

DEPARTMENT OF THE ARMY  
HEADQUARTERS, FOURTH REGION (ROTC)  
U.S ARMY CADET COMMAND  
BOX 339500, MS 83  
FORT LEWIS, WA 98433-9500

ATOD-PM

S  
5 February 2003

MEMORANDUM FOR

SUBJECT: Reassignment Notification Packet (OCONUS)

1. The Reassignment Processing Center has received Assignment Instructions for the following individual:
2. Please complete the enclosed paperwork and return to region headquarters by the suspense indicated above. If you have any questions about how to complete the forms, contact the undersigned. Your levy packet must be signed by the PMS (page 2). Also, the PMS must complete and sign page 5 of the packet.
3. If paperwork is not completed and returned to Reassignment Section, Fort Lewis within 30 days of region's receipt, orders will be published on the individual without levy information. If you request a deletion or deferment, it must reach the Reassignment Processing Center NLT 30 days after EDAS Cap Cycle notification (officers must contact their Branch Manager).
3. For additional reassignment information or paperwork, please log on to the 4th Region web page, Personnel and Administration Division, Out-Processing Section. You will find the necessary forms and out-processing checklist as a guide to ensure a smooth PCS.  
<http://www.lewis.army.mil/4rotc/>
4. Point of contact is the undersigned at (253) 967-9615 or slayc@4rotc.lewis.army.mil.

Encl

CRYSTAL A. SLAY  
SGT(P), U. S. Army  
Administrative Sergeant

\_\_\_\_\_(AFZH-AGI-R/\_\_\_\_\_) (614-200b) 1<sup>st</sup> End \_\_\_\_\_  
(Office Symbol) (Date of Memo) (Action Officer 's Tel #)

SUBJECT: Reassignment Notification of \_\_\_\_\_

Commander, \_\_\_\_\_  
(Unit/Activity) (Date)

FOR: Chief, Reassignments Processing Center, ATTN: AFZH-AGI-R

1. The above soldier (is) (is not) assigned to a unit supported by this headquarters. The soldier was reassigned as directed by enclosed reassignment order.
2. The soldier and the unit commander have been informed of the requirement to attend a Levy Briefing within 30 days of the EDAS Cap Cycle notification. The soldier (will) (will not) attend. If soldier will not attend, indicate reason:  
  
\_\_\_\_\_
3. Request for (Deletion) (Deferment) (is) (is not) requested.
4. The soldier has been advised of the "SERVICE REMAINING REQUIREMENT" for this assignment. The soldier is scheduled to (extend) (reenlist) on or about \_\_\_\_\_ or  
\_\_\_ a. Soldier is a first term soldier and declines to reenlist/extend. Soldier is required to attend Levy Briefing and sign a "First Termer's Statement". After completing statement, soldier will be released from briefing.  
\_\_\_ b. Soldier is not a first term soldier and declines to extend/reenlist. Soldier is required to be counseled and sign DCSS (DA Form 4199-R). Counseling is required by Unit Retention NCO and Unit Commander. Signed DCSS must be returned to the Reassignment Processing Center within seven (7) duty days or NLT 30 days from the EDAS cycle date indicated o assignment instructions.
5. The soldier (has) (has not) applied for Joint Domicile.
6. The following additional information furnished:

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

\_\_\_\_\_  
(Commander/Adjutant)

## REASSIGNMENT STATUS AND ELECTION STATEMENT

For use of this form, see AR 600-8-11; the proponent agency is ODCSPER

### PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** For personnel service support.  
**Routine Uses:** (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).  
**Disclosure:** Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

### PART I - MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY

**INSTRUCTIONS:** The Military Personnel Division/Personnel Service Company will answer all the questions in Part I (*Sections A, B, and C*) after comparing the EDAS Cycle with the Personnel Qualification Record (*DA Form 2A*) of the soldier. A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. This form pertains to enlisted soldiers only.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT		8. CURRENT UPC	
9. GAINING UNIT		10. EDAS CYCLE NO.	11. TODAY'S DATE	
12. ARRIVAL DATE	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

#### Section A - Special Management Command Status

YES	NO	N/A
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16. Is the soldier being assigned to a special management command (*table 2-5*)?

#### Section B - General Eligibility Status

17. Is the soldier currently assigned to another installation?			
18. Has the soldier already received assignment instructions from which he/she has not been officially deleted?			
19. Does the soldier have less than 120 days notice to prepare for this assignment?			
20. Will the soldier be reassigned during the same fiscal year of his/her last "cost" PCS?			
21. Will the soldier be reassigned before completing at least 12 months at his/her current duty station?			
22. Will the soldier's stabilization period terminate after the assignment arrival date?			
23. Does the soldier's PULHES contain a "3" or "4"?			
24. Does the soldier's PMOS differ from the assignment MOS?			
25. Are the special qualifications required for this assignment different from those currently possessed by the soldier?			
26. Are the prerequisites for TDY schooling or training required for this assignment different from those currently possessed by the soldier?			
27. Are the PRP requirements for this assignment different from those currently possessed by the soldier?			

#### Section C - Time in Service Requirements Status

30. Will the career soldier have sufficient service remaining ( <i>as of the last day of the arrival month</i> ) until his/her ETS to serve the "all others tour" for the overseas area?			
31. Will the soldier who is being reassigned from OCONUS ( <i>long tour area</i> ) to CONUS have less than 13 months service remaining from his/her DEROS until his/her ETS?			
32. Will the soldier who is being reassigned from OCONUS ( <i>short tour area</i> ) to CONUS have less than 7 months service remaining from his/her DEROS until his/her ETS ( <i>less Johnston Island and Enewetak</i> )?			
33. Will the soldier be reassigned prior to the completion of his/her Foreign Service Tour Extension ( <i>FSTE</i> )?			
34. Is the soldier's DEROS after the assignment arrival date?			

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35. REMARKS *(Annotate any additional information or discrepancies)*

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36a. REASSIGNMENT CLERK'S SIGNATURE

36b. DATE

**PART II - BATTALION STATUS**

INSTRUCTIONS: The Battalion S1 will answer all the questions in Part II (Sections D and E). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. The Battalion S1 must sign the completed statement and return it to the MPD/Personnel Service Company with the completed *Soldier Status and Election Statement* attached.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT			8. CURRENT UPC
9. GAINING UNIT		10. EDAS CYCLE NO.	11. TODAY'S DATE	
12. ARRIVAL DATE	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

**Section D - Duty Status**

	YES	NO	N/A
37. Is the soldier currently attached to another installation for the purpose of processing a personnel action?			
38. Is the soldier currently assigned to another unit?			
39. Is the soldier currently assigned to a unit scheduled for permanent overseas deployment (other than unit TDY movement such as REFORGER)?			
40. Is the soldier in an AWOL status?			
41. Is the soldier presently confined?			
42. Is the soldier currently TDY from his/her home station and not scheduled to return at least 60 days prior to the first day of the arrival month?			
43. Is the soldier presently undergoing any medical or dental treatment that would prevent this reassignment?			
44. Is the soldier awaiting court or trial appearance as a defendant?			

**Section E - Pending Action Status**

45. Is the soldier pending an early release from active duty?			
46. Is the soldier pending a Medical Evaluation Board (MMRB/PEB)?			
47. Is the soldier pending a PMOS reclassification?			
48. Is the soldier under suspension of favorable personnel actions (FLAGGED)?			
49. Is the soldier enrolled in Phase III of the Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)?			
50. Is the soldier scheduled for any schooling not in conjunction with this assignment?			
51. Has the soldier applied for specialized training?			
52. Is the soldier being delayed from complying with these assignment instructions due to administrative processing errors?			
53. Are there any circumstances not listed above that would preclude the soldier from complying with these assignment instructions?			

54. REMARKS (Annotate any additional information or discrepancies.)

55a. BATTALION S1 SIGNATURE

55b. DATE

**PART III - SOLDIER STATUS AND ELECTION STATEMENT**

INSTRUCTIONS: You will answer all the questions in Part III (Sections F and G). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT		8. CURRENT UPC	
9. GAINING UNIT		10. EDAS CYCLE NO.	11. TODAY'S DATE	
12. ARRIVAL DATE	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

**Section F - Personal Status**

	YES	NO	N/A
56. Do you have an approved retirement date?			
57. If you are being assigned to an airborne position, do you wish to terminate your airborne status?			
58. Are you being assigned to a duty or an area for which you have a reassignment restriction for the reason of prior sensitive duty assignment?			
59. Do you have an enlistment or reenlistment commitment for other than the areas of this assignment?			
60. Are you a pregnant soldier?			
61. Are you a sole parent or married to an Army soldier?			
62. Is your spouse pregnant?			
63. Do you have an extreme family situation that meets the requirements outlined in table 2-1, AR 600-8-11?			

**Section G - To and From OCONUS Status**

64. Do you have any family members with a physical, emotional, developmental or intellectual disorder who are not enrolled in the Exceptional Family Member Program?			
65. Have you failed to complete initial entry training (12 weeks military training or its equivalent) required before your overseas movement?			
66. If you have received assignment instructions to Turkey, are you or your spouse a Turkish or dual U.S.-Turkish national?			
67. Are you being assigned overseas to a country where you committed a crime that resulted in civil or military imprisonment or conviction by a foreign tribunal?			
68. Are you being involuntarily reassigned to an unaccompanied short tour area following 12 cumulative months TDY during a 24-month period?			
69. Do you desire to report in early to the gaining oversea command?			
70. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Homebase Assignment Program?			
71. If you have received assignment instructions to a dependent restricted area (short tour area), do you want to participate in the Advanced Assignment Program?			
72. REMARKS (Annotate any additional information or discrepancies.)			

73a. SOLDIER'S SIGNATURE	73b. DATE
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**PART IV - WARTIME STATUS**

INSTRUCTIONS: You will answer all the questions in Part IV (Section H). A checkmark in any of the "Yes" blocks will require a comment in the "Remarks" block indicating the reason for further action, review, or possible removal from this assignment. If a question does not apply, check the "N/A" block. You must sign the completed statement and return it to the Battalion S1.

1. NAME	2. SSN	3. GRADE	4. PMOS	5. ASI
6. CONTROL LANGUAGE	7. CURRENT UNIT			8. CURRENT UPC
9. GAINING UNIT		10. EDAS CYCLE NO.	11. TODAY'S DATE	
12. ARRIVAL DATE	13. AI MOS	14. AI ASI	15. AI LANGUAGE	

**Section H - Personal Status**

	YES	NO	N/A
74. Have you applied for Conscientious Objector status?			
75. Are you a sole surviving son or daughter?			
76. Are you being reassigned to a hostile fire area and have immediate family members whose service in that area resulted in death, disability, missing in action, or prisoner of war status?			
77. Are you a former Peace Corps member being reassigned to the country in which you have served?			
78. Are you a former Prisoner of War or Hostage being reassigned to the country where you were held captive?			
79. Have you been hospitalized at least 30 days outside a hostile fire area due to a wound received in that area?			
80. REMARKS (Annotate any additional information or discrepancies.)			

81a. SOLDIER'S SIGNATURE

81b. DATE

Levy Notification Information Sheet (Part I)

1. Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First, MI)

2. Is soldier required to re-enlist/extend? NO YES \_\_\_\_\_  
(ETS must be at least)

*\*If soldier is required to re-enlist/extend, photo copies of the completed re-enlistment/extension documents must be submitted to Reassignments Processing Center (RPC) prior to the suspense date listed above.*

3. Is a security clearance required? NO YES  
*If a security clearance is needed the soldier must contact his/her S-2 Security Officer to verify status of clearance.*

4. PMOS: \_\_\_\_\_ 5. ETS DATE: \_\_\_\_\_  
(Primary MOS) (Enlisted Only)

6. Current Unit of Assignment: \_\_\_\_\_

7. Gaining Unit/Country: \_\_\_\_\_  
(Name of Installation, State, or Country)

8. Soldier's P.O.C. number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

9. Report date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Date)

*This is the report year and month directed by DA. It will appear on the Assignment Instruction. For Enlisted soldiers, the day to report will always be on the 20<sup>th</sup> of the report month. If the soldier is going to a school this is not the report year and month to the school, but it is the report year and month to the actual PCS assignment. Reporting after the 20<sup>th</sup> of the month is not authorized. Soldiers requesting an Early Report or Deferment must use the year and month directed by DA to complete this form and only after verification of an approved Early Report or Deferment is received will the soldier be allowed to choose a date in the requested year and month. OFFICERS have been given a specific date to report, which is on the RFO.*

10. Number of Days Leave Requested: \_\_\_\_\_

11. Anticipated Date of Loss: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Date)

*The anticipated date of loss is the date RPC Admin Team tentatively expects the soldier to go on leave. To calculate this date starts on the date the soldier chooses to report (item #9) then count backwards on the calendar the number of days leave the soldier intends to take. The date you arrive at is the anticipated date of loss. Please keep in mind that this date is tentative. Soldiers that chose TDY schooling option "Enroute" will list the date that they intend to depart Fort Lewis to go to school or to begin PCS leave prior to school as their anticipated date of loss.*

12. Family Status (circle one): Single Single w/dependents Married

Married to Service Member: With OR Without Dependents (Who's claiming Dependents)

Joint Domicile: (Married Army Couples Program): only if the Assign. Instr. indicates joint Domicile.

REMARKS: \_\_\_\_\_

13. Family Travel Status of Soldiers w/dependents going OCONUS only (circle one):

With Dependents Without Dependents Joint Domicile

Levy Notification Information Sheet (Part II)

\_\_\_\_\_  
NAME (Last, First, MI)                      SSN                      Current Unit

1. Leave Address: \_\_\_\_\_  
\_\_\_\_\_

2. Leave Telephone Number: \_\_\_\_\_

3. I will (apply for voluntary retirement in lieu of PCS) \_\_\_\_\_  
Soldiers with 19 1/2 years of service                      Initials

OR

(comply with PCS assignment instructions) \_\_\_\_\_  
Initials

4 I elect to choose TDY options: (TDY in return) OR (TDY en-route) \_\_\_\_\_  
Soldiers with TDY status to include Drill/Recruiters only                      (Initials)

5. I (Decline) OR (Accept) the airborne assignment. \_\_\_\_\_  
Soldier's on an Airborne Assignment only                      (Initials)

\_\_\_\_\_  
SOLDIER'S SIGNATURE                      DATE                      PRINT SOLDIER'S NAME

**\*\*Soldiers that have a TDY schooling in conjunction with PCS assignment must complete a DA form 5120-R (TDY schooling in conjunction with PCS Option.**

**TDY SCHOOLING CONJUNCTION WITH OCS OPTION STATEMENT**  
For use if this form, see DA Pamphlet 600-8-10; the proponent agency is MILPERCEN.

\_\_\_\_\_  
NAME (Last, First, MI)

\_\_\_\_\_  
SSN

\_\_\_\_\_  
GRADE/RANK

\_\_\_\_\_  
OPTION 1. I elect to return to the present duty station upon completion of TDY to prepare family members/dependents residing in government quarters for relocation to the new permanent duty station or designated location prior to departing the present duty station. This option applies to CONUS to CONUS or CONUS to overseas PCS moves.

\_\_\_\_\_  
OPTION 2. I elect to depart the present CONUS or overseas station and travel the new CONUS duty station, sign in, and settle family members/dependents before traveling the TDY station. This option applies to CONUS to CONUS and overseas to CONUS PCS moves.

\_\_\_\_\_  
OPTION 3. I elect to return to the present duty station upon completion of TDY to prepare family members/dependents residing on the local economy for relocation to the new permanent duty station or designated location prior to departing the present duty station. This option applies to CONUS to CONUS or CONUS to overseas PCS moves.

\_\_\_\_\_  
OPTION 4. I elect to go TDY enroute. U understand that I must clear my present duty station and prepare family members/dependents residing in either government quarters or on the local economy for relocation to new permanent duty station or designated location prior to departing for TDY. I further understand that if I choose to relocate my family members/dependents to the TDY area it will be at personal expense. This applies to CONUS to CONUS or CONUS to overseas PCS moves.

\_\_\_\_\_  
SIGNATURE OF SERVICE MEMBER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

DA FORM 5120-R Jul 83

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**SOLDIERS THAT CHOOSE TDY SCHOOLING OPTION 1 OR 3  
(TDY IN RETURN) MUST COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
OPTION A. I elect to fly to TDY station.

\_\_\_\_\_  
OPTION B. I elect to drive my privately owned vehicle (POV) to the TDY station. I Understand that if I elected to go TDY in return I will only be authorized one day travel to and from the TDY station and reimbursement for travel will not exceed that of the MAC tariff rate.

\_\_\_\_\_  
SIGNATURE OF SERICE MEMBER

\_\_\_\_\_  
DATE

MEMORANDUM FOR: Reassignments for Fort Lewis, WA 98433-5000

SUBJECT: Homebase/Advance Assignment Program (HAAP) Statement

The intent of the HAAP Program is to reduce PCS costs and the number of the moves made by soldiers and their families. Under AR 614-30, soldiers will elect to participate or refuse HAAP by selecting one of the three options:

a. **OPTION 1: Homebase Assignment.** Soldier elects to participate in the Homebase Program and is projected to return to Fort Lewis, WA. Soldier understands the intent of the program and acknowledges that he/she is not entitled to family travel or shipment of household goods (HHG) except items shipped to the overseas area for personal use.

b. **OPTION 2: Advance Assignment.** Soldier elects to participate in the Advance Assignment program. Soldier understands the intent of the program and acknowledges that he/she is not entitled to family travel or shipment of HHG except to relocate family members to the location of the advance assignment. This does not include HHG shipped to the overseas area for personal use.

c. **OPTION 3: Refusal to participate in the HAAP.** Soldier elects not to participate in the Program and understands his/her PCS orders will reflect this refusal. Furthermore, the HQDA assignment authority will be notified and may cancel or change the HAAP. Soldier is allowed to relocate family members and HHG to a designated location.

**NOTE:** Soldiers who voluntarily extend their overseas tour may have their HAAP assignments cancelled.

\_\_\_\_\_  
Reassignment Counselor

\_\_\_\_\_  
FOR Adjutant General, Reassignment Branch, Fort Lewis, WA 98433-5000

Upon completion of counseling on the HAAP, I elect the following option:

- OPTION 1. I will participate in the HAAP with a return assignment to Fort Lewis, WA.
- OPTION 2. I will participate in the HAAP with a return assignment to  
 HAAP Assignment: \_\_\_\_\_  
 Family members (Choose one option)
  - Will remain in the local area
  - Will locate to the advance assignment location.
- OPTION 3. I refuse to participate in the HAAP. I will relocate my family members to

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
Soldier's Printed name

\_\_\_\_\_  
Soldier's Signature

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## OVERSEAS TOUR ELECTION STATEMENT

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For use of this form, see AR 600-8-11; the proponent agency is ODCSPER

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### PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** For personnel service support.  
**Routine Uses:** (1) To conduct initial screening of reassignment cycle to determine soldier's eligibility to comply; and (2) basis for initiating specific assignment processing (*deletion/deferments; additional service; or any other special processing required*).  
**Disclosure:** Disclosure of information is voluntary. However, failure to disclose this data may result in unnecessary hardship on the soldier and/or family members. Failure to disclose data will not automatically exempt soldier from selected reassignment.

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**INSTRUCTIONS:** Prepare this form in two copies. Place the original in the Action Pending section of the soldier's MPRJ and place the copy in the soldier's Reassignment File.

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1. NAME 2. SSN 3. GRADE/RANK

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#### 4. FOR ALL SOLDIERS

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Having been advised that I am scheduled for a permanent change of station assignment to

\_\_\_\_\_, I understand that I must elect to serve either an "all others" or a "with dependents" tour.

If I elect to serve the "all others" tour, I understand that Government transportation of my family members to or from my overseas duty station will not be authorized during the tour. I also understand that if my family members travel at their own expense to reside at or near the area of my assignment (*except for a visit for a period not exceeding 3 continuous months*), I will no longer be entitled to Family Separation Allowance. I also understand that under this tour election, I am authorized movement of my family members to a designated location at Government expense. However, after my family members make a move to a designated location at Government expense, I cannot request to change my tour to the "with dependents" tour in order to request movement of my family members to my overseas area unless extreme personal problems arise which are fully documented.

AND

If I elect to serve the "with dependents" tour, I understand I am not authorized to move my family members and/or household goods to a designated location in CONUS. I understand that I must apply promptly for concurrent travel of my family members in order to receive Family Separation Allowance in the event concurrent travel is not approved. I understand that, if concurrent/deferred travel is not approved, I may apply for nonconcurrent travel for my family members after I arrive in my overseas area, if I am able to obtain suitable quarters, or I may elect to have my family members remain in CONUS. I understand I must have sufficient remaining service to complete the "with dependents" tour length requirements upon my arrival in the overseas area. If not, I will be required to serve an "all others" tour and will not be entitled to Government transportation of my family members to my overseas duty station.

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#### 5. FOR INVOLUNTARY EXTENSION

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I further understand that I will be involuntarily extended in the overseas command if:

I am an obligated volunteer officer (*OBV*) and do not wish to extend my Active Duty Service Obligation (*ADSO*) and the end date of my *ADSO* follows my date eligible for return from overseas (*DEROS*) within 11 months (*long tour area*) or six months (*short tour area*).

I will be returned to the continental U.S. (*CONUS*) transition point in sufficient time to process my separation. To be reassigned to CONUS at my normal *DEROS*, I must be eligible for and take action to acquire sufficient service to have the required months remaining at *DEROS*.

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#### 6. FOR ALL ARMY SOLDIERS MARRIED TO OTHER ARMY SOLDIERS

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I have been briefed and understand the joint domicile requirements

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#### 7. FOR USAR OBV OFFICERS

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I understand that if I currently have insufficient remaining service to complete the "with dependents" tour, that by electing the "with dependents" option below, I am concurrently volunteering herewith to extend my *ADSO* until completion of the prescribed tour.

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#### 8. FOR ALL SOLDIERS

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Regarding my option to elect either the "all others" or the "with dependents" tour, I choose the following actions, to include any additional involuntary extended time in the overseas command.

- a.  I elect to serve a tour for a period of \_\_\_\_\_ months in an "all others" status.  
b.  I elect to serve a tour for a period of \_\_\_\_\_ months in an "with dependents" status.
- 

9. SIGNATURE OF SOLDIER

10A. SIGNATURE OF WITNESS

B. DATE

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# MEDICAL AND DENTAL PREPARATION FOR OVERSEAS MOVEMENT

For use of this form, see AR 600-8-11; the proponent agency is DCSPER

## PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** Information is required on all soldiers being reassigned overseas to determine if they meet medical and dental standards for such assignment.  
**Routine Uses:** (1) For personnel service support; and (2) Information is primarily obtained from review of records unless assignment is to be an isolated area which requires evaluation and personal interview.  
**Disclosure:** Disclosure of information is voluntary. If family members are required to complete medical and dental evaluation and personal interview, but refuse to do so, they will not be permitted to accompany the soldier to the overseas assignment.

TO		2 FROM		
3. NAME (Last, Middle, First)		4. SSN	5A. GRADE OR RANK	5B. PMOS OR AOC
6. PRESENT UNIT OF ASSIGNMENT		7. PROJECTED UNIT OF ASSIGNMENT (Include location/country)		
PROJECTED DUTY MOS OR AOC (9 Position Code)		8. ANTICIPATED DATE OF LOSS	10. IS MEMBER BEING ASSIGNED TO AN ISOLATED AREA AS DEFINED BY AR 40-501, PARA 5-13C? <input type="checkbox"/> Yes <input type="checkbox"/> No	

11. IF ANSWER TO ITEM 10 IS "YES" AND IF MEMBER IS REQUESTING FAMILY TRAVEL, ALL FAMILY MEMBERS WILL BE SCREENED BY THE LOCAL MEDICAL TREATMENT FACILITY FOR SPECIAL MEDICAL AND FUNCTIONAL NEEDS. ENTER NAMES OF ALL ACCOMPANYING FAMILY MEMBERS, OTHERWISE ENTER N/A.

NAME	NAME

12. LIST ANY OTHER SPECIAL MEDICAL OR DENTAL INSTRUCTIONS CONTAINED IN THE ASSIGNMENT INSTRUCTIONS

13A. NAME OF MPD/PSC REPRESENTATIVE		B. TITLE	
C. SIGNATURE		D. GRADE	E. DATE

Complete the medical and dental status portions below, return the original and one copy to the MDP/PSC within 21 calendar days of the date shown in item 13E, and forward one copy to the address in item 6.

**MEDICAL STATUS**

14A. PHYSICAL PROFILE SERIAL CODE (PULHES)			B. PHYSICAL CATEGORY CODE	C. MEDICAL RECORDS REVEAL THE FOLLOWING ASSIGNMENT LIMITATIONS
YES	NO	N/A	ITEM	
			15A. Does the member meet the medical fitness standards outlined in AR 40-501? (If "no" explain briefly.)	B. IF CONDITION IS TEMPORARY, EXPECTED DATE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
			16A. Has member completed HIV screening?	B. DATE, TIME AND LOCATION OF APPOINTMENT
			17A. Is the member pregnant?	B. IF "YES", EXPECTED DATE OF DELIVERY
			18A. All active duty and reserve personnel of PCS assignment to Korea will be vaccinated with hepatitis B vaccine. Does the member require immunization?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
			19A. Does the member require remedial medical care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
			20A. Is the member currently undergoing alcohol or drug abuse rehabilitation?	B. IF "YES", INDICATE DATE THE MEMBER ENTERED THE REHABILITATION PROGRAM
			21A. If item 10 is checked "yes", can the member be assigned to an area where medical facilities are limited or nonexistent?	B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME AND LOCATION OF APPOINTMENT(S)

**22. Medical Records Indicate the Member Requires the Following (Check those appropriate)**

REQUIRES	HAS	MISSING	ITEM	DATE, TIME AND LOCATION OF APPOINTMENT, IF NEEDED
			A. Two pairs of spectacles	
			B. Protective mask spectacle insert	
			C. Two hearing aids	
			D. Medical warning tag	

23A. NAME OF MEDICAL OFFICER	B. TITLE
C. SIGNATURE	D. GRADE
	E. DATE

**DENTAL STATUS (Complete only if Item 10 is checked "Yes" or if required by item 12.)**

YES	NO	ITEM	B. IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
		24A. Is the member dentally qualified?	B. IF "NO", BRIEFLY EXPLAIN. IF CONDITION IS TEMPORARY, EXPECTED DATE THE MEMBER WILL BE ELIGIBLE FOR ASSIGNMENT
		25A. Does the member require remedial dental care?	B. IF "YES", INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT
		21A. If item 10 is checked "yes", can the member be assigned to an area where dental facilities are limited or nonexistent?	B. IF "YES", THE MEMBER (and family members, if applicable) MUST BE SCHEDULED FOR A FOLLOW-UP EVALUATION OF MEDICAL STATUS WITHIN 30 CALENDAR DAYS OF THE ANTICIPATED DATE OF LOSS (Item 9). INDICATE DATE, TIME, AND LOCATION OF APPOINTMENT(S)

27A. NAME OF DENTAL OFFICER	B. TITLE
C. SIGNATURE	D. GRADE
	E. DATE

**SOLDIERS WITH DEPENDENTS  
ON OVERSEAS ASSIGNMENTS  
EFMP PACKET IS A MUST  
TAKE CARE OF YOUR FAMILY**

Family Travel Message and the EFMP packet will not be processed until soldiers and family members of age 14 years and older attend and complete the ANTI-TERRORISM FORCE PROTECTION (AT/EP) LEVEL 1 awareness training. This training will be conducted before departing soldiers current duty station on PCS, TDY, TCS, LEAVE, or PASS to an OVERSEAS area. Training must occur within 12 months before departing duty station. AT/FT LEVEL 1 AWARENESS TRAINING IS AVAILABLE FROM THE INTERNET AT THE FOLLOWING WEBSITE: <http://www.at-awareness.org> After completion of Anti-Terrorism training, you can print the certificate from on line and get it signed by the Commander, or get a memorandum from the unit Commander or the unit Security Officer. Bring the signed certificate to Reassignments. An Example of the certificate is enclosed in the Levy Packet.

2. All soldiers going overseas to include Alaska and Hawaii **MUST** complete the Exceptional Family Member Program packet (EFMP) even though dependents do not have EFMP issues. This is a must, otherwise your family members will not be traveling with you to your next duty station.
  - A. The packet consists of: DA FORM 4787; DA FORM 5888-R AND DA FORM 7246-R FRONT AND BACK.
  - B. All part of the EFMP packet must be filled out and completed for you family members.
  - C. When you are finished with the EFMP packet, bring the packet to Reassignment Waller Hall, Bldg# 2140 (Welcome and Farewell Center) 967-2628 for information.
  - D. Someone and the Reassignment Counter will sign in the appropriate places and review your packet.  
YOU HAVE AN OPTION OF:
    - Hand carry to EFMP Section at MADIGAN and give the packet to the EFMP Section. You may inquire about the length of time it will take to review your case.  
OR
    2. Leave the packet at Reassignments and the packet will be given to the family travel personnel and in return, she will hand carry the packet to EFMP section.
  - E. Once your EFMP packet has been reviewed by the EFMP personnel at MADIGAN they might need more information from you. Please follow their directions because a slight problem can delay a family message from your gaining command.
  - F. When the EFMP personnel have reviewed your case, you can pick-up the packet and bring it to Reassignments OR let the Family travel personnel from Reassignments pick up your packet.
  - G. Once you packet has been received at Waller Hall reassignments from the EFMP section, your EFMP information is then forwarded to your gaining command installation family travel office.
  - H. When Reassignments receives the family travel message, we will then proceed cutting your PCS orders. If your family members have EFMP issues, it might take a little longer then other family members who do not have an EFMP issues.

This process take a long time, please do not delay. If you delay or post pone this action, your PCS orders will also be delayed until I get your family travel message/orders from your gaining installation.

Please put your family members full name, relations to you (Daughter, Step son, Spouse...), and date of birth in your senior levy packet. This information is put on your PCS orders. Without this information we can not complete your orders.

5. Contact the family Travel Personnel for the EFMP packet. (E-7 and Below, the packet will be given out during the Levy Briefing. E-8 (MSG) and above, the EFMP packet is attached to the Levy Packet).

**INFORMED ON FAMILY TRAVEL  
STATEMENT**

I HAVE BEEN BRIEFED ON FAMILY TRAVEL REQUIREMENTS FOR MY  
UPCOMING ASSIGNMENT TO: \_\_\_\_\_

1. I have been briefed on family travel requirements for my OCONUS tour.
2. I have been briefed that as soon as I CAP out for an OCONUS assignment, I must apply for family travel for all dependents that will be accompanying me to my over seas tour.
3. As long as I provided the family travel section with all necessary documents (DA Form 4787-R, DA Form 5888-R, DA Form 7246-R and the anti-terrorism briefing statement or certificate from the internet, signed by the sponsors unit CDR. or S-2). understand that it will take approximately three to six months (more time is needed sometimes if the sponsors' family has EFMP) for a family travel decision to be made from the time the forms are turned into reassignments. Any dependants that are established after the initial family travel paper work is turned the sponsor MUST apply for family travel for that dependant. Family travel is taken up to MAMC once a week.
4. I have received all necessary documents to apply for family travel. Should I have further questions I will contact family travel in reassignments at 967-1893.

\_\_\_\_\_  
SOLDIERS SIGNATURE

\_\_\_\_\_  
SOLDIERS PRINTED NAME

\_\_\_\_\_  
SOLDIERS UNIT

\_\_\_\_\_  
TODAY'S DATE

## REASSIGNMENT PROCESSING

For use of this form, see AR 600-8-11; the proponent agency is DCSPER

### PRIVACY ACT STATEMENT

**Authority:** Title 10, USC, Sections 3010, 8012 and 5031, and Title 5, USC, Section 301.  
**Principal Purpose:** For personnel service support.  
**Routine Uses:** (1) To request family member travel to overseas command and family housing; (2) to provide gaining commander sufficient data to make an assignment decision; and (3) to provide gaining commander sufficient data to approve or disapprove family travel.  
**Disclosure:** Disclosure of information is voluntary. However, if not given, request for travel and housing of family members will not be approved.

### PART A - PERSONNEL AND ASSIGNMENT MANAGEMENT DATA *(To be Completed by Losing MPD/PSC)*

TO \_\_\_\_\_ 2. FROM \_\_\_\_\_

3. NAME <i>(Last, Middle, First)</i>	4. SSN	5. GRADE	6. PMOS
6A. CURRENT UNIT/STATION		7A. REASSIGNED TO <i>(Unit/UIC/APO/Country)</i>	
6B. TELEPHONE NO. <i>(Include Area Code)</i>		7B. RSG AUTH	7C. PERS CON NO.
7D. REPORT DATE			
8. TDY Enroute <i>(Complete only if applicable)</i>			
A. MOS/SSI/SQI/ASI	B. PURPOSE OF TDY	C. GRAD/TERM. DATE	

#### Married Army Couples Program *(Complete only if joint domicile will be requested)*

NAME OF MILITARY SPOUSE	9B. SSN	9C. GRADE	9D. PMOS
CURRENT UNIT/STATION	9E. TELEPHONE NO. <i>(Include Area Code)</i>		

### PART B - HOUSING AND FAMILY TRAVEL DATA

10. I do  do not  have family members with physical, emotional, developmental or intellectual problems.

11.  I am a sole parent. *(Check only if applicable)*

12. **Application for Family Member Travel to Overseas Command *(Check only one)***

a.  I desire concurrent travel and will accept economy quarters if government quarters are not available.

b.  I desire concurrent travel but will not accept economy quarters.

#### 13. Family Members Who Will Travel to Next Permanent Duty Station *(If more space is needed, continue on a separate sheet.)*

A. NAME <i>(Last, First, MI)</i>	B. RELATIONSHIP	C. SEX	D. DATE OF BIRTH	E. CITIZENSHIP

14. ANY RELATIVE IN GAINING OVERSEAS AREA WHERE FAMILY MEMBERS MAY RESIDE PENDING AVAILABILITY OF HOUSING AT OR NEAR DUTY STATION *(Include name, relationship, address and phone number).*

15A. ADDRESS WHERE MY FAMILY IS CURRENTLY LOCATED	16A. ADDRESS WHERE MY FAMILY MAY BE CONTACTED WHILE ON LEAVE	
15B. TELEPHONE NO. <i>(Include Area Code)</i>	16B. TELEPHONE NO. <i>(Include Area Code)</i>	
17. The soldier is administratively qualified and available for assignment. Control sheets/forms prescribed by the regulation <i>(or their equivalents)</i> have been completed. A request for deletion or deferment is <input type="checkbox"/> anticipated <input type="checkbox"/> not anticipated.		
17A. SOLDIER'S SIGNATURE	17B. MPD/PSC OFFICIAL'S SIGNATURE	17C. DATE

## LETTER OF INSTRUCTION

SUBJECT: Completion of DA Form 7246-R, Jul 93, Exceptional Family Member Program (EFMP) Screening Questionnaire, and DA Form 5888-R, Aug 95, Family Member Deployment Screening Sheet

***These forms are to be completed and RETURNED to Reassignments, Family Travel, BEFORE EFMP screening can take place.***

DA 7246 completion process:

- A. On page 2, read the paragraph above the signature blocks.
- B. Answer **all** questions as pertains to traveling family members **only**, not soldier.
- C. Specific areas of concern:
  - (1) Projected PCS Assignment - give country
  - (2) Home Address - list local address, *not home of record*
  - (3) List **only** family members who will be traveling on these orders
  - (4) Any “yes” answer needs to be clarified - *which* family member it pertains to (i.e. spouse name, child name) and if a multiple question, *what* the “yes” applies to (i.e. asthma (question 5g), marital counseling (question 6g)).
- D. Frequently missed questions - 5g and 7 - **an incomplete form will not be processed.**
- E. **Physician signature - to be signed by EFMP screening doctors only.** DO NOT make an appointment with the Primary Care Manager to complete this form.
- F. Soldier or spouse must sign form - **an unsigned form will not be processed.**

2. DA 5888 completion process:

- A. Complete Part A **ONLY**.
  - (1) Block 4a should be local address - *not home of record*
  - (2) Block 4b should be local phone number with area code - *not home of record*
  - (3) Block 7 - list **only** family members who will be PCSing with soldier and verify that they are DEERS eligible (*same family members should be listed on all forms*)
- B. Block 8 will be **completed by Reassignments Personnel** and **must be signed** before it will be processed - **an unsigned form will not be processed.**
- C. **Part B - To be completed and signed by EFMP screening doctors only.** DO NOT make an appointment with the Primary Care Manager to complete this form.

## FAMILY MEMBER DEPLOYMENT SCREENING SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC Section 3013.  
**PRINCIPAL PURPOSE:** Personnel support.  
**ROUTINE USES:** To validate family member deployment screening, and to provide gaining command with data to assist in making an assignment decision.  
**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond may preclude successful processing of an application for family member travel/command sponsorship and may lead to appropriate administrative or disciplinary action against the soldier.

### PART A - SOLDIER/FAMILY MEMBER DATA

1. NAME OF SOLDIER <i>(Last, first, MI)</i>	2. SOCIAL SECURITY NUMBER	3a. RANK	3b. MOS/BRANCH
4a. HOME ADDRESS	5a. DUTY ADDRESS		6. DATE OF EDAS CYCLE OR RFO <i>(OFF)</i> DATE
4b. HOME PHONE NO. <i>(Include Area Code)</i>	5b. DUTY PHONE NO. a. DSN b. COMMERCIAL <i>(Include area code)</i>		

### 7. FAMILY MEMBERS

a. NAME	b. RELATIONSHIP	c. DOB <i>(YYYYMMDD)</i>	d. HOME ADDRESS

### 8. AUTHENTICATION

a. MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY REPRESENTATIVE'S NAME	c. RANK <i>(Grade)</i>	d. SIGNATURE
b. TITLE	e. DATE	

### PART B - FAMILY MEMBER SCREENING RESULTS

9. NAME	EXCEPTIONAL FAMILY MEMBER PROGRAM <i>(EFMP)</i> ENROLLMENT <i>(Check one)</i>				
	a. NOT WARRANTED	b. CONSIDERATION WARRANTED <i>(Date sent for Coding)</i>	c. SUBSTANTIAL CHANGE SINCE ENROLLMENT		
			NO	YES	DATE SENT FOR CODING

### 10. ARMY MEDICAL TREATMENT FACILITY *(MTF)* EFMP MEDICAL PRACTITIONER COMPLETING THIS FORM

a. PRINTED NAME OF MEDICAL PRACTITIONER	b. SIGNATURE	c. DATE
d. ADDRESS	e. PHONE NUMBER <i>(Include Commercial and DSN)</i>	

### 11. ARMY MTF EFMP PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes this form.)*

a. TYPED OR PRINTED NAME OF PHYSICIAN	b. TITLE	c. RANK
d. SIGNATURE	e. DATE	

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)  
SCREENING QUESTIONNAIRE**

For use of this form, see AR 608-75; the proponent agency is OACSIM

NAME OF MEDICAL TREATMENT FACILITY

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** PL 94-142 (*Education for all Handicapped Children Act of 1975*), PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342.12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.

**PRINCIPAL PURPOSE:** To obtain information needed to evaluate and document the special education and medical needs of family members. This will permit consideration of special education and medical needs of family members in the personnel assignment process.

**ROUTINE USES:** Information will be used by personnel of the Military Departments to evaluate and document special education and medical needs of family members for consideration in personnel assignments.

**DISCLOSURE:** The provision of requested information is mandatory. Failure to respond will preclude U.S. Total Personnel Command from enrolling soldiers in the EFMP. Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. Refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SERVICE MEMBER'S NAME/RANK		SOCIAL SECURITY NUMBER	DATE
BRANCH	UNIT	DUTY PHONE	
PROJECTED PCS ASSIGNMENT	DSN	HOME PHONE	
PROJECTED PCS DATE	HOME ADDRESS	DUTY ADDRESS	

LIST ALL FAMILY MEMBERS	FAMILY MEMBER PREFIX	SEX	DATE OF BIRTH	CHECK IF ENROLLED IN EFMP

**PLEASE ANSWER ALL QUESTIONS - FOR FAMILY MEMBERS ONLY**

**MEDICAL**

1. Do any family members, excluding service member, have any medical records (*civilian or military*) other than the records you have provided us to screen? If yes, please list conditions/services received and address of provider. YES  NO

FAMILY MEMBER	CONDITIONS/SERVICES	NAME/ADDRESS OF PROVIDER

2. In the past five (5) years, have any members of your family, excluding service member, been hospitalized, excluding hospitalization for normal uncomplicated childbirth? If yes, please explain. YES  NO

NAME	REASON

3. Are any members of your family, excluding service member, currently receiving medical (*includes mental health*) or educational services from any providers other than a general practitioner or family practice physician? YES  NO

4. Are any family members, excluding service member, taking any prescribed medication other than birth control pills on a regular basis? <span style="float:right">YES <input type="checkbox"/> NO <input type="checkbox"/></span>					
NAME			PRESCRIBED MEDICATION		
5. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)					
a. Problems with sight (other than corrected by glasses)	YES	NO	g. Asthma, allergies or other respiratory problems	YES	NO
b. Problems with hearing			h. Cerebral Palsy		
c. Heart condition			i. Delayed Speech		
d. Seizure disorder			j. Sickle Cell Trait/Disease		
e. Loss of mobility (requiring use of a wheelchair/walker or aid in mobility)			k. Cancer		
f. Diabetes			l. High blood pressure		
			m. Other, if yes, explain		
<b>MENTAL HEALTH:</b>					
6. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? (You will have an opportunity to discuss all "YES" answers with a screener.)					
a. Referral to, diagnosed by, or therapy with a Psychiatrist, Psychologist, or Social Worker in reference to a mental health problem	YES	NO	d. Alcohol and drug use or abuse	YES	NO
b. Depression			e. Emotional problems		
c. Suicidal thoughts/ideas, gestures, attempts			f. Behavioral problems/acting out behavior		
			g. Received therapy (marital, family, individual or group counseling)		
7. Have any members of your family, excluding service member, been in any of the following? Inpatient Psychiatric Facility, Residential Treatment Center, Group Homes, Day Treatment Centers, Drug and Alcohol Treatment Rehabilitation Center. If Yes, please explain: <span style="float:right">YES <input type="checkbox"/> NO <input type="checkbox"/></span>					
<b>EDUCATION</b>					
8. Do any of your children now have, or have they ever had, any of the following?					
a. Slow development (infants and preschoolers)	YES	NO	d. Counseling services for school-related problems	YES	NO
b. Learning problems (school)			e. Mental retardation		
c. Special services (i.e., OT, PT, Speech, etc.) for special education					
9. Are any of your children receiving Special Education help in school (not in regular class placement and on an Individual Education Plan (IEP))? If yes, who? <span style="float:right">YES <input type="checkbox"/> NO <input type="checkbox"/></span>					
<p>According to AR 608-75, Exceptional Family Member Program, soldiers will provide accurate information as required when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.</p> <p>Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll family members that meet the criteria for enrollment. (A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ).) These actions will include, at a minimum, a general officer letter of reprimand.</p> <p>All the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or educational status for all members of my family, after the date indicated below, and prior to PCS move.</p>					
PRINTED NAME OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM		SIGNATURE OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM		DATE	
PRINTED NAME OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN		SIGNATURE OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN		DATE	



# PASSPORT REQUIREMENTS

## YOU MUST BE A U.S. CITIZEN OR A MINOR MUST FALL UNDER THE CATEGORY OF CHILD ACT OF 2000

### ACTIVE DUTY AND DOD CIVILIANS BORN OUTSIDE OF U.S.:

1. TCS Orders, Orders, or letter of Exception
2. One of these documents can be submitted for proof of U.S. Citizenship:
  - a. Original Birth Abroad or original Naturalization: **Notarized from JAG is not accepted.**
  - b. Current U.S. passport or an expired U.S. passport (no matter how old it is).
  - c. DSP 64 if a passport has been issued to you before and it was lost.

### FAMILY MEMBERS BORN OUTSIDE OF U.S.

1. Assignment Instructions, RFO or Orders
2. One of these documents can be submitted for proof of U.S. Citizenship:

**FAMILY MEMBERS WITH NO PRIOR U.S. PASSPORTS**  
*And*  
**FAMILY MEMBERS 13 YEARS OF AGE AND UNDER**

  - a. Original Birth Abroad or Original Naturalization Document: **Notarized from is not accepted.**
  - b. If a minor is applying for a passport, both parents must be present along with the child (ren)

### **FAMILY MEMBERS WITH PRIOR U.S. PASSPORTS**

*And*

### **FAMILY MEMBERS 14 YEARS OF AGE AND OLDER**

- a. Family members and minors at the age of 14 years of age and older: **current U.S. passport or an expired U.S. passport (regardless of expiration date) can be submitted for proof of U.S. Citizenship.**
- b. Family members 13 and under: **Original Birth Abroad or Original Naturalization Document: Notarized from JAG is not Accepted.**
- c. If a minor is applying for a passport, both parents must be present along with the child (ren)
- d. DSP 64 if a passport has been issued to you before and it was lost.

### **OTHER REQUIREMENTS:**

#### **MINORS:**

If a minor falls in the Child act of 2000 category:

- a. One parent's Original Naturalization Document
- b. Marriage certificate translated in English
- c. RESIDENT ALIEN card from US Department of Justice-Immigration and naturalization Service

#### **DIVORCES:**

*Women must submit all original or certified copy (ies) of Divorce Decree from The Country that the divorce was filed/granted translated in English.*

#### **MARRIAGES:**

*Women must submit all marriage certificates (copies are O.K.) translated in English.*

#### **NAME CHANGE:**

*Original Document from the Court of Name Change*

#### **NAME CORRECTION:**

*Original Document from the County or State of Name Correction*

#### **ADOPTION:**

*Original Document of Adoption Document with Name Change if applicable.*

#### **CHILD CUSTODY:**

*Original Documentation of Child custody from County or State that the custody of granted. IF partial custody: both legal parents must consent to a passport issuance. A letter of permission must be given to the applying passport parent for the minor. The letter must be presented to the passport agent Please contact your passport representative for further information.*

#### **ONE PARENT:**

*When one parent is deployed or traveling, DS 3053 must be submitted (pre fill out prior to deployment or traveling to new duty station. If One parent is already at their new assignment a Special Power of Attorney specifically stating that one parent can apply and obtain passport for their Child (ren) is required. Please contact your passport representative for further guidance*

#### **QUESTIONS:**

**CONTACT YOUR PASSPORT REPRESENTATIVE FOR FURTHER GUIDANCE.**

**PASSPORT BRIEF/INFORMED  
STATEMENT**

I HAVE BEEN BRIEFED/INFORMED ON PASSPORT  
REQUIREMENTS FOR MY UPCOMING,

ASSIGNMENT TO: \_\_\_\_\_  
(COUNTRY)

1. I have briefed/informed on Passport requirements for a dependent restricted tour.
2. I been briefed/informed that I must apply for a no fee Passport for my family members should they accompany me to my overseas assignment. I also understand that I do not have to wait for my PCS Orders to be published nor received by me to make a passport appointment or to apply for passports for myself or my family members . I understand upon receiving assignment notification, I can apply for Passports for myself/ my family members. I have been given the information sheet to meet the Passport requirements for myself or family members.
3. I have been briefed/informed that Passports will take approximately 6-8 weeks from the time the Passport application leaves reassignments as long as I have provided the Passport Agent with all the necessary documents (*MUST BE ALL ORIGINAL except for marriage certificate*). Passport applications are sent out every Wednesday.
4. I have been briefed/informed that all Passports are done by appointment basis, and I further understand that I would have to contact a Passport Agent at reassignments to make an appointment.
5. I have received all necessary information that was attached to my Levy Packet to apply for a passport for myself and or for my family members. Should I have further questions, I will contact my Unit Representative Passport Agent and the phone numbers have been provided to me in the Levy Packet.

\_\_\_\_\_  
(Soldier's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Soldier's Printed Name)

\_\_\_\_\_  
(Soldier's Unit)

**REASSIGNMENT PROCESSING CENTER (RPC)  
INFORMATION SHEET**

LOCATED IN BUILDING # 2140, WALLER HALL  
SSG AND BELOW ARE REQUIRED TO HAVE A PAC SLIP BEFORE CONTACTING  
REASSIGNMENTS IN PERSON.

**REENLISTMENT/EXTENTION REQUIREMENT:**

Soldiers required to extend or reenlist, to meet the tour length requirement, must do so within 30 days of the CAP cycle date (Reference soldier's assignment instructions). Soldiers who fail to do so, MAY have a Declination of Continued Service Statement (DCSS) initiated without their consent.

**ORDERS:**

Our goal is to have orders to the soldiers 120 days prior to the soldier departing on PCS leave (DLOS). If you are 60 days out and have not received your orders, contact you S-1/PAC Office. If they do not respond, contact RPC. **(SSG AND BELOW ARE REQUIRED TO HAVE A PAC SLIP).**

Soldiers who are required to reenlist or extend to meet tour requirements will not receive orders nor have any action taken to their assignment until we have received copies of reenlistment/extension documents.

If you have applied for family travel, your orders will NOT be completed until Madigan Army Medical Center has returned Family Member Medical Screening Sheets to us. This pertains to soldiers being assigned to Alaska and Hawaii.

SM must apply for a military passport for dependents for none US territories.

**REQUEST FOR DELETION, DEFERMENT, OR EARLY ARRIVAL: AR 600-8-11 CH 5  
PARA 6-14**

- Request must be submitted within 30 days of the EDAS CAP Cycle date.
- Soldier must meet tour requirements before any action can be taken (except deletions).
- Submit requests on a DA Form 4187, including the following information:
  1. The year and month soldier is required to report (deletions excluded).
  2. The year and month soldier wishes to report (deletions excluded).
  3. The reason why soldier is requesting the change. Attach any documentation with supporting reason for the request.
  4. Make sure soldier signs the DA Form 4187.
  5. DA Form 4187 must be signed by Company Commander.
  6. **DA Form 4187 must also have a letter of endorsement by an O-5 or above in the soldier's chain of command.**
  7. Once finalized, submit the DA Form 4187 to Reassignment Processing Center.
- If a situation occurs outside the 60 day window and soldier needs to request a Deletion, Deferment, or Early Arrival, the unit has 72 hours, from the occurrence of the situation to submit the request. The reason(s) must be documented.
- **Soldier must still report to Out Processing Briefing and continue the out processing procedures EXCEPT FOR: Clearing Government Housing, Transportation, Final Finance and Unit Clearance until Deferment or Deletion has been approved by the Department of the Army (DA).**

**ACS PRE-MOVE ORIENTAITON:**

The briefing is held every Tuesdays before the levy briefing, BLDG 2140 (Waller Hall). This briefing is **MANDATORY**. No appointment is necessary. Family members are welcome.

# SPONSORSHIP AND PIN POINT ASSIGNMENT INFORMATION

- 1 Soldiers desiring to find out more information about sponsorship and Pin Point Assignment can go on line to find out more information about their new duty station
  - A. GERMANY: Soldier coming to USAREUR should be directed to the S-GATE web site at <https://www.sgate.hqusareur.army.mil> to make contact with the sponsor and to view important information.
  - B. KOREA: Soldier coming to Korea should be directed to the S-GATE web site at <http://www-8perscom.korea.army.mil/sgate/index.htm> to make contact with the sponsor and to view important information.
  - C. CONUS: In the Internet address: Type the New station: Example: Fort Hood Then look for the subject that you are inquiring about.
  - D. Go to PERSCOM on line for other information.