

RELOCATION NEEDS ASSESSMENT APPOINTMENT FORM

STAFF TO COMPLETE

DATE:

TIME:

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

PLEASE CHECK IF:

- ☐ First Time PCS OR Overseas
- ☐ First-Term (new to the military serving first tour)

TODAYS DATE: _____

NAME: _____

RANK _____ (YEARS IN SERVICE)

WORK/HOME PHONE: _____

EMAIL: _____

DATE AND TIME PREFERRED: _____

DESTINATION and (Pin Point if Known) _____

TENTATIVE DEPARTURE DATE: _____

Please check the appropriate box for specific information required.

- | | |
|---|---|
| <input type="checkbox"/> Education – Colleges or Universities | <input type="checkbox"/> Exceptional Family Member Program (EFMP) |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Immigration & Naturalization |
| <input type="checkbox"/> Employment | <input type="checkbox"/> English as a second language |
| <input type="checkbox"/> Community | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Housing On/Off Post | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Financial Entitlements | <input type="checkbox"/> Internet Access |
| <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"/> Other |
| <input type="checkbox"/> Shipment of POV | |
| <input type="checkbox"/> Shipment of Pets | |
| <input type="checkbox"/> Insurance | |
| <input type="checkbox"/> Sponsorship | |
| <input type="checkbox"/> Youth Sponsorship | |
| <input type="checkbox"/> Family Travel Passport | |

Other Information requested:

STAFF USE ONLY

CONTACT LOG:

To Schedule an appointment contact: 270-798-6313/0513/956-2676 or email ftcampbellacsrelocation@gmail.com