

**RELOCATION NEEDS ASSESSMENT
 APPOINTMENT FORM FOR INBOUND
 (TELEPHONE OR FACE TO FACE)**

ACS STAFF USE
DATE: _____
TIME: _____

In order to assist you further and to provide specific information on your individual PCS move to Fort Campbell, please complete the following information.

PLEASE CHECK IF:

First-Term (new to the military serving first tour)

SOLDIER'S NAME

DATE OF BIRTH:

RANK _____ **Unit Information** _____

SPOUSE NAME &

DATE OF BIRTH

PHONE: _____

EMAIL: _____

HOME ADDRESS:

TENTATIVE ARRIVAL DATE: _____

NAME OF LAST DUTY ASSIGNMENT: _____

Please check the appropriate box for specific information required.

- | | |
|---|---|
| <input type="checkbox"/> Education – Colleges or Universities | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Youth Sponsorship |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Exceptional Family Member Program (EFMP) |
| <input type="checkbox"/> Community | <input type="checkbox"/> Immigration & Naturalization |
| <input type="checkbox"/> Housing On/Off Post | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Financial Entitlements | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Cultural & Recreational |
| <input type="checkbox"/> Medical & Dental | <input type="checkbox"/> Relocation Stress |
| <input type="checkbox"/> Transportation of Household Goods | |
| <input type="checkbox"/> Shipment/Storage of POV | |
| <input type="checkbox"/> Passenger Travel | |
| <input type="checkbox"/> Pets | |

Other Information Requested:

ACS STAFF USE Follow Up:
CONTACT LOG:

**To Schedule an appointment contact: 270-798-6313/0513/956-2676 or
 Email: usarmy.campbell.id-readiness.mbx.acs-relocation@army.mil**