiden/Surname if changed since initial SOU)		<b>GRADE / RANK</b>	<b>UNIT</b>
<b>SERVICE MEMBERS DOD ID NUMBER</b>	<b>SSN #</b>	<b>BRANCH OF MILITARY SERVICE</b>	<b>MILITARY STATUS</b>
<b>HOME ADDRESS</b> (Street, City, State, Zip Code)		<b>HOME /CELL PHONE</b>	<b>WORK PHONE</b>
		H	
		C	
<b>SM - EMAIL</b> (MILITARY)		<b>MARITAL STATUS</b>	<b>DATE OF BIRTH</b> (MM/DD/YYYY)
<b>SM - EMAIL</b> (PERSONAL)			
			M <input type="checkbox"/> F <input type="checkbox"/>

#### FAMILY MEMBER / DESIGNEE / **EMERGENCY** CONTACT INFORMATION (Please do not put you, the SM's information)

<b>FAMILY MEMBER / DESIGNEE / EMERGENCY NAME</b> (LAST, FIRST MIDDLE INITIAL)		<b>MARITAL STATUS</b>	<b>LAST 4 SSN</b> (IF KNOWN)	<b>DOB</b> (MM/DD/YYYY)
<b>HOME / CELL PHONE</b>	<b>RELATIONSHIP TO MILITARY MEMBER</b>	<b>HOME / MAILING ADDRESS</b> (If different from Military Member note "SAME")		
H				
C				
<b>FAMILY MEMBER / DESIGNEE / EMERGENCY PERSONAL EMAIL ONLY</b>		<b>INTEREST IN VOLUNTEERING FOR M&amp;FRP</b>	<b>GENDER</b>	<b>CURRENT MILITARY SERVICE OR VETERAN</b>
		Y <input type="checkbox"/> N <input type="checkbox"/>	M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

<b>SERVICE MEMBER DEPENDENTS</b>	<b>GENDER</b>	<b>ADDRESS</b>	<b>AGE</b>	<b>DOB</b> (MM/DD/YYYY)	<b>SPECIAL NEEDS EFMP</b>		
	M <input type="checkbox"/> F <input type="checkbox"/>	HOR <input type="checkbox"/> OTHER <input type="checkbox"/>			Y <input type="checkbox"/>	DECLINE <input type="checkbox"/>	N <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	HOR <input type="checkbox"/> OTHER <input type="checkbox"/>			Y <input type="checkbox"/>	DECLINE <input type="checkbox"/>	N <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	HOR <input type="checkbox"/> OTHER <input type="checkbox"/>			Y <input type="checkbox"/>	DECLINE <input type="checkbox"/>	N <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	HOR <input type="checkbox"/> OTHER <input type="checkbox"/>			Y <input type="checkbox"/>	DECLINE <input type="checkbox"/>	N <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>	HOR <input type="checkbox"/> OTHER <input type="checkbox"/>			Y <input type="checkbox"/>	DECLINE <input type="checkbox"/>	N <input type="checkbox"/>

#### ADDITIONAL INFORMATION

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### SERVICE MEMBER'S PERSONAL READINESS INVENTORY (PRI)

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 choosing a **number 0-10 below, with 10** as the best possible rating. Please no N/A's.

OVERALL ADJUSTMENT TO MILITARY LIFE		MILITARY/WORK ENVIRONMENT		ADJUSTMENT TO COMMUNITY		PERSONAL RELATIONSHIPS	
Understand & Support the Military Lifestyle & Mission requirements, etc...		Work Environment Relationships OPSTEMPO/pace of work...		Ability to find On/Off-Base Information, Services, Events, & Activities, etc...		Family, Friends & Loved Ones, etc...	
DEPLOYMENT READINESS		EMPLOYMENT		TRANSITION TO CIVILIAN LIFE			
Ability to Support Short-Notice Deployments, Awareness of Availability Support for Loved Ones, etc...		Job Search Techniques & Skills, Ability to Secure Suitable Employment, etc...		Prepared for Separation/ Retirement, Aware of Benefits & Entitlements, etc...			
FINANCIAL READINESS		RELOCATION/MOVING		RETENTION			
Basic Needs & Financial Obligations, Savings, Investments & Retirement, etc...		Ability to Move when Required		Intention to Continue Military Career Past Current Commitment			

### Retirement Section (Only complete if you are retiring)

Retirement Date:	Would you like TAP information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like information on Wing Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Would you like Retirement information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like information on Retiree Activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you attended the Retire Ready Briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like a Monthly Newsletter from AFRP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Interested in Volunteering for AFRP/Wing events?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SERVICE MEMBERS REASON FOR IN/OUT - PROCESSING &/OR SERVICES

(check only those that apply) Newcomer- <input type="checkbox"/> Transfer In- <input type="checkbox"/> Transfer Out(Relocation)- <input type="checkbox"/> 30 Day TDY- <input type="checkbox"/> Extended TDY- <input type="checkbox"/> MO/State Mission- <input type="checkbox"/> Other State Missions- <input type="checkbox"/> BMT/TRAININGS- <input type="checkbox"/> ADOS/STAT/MPA- <input type="checkbox"/> Solo Deployment- <input type="checkbox"/> AEF/RCP Deployment- <input type="checkbox"/> END OF SERVICE- <input type="checkbox"/> RETIREMENT/Retirees- <input type="checkbox"/> In LOD MEB- <input type="checkbox"/> Not LOD MED Retire- <input type="checkbox"/> Veterans- <input type="checkbox"/> Exercise- <input type="checkbox"/> Army/Navy/Marines/Space/CC- <input type="checkbox"/> Other Not listed- <input type="checkbox"/>		Estimated Departure Date:	
		Estimated Return Date:	
<b>ORDERS STATUS:(REQUIRED)</b> 32 AT- <input type="checkbox"/> 32 ST- <input type="checkbox"/> 32 School- <input type="checkbox"/> (502f)- <input type="checkbox"/> 32 (502f)AGR- <input type="checkbox"/> Title 10-Active/STAT/MPA/Contingency- <input type="checkbox"/> Other Not listed- <input type="checkbox"/>			
Transfer/Deployment Location State/Wing or Country:			
WILL FAMILY RELOCATE WITH SERVICE MEMBER:	Yes- <input type="checkbox"/> NO- <input type="checkbox"/> N/A- <input type="checkbox"/>	Before/ During or After this Deployment:	Before <input type="checkbox"/> After <input type="checkbox"/> During <input type="checkbox"/> N/A <input type="checkbox"/>
MEMBER REFERRED BY:	TAP REQUIRED:		Yes- <input type="checkbox"/> NO- <input type="checkbox"/> N/A- <input type="checkbox"/> Check Status- <input type="checkbox"/>

### MILITARY & FAMILY READINESS PROGRAM ONLY SECTION

Services Provided/Required:			
SM information updated in AFFIRST:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Updates completed by:	Date:
SM information updated in MS TEAMS:	Newcomers <input type="checkbox"/> Transfers <input type="checkbox"/> Retirees <input type="checkbox"/> MEB's <input type="checkbox"/> TDY's <input type="checkbox"/> Deployments <input type="checkbox"/> Missions <input type="checkbox"/> ADOS/STAT <input type="checkbox"/> BMT/Trainings <input type="checkbox"/> State Missions <input type="checkbox"/> LOD's <input type="checkbox"/>		

### MISSOURI AIR NATIONAL GUARD 139<sup>th</sup> AIRLIFT WING MILITARY & FAMILY READINESS PROGRAM STATEMENT OF UNDERSTANDING (SOU)

If you've never been to the Military & Family Readiness Center (M&FRC) before, you may be unsure of what to expect. The following information is offered for you to consider and, if you wish, to discuss with a staff member.

**Services:** The M&FRC is here to assist you in a variety of ways. We can help customers prioritize their concerns, needs, and assist them in understanding what resources may enable them to cope with personal, family and work related situations. Many people have learned that talking with a qualified, objective, third party is very helpful when confronting a new or stressful situation. The M&FRC offers resources, programs, classes and workshops. Military family Readiness service providers and official volunteers may contact military family members with or without the Service member or sponsor's consent when relaying information in support of readiness. Information which may be relayed without consent may include, but is not limited to, information to support deployment readiness, relocation, and personal financial readiness; and MFR pamphlets, fliers, and other information on resources to connect military families to services that build resilience, readiness and enhance quality of life.

**Privacy & Disclosure:** You can expect the M&FRP staff to respect your right to privacy. Personal information will be appropriately safeguarded and not released without written consent. You should know, however, information may be released under limited circumstances as identified. **M&FR staff members and Volunteers Do NOT have complete privileged communication.** Military and Family Readiness staff and volunteers are mandatory reporters of circumstances that include, but are not limited to, concerns about personnel reliability IAW DoD Manual 5210.42\_AFMAN 13-501, *Nuclear Weapons Personnel Reliability Program (PRP)*; domestic violence IAW AFI 40-301, *Family Advocacy*; and/or any clear threat to mission accomplishment or individual safety. As in civilian life, **M&FRC staff members and volunteers are required by law, with or without your consent, to contact proper authorities: (1) if they believe you intend harm to yourself or others, (2) if family member maltreatment, molestation, child neglect, or drug use is suspected.** The squadron commander will be notified of situations, which may directly impact on personal health, safety or mission accomplishment. If your supervisor/commander/first sergeant made the appointment for you to come to the M&FRC, we will provide general feedback to that person, but will not ordinarily go into specific detail.

**Demographics & Services:** You will be asked to provide demographic information, which is electronically stored (and secured) in the Air Force Family Integrated Results and Statistical Tracking (AFFIRST) system. 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.

**Compliant Procedure:** Any concerns of services provided in the M&FRP Office should be taken up with the M&FRP Manager, if still not resolved you have additional 139th ALW contacts. Additional contact information for the Wing M&FRP Office complaint procedure information will be provided if requested and is displayed in the M&FRP Office. **Minor**

**Children Clause:** by signing this form, you grant permission for your minor child to participate in our services and/or activities. You agree to and shall indemnify and hold harmless the M&FRP, its offices, agents and employees from and against all claims, losses, damages, causes of action, suites and liability of every kind. This includes all expenses of litigation, court costs and attorney's fees for any injury or damages which you, your child or any other person or entity might sustain as a result of your child participating in a service/activity.

**Photographs:** Please be aware that photographs may be taken for use in promoting our programs and events. The photographs may be used in various media outlets, including (but not limited to) Internet, publications and social media. If you do not want your picture taken or shared, please inform an M&FRP staff member during the event in when photographs are being taken.

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