

**PRIVACY ACT STATEMENT**

**LEGAL AUTHORITY:** The authority for soliciting and maintaining this information is found in 5 USC § 552A, Sec 301 in addition to 10 USC 3013 & 10 USC 2774 as added by Public Law 92-453, Secretary of the Army; AR 600-20, AR 340-21 and Army Command Policy and E.O. 9397(SSN).

**PRINCIPAL:** To collect data necessary to enroll Department of Defense (DoD) personnel and their Family Members in the Armed Forces Community Service (AFCS) Client Tracking System (CTS).

May also be used as a tool to aid in the delivery of service to DoD personnel and their Family Members. Statistical data will be provided to Department of the Army (DA).

**ROUTINE USES:** *This information will be kept confidential.* Used as a record if (1)services requested; (2)services delivered; and (3)actions and services agreed upon.

**DISCLOSURE:** Disclosure of information is voluntary. But failure to provide required information may result in the inability of AFCS to provide appropriate professional and/or development services to the individual.

**I have read the above statement:** \_\_\_\_\_

Please initial above

**AER INTAKE SHEET** (PLEASE PRINT)

Today's Date: \_\_\_\_\_ Intake Conducted By: \_\_\_\_\_

BDE: \_\_\_\_\_ UNIT: \_\_\_\_\_ Company: \_\_\_\_\_

Rank/Grade: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Active Duty:  Retiree:  Widow/er:  NG/Reservist:  Family Member:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Military DOD ID# (see back side of ID card) \_\_\_\_\_

Military Branch: \_\_\_\_\_ ETS/Retirement Date: \_\_\_\_\_

Pending Elimination from the Military: Yes/No \_\_\_\_\_ Pending MEB Board: Yes/No \_\_\_\_\_

Bankruptcy Pending or Current? (Chapter 7 or 13) Yes/No \_\_\_\_\_

**Dependents:** (Name, relationship and Date of birth)

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

**Briefly explain why AER Assistance requested?** (Cause, Reason or Situation)

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Travel         | <input type="checkbox"/> Non-receipt of entitlements (BAH/BAS) |
| <input type="checkbox"/> PCS move                 | <input type="checkbox"/> Garnishment                           |
| <input type="checkbox"/> POV repairs              | <input type="checkbox"/> Other(explain) _____                  |
| <input type="checkbox"/> POV insurance deductible |  |

**List what is being requested:** (i.e. food, electricity...etc, etc)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fuel          | <input type="checkbox"/> Airfare        | <input type="checkbox"/> POV repairs           |
| <input type="checkbox"/> Utilities     | <input type="checkbox"/> lodging        | (Year _____/Make _____/Model _____)            |
| <input type="checkbox"/> Food          | <input type="checkbox"/> rental vehicle | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Rent/Mortgage |   |  |