



Readiness Workbook

- Preparation Checklist
 - Readiness Plan
- Vital Information Forms
 - Red Cross Sheet
- JBLM Quick Reference Numbers

Being ready is an ongoing process - there is no start and there is no end. The Readiness Workbook is part of ongoing readiness. No matter how you choose to organize your personal information, the Readiness Workbook is here to guide you in collecting, organizing, and maintaining your information.

READINESS WORKBOOK

PURPOSE

As a Spouse, it is very important for you to be prepared for your Soldier's absence whether he/she is away for training or on deployment. Because of the Army's operational tempo and the fact that your unit may deploy at any time and on very short notice, ongoing preparedness is especially critical for Families.

To make your Soldier's absence pass as smoothly as possible, there are a number of precautions and preparatory steps you and your Soldier should take. You must plan for contingencies in case of emergency and have certain important / vital documents in your possession and readily available. This *READINESS WORKBOOK* has been developed to aid you in gathering, organizing and finalizing pertinent information to include a Special Power of Attorney and Voluntary Appointment of a Guardian so you and your Family will be prepared, whether your Soldier is home or away.

Remember: *Personal readiness has a direct impact on mission readiness.*

REAR DETACHMENT / FAMILY READINESS LIAISON

The goal of the *READINESS WORKBOOK* is to help you plan ahead for the unexpected so that if you are required to make any decisions while your Soldier is away, you will be able to do so with few problems. Unfortunately, even with good preparation, problems sometimes arise. However, when your Soldier deploys or on extended mission, a Rear Detachment Commander (RDC) and Rear Detachment personnel are available to assist you. Family Readiness Liaison (FRLs) and Family Readiness Group (FRGs) Leaders are also available to answer any questions you may have. Be sure you have their phone numbers accessible should you need their assistance.

Rear Detachment Commander (RDC): _____

Phone: _____

Family Readiness Liaison (FRL): _____

Phone: _____

Family Readiness Group Leader: _____

Phone: _____

READINESS WORKBOOK

FREQUENTLY ASKED QUESTIONS

1. What is the READINESS WORKBOOK?

The *READINESS WORKBOOK* is intended to provide guidance to help ensure your Family's preparedness, whether your Soldier is at home or away, especially when difficulties arise (e.g., illness, injury, unexpected travel, etc.). The *WORKBOOK* is divided into four unique sections – PREPARATION CHECKLIST, READINESS PLAN, VITAL INFORMATION and a SPECIAL POWER OF ATTORNEY FORM- and is designed as a guide to assist you in gathering and organizing basic information and documentation that may be needed during a crisis. It is also intended to serve as a platform on which to base your decisions so that your wishes will be carried out should the need arise. As part of the Army Family, you must be prepared for any contingency, including the prolonged absence of your Soldier. Identifying and planning for this eventuality gives you control over unforeseen problems that might arise in the absence of your Soldier.

2. What is the PREPARATION CHECKLIST and why is it necessary?

The PREPARATION CHECKLIST outlines which important papers, documents, and other pertinent information you should have available at all times, especially when your Soldier is away. It is very important to keep this information stored together in a safe place where you can access it immediately (e.g., file box, notebook, etc.). Your PREPARATION CHECKLIST should be reviewed and updated periodically, and ALWAYS prior to TDY, extended mission and deployment.

3. Do I really need a READINESS PLAN if I already have a lot of friends?

Yes. The READINESS PLAN allows you to identify those friends you would prefer to call on for assistance if the need arises. It also communicates to your friends your wishes so they can ensure procedures are followed according to your desires whenever possible. Your PLAN. Your team. Your business! Of course, at any time you can request additional help if the need arises, if your designated contacts are unavailable, or if the burden is too great.

4. Don't I only need a READINESS PLAN while my Soldier is deployed?

No. Today's operational tempo requires your Soldier to be prepared to deploy on short notice. Families who are prepared while their Soldiers are at home station translate into Families who are prepared when their Soldiers are away. This pre-planning provides your Soldier with the peace of mind in knowing you are capable, competent, and confident in your ability to manage during his absence, allowing him to focus on the mission rather than problems back home.

5. Who has access to my READINESS WORKBOOK?

YOU maintain your *READINESS WORKBOOK*. However, it is highly recommended that copies of your READINESS PLAN be provided to the following individuals: anyone you have identified as an In Case of Emergency (ICE) contact). Providing this information to your Emergency contact(s) assists them in executing your PLAN should the need arise.

6. Who should I ask to be part of my READINESS PLAN, and how many contacts should I have?

There are two overriding qualities one should seek when identifying Emergency contacts: one is *reliability*; the other is *availability*. Your best friend may be your first choice but may live too far away to be readily available in all circumstances. Perhaps a trusted neighbor is a better choice. Of course, the final decision is yours. And although one cannot anticipate every eventuality, generally *four* contacts is a good number. If you have children, you should identify at least one person who can care for them for a short period. If you have pets, you should identify at least one person who can care for them as well. Again, there is no limit.

7. What will my Emergency contacts be asked to do?

When choosing your Emergency contacts, keep in mind that you are preparing for the following three distinct levels of need:

- *Individual readiness*: This addresses those areas you can readily solve with a back-up plan or with additional thought and planning (e.g., arranging for a babysitter so you can attend a meeting, getting a ride when you need to drop the car off for routine maintenance, etc.).
- *Unanticipated circumstances*: This addresses those areas where you may be incapacitated or have limited physical abilities to otherwise perform your daily activities. Your Emergency contact(s) would be asked to provide short-term or intermittent assistance as needed (e.g., watching your children if you are not feeling well, providing a ride to the commissary if your vehicle has a flat tire, etc.).
- *Crisis situations*: This addresses those areas dealing with serious injury, illness, or the death of a Family member. Your Emergency contact(s) would be asked to provide more immediate, continuous, longer-term assistance for you, your children, and/or your pets.

8. Can I ask the unit to activate my READINESS PLAN?

In most cases you will activate the PLAN.

9. How often should I update my READINESS WORKBOOK?

It is strongly recommended that you update your WORKBOOK whenever your information changes. At a minimum, WORKBOOKS should be reviewed at least once every 3 months to ensure information is current. You should also provide the unit and your Emergency contacts with updated copies of your FAMILY READINESS PLAN as needed with the exception of account information and passwords.

10. Where should I keep my WORKBOOK?

You should keep an updated copy of your WORKBOOK in a file box / notebook with your other important / vital documents. Part of the FAMILY READINESS PLAN asks you to identify where this WORKBOOK is located.

READINESS WORKBOOK

PREPARATION CHECKLIST

NOTE: This checklist should be reviewed and updated periodically and ALWAYS prior to TDY and deployment.

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
FAMILY READINESS			
Unit contact information (Rear D, FRL, FRG leader)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit / Duty station mailing address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployment mailing address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation / Post information contact number(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed FAMILY READINESS WORKBOOK	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
IN CASE OF EMERGENCY (ICE)			
Trusted friends and / or Family members contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School / Day care contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency pick-up designee(s) for school / day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contingency plans for emergency child care (register at daycare center for daytime drop-in care, neighbor / friend / Family)	<input type="checkbox"/>	<input type="checkbox"/>	
Contingency plans for emergency pet care (pet boarding, neighbor / friend / Family)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
VITAL DOCUMENTS			
Marriage certificate		<input type="checkbox"/>	
Birth certificates (for each Family member)		<input type="checkbox"/>	
Social Security cards / numbers (for each Family member)		<input type="checkbox"/>	
Passport(s)		<input type="checkbox"/>	
School registration paperwork		<input type="checkbox"/>	
School records / report cards / transcripts		<input type="checkbox"/>	
Adoption paperwork		<input type="checkbox"/>	
Divorce decree / Separation paperwork		<input type="checkbox"/>	
Death certificate(s)		<input type="checkbox"/>	
Citizenship / Naturalization paperwork		<input type="checkbox"/>	
Visa paperwork		<input type="checkbox"/>	
Other:			

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
MILITARY			
Important documents / Items:			
Military ID cards Ensure each Family member 10 years of age and older has an ID card and that ID cards have not expired	<input type="checkbox"/>		<input type="checkbox"/>
Military Orders			
Current PCS orders	<input type="checkbox"/>	<input type="checkbox"/>	
Current Deployment / Movement orders	<input type="checkbox"/>	<input type="checkbox"/>	
Shipping documents / household goods inventory	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
MEDICAL			
Ensure enrollment of each Family member in DEERS	<input type="checkbox"/>		
Medical / Health records (know where located)	<input type="checkbox"/>		
Dental / Orthodontic records (know where located)	<input type="checkbox"/>		
List of medications / allergies / medical conditions for each Family member	<input type="checkbox"/>	<input type="checkbox"/>	
Exceptional Family Member Program information	<input type="checkbox"/>	<input type="checkbox"/>	
Important documents / Items:			
Medical card / TRICARE card for each Family member	<input type="checkbox"/>	<input type="checkbox"/>	
Immunization record for each Family member	<input type="checkbox"/>	<input type="checkbox"/>	
Veterinary / Immunization records for each pet	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			
HOME			
Extra set of house keys in safe place, w/friend, etc.	<input type="checkbox"/>		
Safety / Security			
Check locks on all doors / windows	<input type="checkbox"/>		
Check smoke / carbon monoxide detectors annually	<input type="checkbox"/>		
Check fire extinguishers	<input type="checkbox"/>		
Ask a trusted neighbor to help keep an eye on your home and watch for any unusual activity.	<input type="checkbox"/>		
Maintenance / Utilities			
Locate electrical fuse / switch box	<input type="checkbox"/>		
Locate water control / shutoff valve	<input type="checkbox"/>		
Locate gas control / shutoff valve	<input type="checkbox"/>		
Important documents / Items:			
Spare keys (house, safe deposit box, safe, etc.)		<input type="checkbox"/>	
Lease / Rental agreement		<input type="checkbox"/>	
Mortgage records / Deed		<input type="checkbox"/>	
Homeowner's / Renter's insurance		<input type="checkbox"/>	
Other:			

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
AUTOMOTIVE / TRANSPORTATION			
Extra set of keys in safe place, w / friend, etc.	<input type="checkbox"/>		
Identify alternate forms of transportation (if you do not have transportation or in the event your vehicle breaks down - friend / neighbor / on-post shuttle / taxi / city bus)	<input type="checkbox"/>		
Know what will happen to your vehicle if your Soldier is alerted (e.g., storing vehicle at Battalion vs getting ride) <i>NOTE: You will not have immediate access to a stored vehicle following the alert. You must also have a Power of Attorney that will allow you to retrieve the stored vehicle.</i>	<input type="checkbox"/>		
Vehicle maintenance			
Ensure basic equipment is in good working order (tires, brakes, battery, lights, etc.)	<input type="checkbox"/>		
Ensure routine maintenance is up to date (lube / oil change, air conditioning, antifreeze, etc.)	<input type="checkbox"/>		
Know where to take vehicle for service		<input type="checkbox"/>	<input type="checkbox"/> in car
Roadside assistance information		<input type="checkbox"/>	<input type="checkbox"/> in car
Important documents / Items:			
Check expiration dates and renew if necessary.			
Driver's license	<input type="checkbox"/>		<input type="checkbox"/>
Vehicle state registration / license plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Vehicle post registration / decals	<input type="checkbox"/>		
Annual emissions / safety inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Warranty information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> in car
Title		<input type="checkbox"/>	
Purchase / Lease agreement		<input type="checkbox"/>	
Other:			
FINANCIAL			
Ensure you have direct access to funds. Direct Deposit into a joint account is recommended.	<input type="checkbox"/>		
Important documents / Items:			
Leave and Earnings Statement (LES)			
Copy of most recent LES	<input type="checkbox"/>	<input type="checkbox"/>	
Know how to access LES in absence of Soldier (myPay website, Unit representative)	<input type="checkbox"/>		
Locate / know status of the following:			
Checkbook		<input type="checkbox"/>	
ATM cards w/access codes		<input type="checkbox"/>	
Joint checking and savings account(s)		<input type="checkbox"/>	
Credit card information (account number, contact info)		<input type="checkbox"/>	
Investment information (account number, contact info)		<input type="checkbox"/>	

	To Do / Up-to-Date	Place Item in File Box / Notebook	Carry Information in Wallet
FINANCIAL (cont.)			
Monthly bills (payee, amount due, contact info)			
Mortgage / Rent	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners / Renters insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle loan(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Utility bills (electricity, gas, water)	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone (cell, home)	<input type="checkbox"/>	<input type="checkbox"/>	
Cable television	<input type="checkbox"/>	<input type="checkbox"/>	
Internet service	<input type="checkbox"/>	<input type="checkbox"/>	
Other loans	<input type="checkbox"/>	<input type="checkbox"/>	
Credit cards	<input type="checkbox"/>	<input type="checkbox"/>	
Income Tax forms (Federal / State)			
Copy of completed forms for current year		<input type="checkbox"/>	
Copy of completed forms for previous 3 years		<input type="checkbox"/>	
Life insurance policy(s)		<input type="checkbox"/>	
Other:			
LEGAL			
Attorney information (private / military JAG)		<input type="checkbox"/>	
Important documents / Items:			
Powers of Attorney (check expiration dates)			
General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, for yourself	<input type="checkbox"/>	<input type="checkbox"/>	
Medical, for your children	<input type="checkbox"/>	<input type="checkbox"/>	
Specific:	<input type="checkbox"/>	<input type="checkbox"/>	
Current Wills			
Yours	<input type="checkbox"/>	<input type="checkbox"/>	
Your Soldier's	<input type="checkbox"/>	<input type="checkbox"/>	
Other:			

PASSWORD

**It's important to keep your passwords and accounts pages separate in order to protect yourself from an ugly identity theft mess.
Responsibly organize!**

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

Account Name: _____

Website: _____

Username: _____

Password: _____

READINESS WORKBOOK

READINESS PLAN

Please provide completed copy to ICE contacts

SOLDIER'S INFORMATION			
Name (Last, First MI)	Rank _____	Unit _____ Company _____	Staff Duty Phone 253 –

SPOUSE'S INFORMATION			
Name (Last, First MI)	Address (Street, City ZIP)	Hm: Cell: Email:	Wk:
Employer Name Job Title:	Employer Address	Supervisor's Name Ph:	

EMERGENCY CONTACTS			
Name	Relationship	Address <i>Street, City, State</i>	Phone
			Cell: Wk: Hm:
			Cell: Wk: Hm:
			Cell: Wk: Hm:
<i>If I am injured or incapacitated and need someone to provide childcare or other assistance</i>			
			Cell: Wk: Hm:
			Cell: Wk: Hm:

FAMILY MEMBER INFORMATION (Dependents / Others living with you)			
Name	Relationship	Gender (M / F)	Birth Date (MM/DD/YYYY)

MEDICAL CONDITIONS / SPECIAL NEEDS	
Family Member Name	Medical Condition / Special Needs <i>(Asthma, Diabetes, Allergies to medication, Pregnancy, etc.)</i>

SCHOOL / DAY CARE INFORMATION				
Child's Name	School / Day Care Contact Information			Travel To / From <i>Walk/Ride/Bus #</i>
	School Name / Address	Phone	Teacher Name	

SCHOOL / DAY CARE AUTHORIZED PICK-UP DESIGNEES			
<i>Confirm that these names are on file with the appropriate school(s)</i>			
Name	Phone		
	Cell:	Hm:	Wk:
	Cell:	Hm:	Wk:
	Cell:	Hm:	Wk:

LOCATION OF FAMILY READINESS WORKBOOK
<i>(e.g., file drawer in desk, plastic container in bedroom closet, etc.)</i>

THIS DOCUMENT CONTAINS PERSONAL INFORMATION THAT IS PROTECTED BY THE PRIVACY ACT OF 1974. INFORMATION WILL BE SAFEGUARDED AND WILL NOT BE POSTED ON BULLETIN BOARDS OR PUBLICLY DISSEMINATED. IT WILL BE GIVEN TO DOD PERSONNEL WHO HAVE AN OFFICIAL NEED TO KNOW IN THE PERFORMANCE OF OFFICIAL DUTIES UNDER THE PROVISIONS OF PARA3-5, AR 340-21, ARMY PRIVACY PROGRAM, "ADDRESSES AND TELEPHONE NUMBERS CONTAINED HEREIN MAY NOT BE RELEASED TO THIRD PARTIES WITHOUT PRIOR PERMISSION FROM THE PERSON CONCERNED."

I understand that the information provided on this form will be used only in case of emergency and will not be shared with outside sources.

SPOUSE'S NAME (PRINTED)

SPOUSE'S SIGNATURE

DATE SIGNED

READINESS WORKBOOK

VITAL INFORMATION FORM: HEALTH CARE

MEDICAL CONDITIONS / SPECIAL NEEDS (please explain)	
Family Member Name	Medical Condition / Special Needs <i>(Asthma, Diabetes, Allergies to medication, Pregnancy, etc.)</i>

MEDICATIONS (if administered on recurring basis)					
Family Member Name	Medication	Dosage	How Often	How Given <i>(by mouth, injection, etc.)</i>	Where Prescription Filled

DIETARY RESTRICTIONS (please explain)	
Family Member Name	Dietary Restrictions <i>(Food allergies, Religious restrictions, Personal preferences, etc.)</i>

PHYSICIAN / DENTIST INFORMATION		
Name	Facility Name / Address <i>(Street, City, State)</i>	Phone
Primary Physician		
Pediatrician		
Medical Treatment Facility		
Pharmacy		
Primary Dentist		
Pediatric Dentist		

PET CARE INFORMATION		
Pet Information		
Pet Name	Description <i>(cat, dog, breed, color, etc.)</i>	Special Needs
Veterinarian Information		
Name	Facility Name / Address <i>(Street, City, State)</i>	Phone

READINESS WORKBOOK

LOCATION OF IMPORTANT / VITAL DOCUMENTS

Includes powers of attorney, wills, birth certificates, marriage certificates, etc. Please list all locations (e.g., file drawer in desk, plastic container in bedroom closet, safe deposit box w/key location, etc.)

FINANCIAL INFORMATION

[illegible]

SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a military Power of Attorney prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military service. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, do hereby appoint _____, of _____ (Current City and State), my true and lawful attorney-in-fact to do the following in my name and in my behalf:

To take and maintain custody of my children and to do all acts necessary or desirable for maintaining the health, education, and welfare of my child, including the registration and enrollment of my child in educational programs and schools; and to maintain the customary living standard of my child, including, but not limited to, provisions of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to my child, by qualified medical personnel; and to act in loco parentis to:

Name	DOB	Name	DOB
Name	DOB	Name	DOB

Giving and granting individually unto said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the specified particulars mentioned in the paragraph immediately above, as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE BY THIS DOCUMENT.

All business transacted hereunder for me or for my account shall be transacted in my name, and all endorsements and instruments executed by my attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my attorney and the designation "attorney-in-fact."

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID on _____ (Day, Month, Year) (3 year MAX).

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this date, _____ (Today's Date).

(Signature)

I, the undersigned, certify that I am a duly commissioned, qualified, and authorized notary public. Before me personally, within the territorial limits of my warrant of authority, appeared the above named grantor, who is known to me to be the person who is described herein, whose name is subscribed to, and who signed this Power of Attorney as Grantor, and who acknowledged that this instrument was executed as a free and voluntary act for the uses and purposes herein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affix my official seal on _____.

WITH THE ARMED FORCES OF THE UNITED STATES
AT JOINT BASE LEWIS-MCCHORD, WASHINGTON

SIGN

PRINT

RANK/COMPONENT

OFFICIAL CAPACITY

This acknowledgment is executed in my official capacity under the authority granted by Title 10, United States Code, Section 1044a, which also states no seal is required.

STATE OF WASHINGTON
COUNTY OF PIERCE

Notary Public in and for the State of Washington

My Commission Expires:



Important Facts to Remember When Initiating an Emergency Communication Request

American Red Cross (ARC) policy states that they work from Red Cross to Red Cross. The individual making the request will need to contact the nearest American Red Cross in their area.

The individual making the request should have the following available:

1. Service Member's last name, first name and middle initial.
2. Branch of Service
3. Rank
4. Social Security Number
5. Military address (deployment address and in some circumstances, the local unit from which the Service Member was deployed.)

24/7 Hour Emergencies: 1-877-272-7337

Online: **Redcross.org/herocarenetwork**

App: **Red Cross Hero Care**

The ARC worker will also request the name, address, phone number, and relationship of the individual making the request to the Service Member. This information is necessary to relay any messages they may receive concerning the communication. The information also enables the AZRC to follow-up with the individual making the request to ensure the emergency communication was completed in a satisfactory manner and to inquire if further assistance is needed.

The most common types of emergency requests the ARC will assist with are those concerning illness, death, and birth notifications.

The following is requested to service these requests:

ILLNESS

1. Name of individual who is ill and their relationship to the Service Member.
2. Name and location (city and state) of hospital, nursing home, etc.
3. Doctor's name or point of contact in that city.
4. Is the Service Member aware of the illness?
5. The military requires verification in order for the Service Member to be notified or to receive emergency leave. Therefore, a doctor's statement is required. The ARC contacts the doctor and requests a diagnosis, present condition, prognosis, life expectancy, if applicable, and inquires as to whether the doctor recommends the Service Member's presence.

DEATH

1. Name of deceased and their relationship to the Service Member.
2. Name and location (city and state) of the mortuary, hospital, nursing home, etc.
3. If little information is available, such as the name of the mortuary being unknown, a contact person (another family member, etc.) in the areas so they may be able to obtain appropriate information for the verification.
4. Is the Service Member aware of the death?
5. The ARC will obtain verification by contacting the mortuary and asking the date, time, and cause of death. They will also inquire about the date, time and location of the services to be included in the message.

BIRTH

1. Name of the individual who gave birth and their relationship to the Service Member. They will need to speak to the individual who gave birth in order to obtain permission to send the message.
2. Doctor's name.
3. Name and location (city and state) of hospital.
4. Is the Service Member aware of the birth?
5. To verify the birth, the ARC will contact the doctor and request the date of birth, time of birth, sex of infant, weight and length. They will also ask the doctor the condition of the mother and infant. If the baby has been named, they may include that information in the message.

Having all of the appropriate information when you contact the ARC enables them to send messages in an efficient and timely manner. It is important to note that the speed, with which a message is sent, also depends on the cooperation of the medical community, etc.

QUICK Reference Numbers

Abuse, Neglect	Education, Employment	Police, Emergency	Health Care	Legal, Financial	Marital, Family	Parenting, Childcare	Personal Factors
Army Substance Abuse Program (ASAP) (253) 967-1446/1415	Stone Education Center (253) 967-7174/7295	Police, Fire, Ambulance 911	TRICARE Health Net Federal Services (Information) (844) 866-9378 (Tricare-West.com)	Legal Assistance JAG, POAs, Wills (253) 477-1875	Family Life Center Chaplain (253) 967-1723	New Parent Support, Play Groups, Home Visits, Classes (253) 967-7409/5901	AFCS Deployment, Reunion Issues (253) 967-8430 (253) 967-3397
Child Protective Services Pierce: (253) 983-6385 Thurston: (888) 822-3541	Army Family Team Bldg. (AFTB) (253) 967-AFTB (2382)	Poison Control, WA State 1-800-222-1222 Madigan ER Nurse (253) 968-1390	Fisher House (lodging) (253) 964-9283	DEERS, Military ID Cards (253) 967-5065 (253) 967-7888	Child and Family Behavioral Health Services (253) 968-4883 Couples & Family Counseling (253) 968-4995	Women, Infants & Children (WIC) (253) 966-4956 Bldg. 2166 Office	Dept. of Social Health Services (DSHS) (Lakewood Office) (877) 501-2233
Family Advocacy Program (FAP) AFCS: (253) 967-5940/5901 MAMC: (253) 968-4159	Employment Readiness, AFCS (253) 982-WORK (9675) (253) 982-0260	Military Police JBLM (non-emergency) (253) 967-3107/3108 (MP Desk) CID: (253) 966-0196	Madigan Army Medical Center Emergency Room (253) 967-1390 Information: (253) 967-1110	Financial Readiness Program (Credit, Retirement Help) (253) 967-7166 (253) 967-1453	Military Family Life Counselors (253) 329-6632 6334 / 6341 / 7169	Exceptional Family Member Program (EFMP) (253) 967-9705 (253) 967-9704	Military OneSource (Telephonic Counseling) (800) 342-9647
Domestic Violence & Sexual Assault Helpline (FAP) (253) 966-SAFE (7233) SHARP (253) 966-0363 24 Hour Hotline (253) 966-SAFE (7233)	Libraries Grandstaff: (253) 967-5889 Book Patch: (253) 967-5533	Thurston County Sheriff (360) 786-5500 Pierce County Sheriff (253) 798-4721	American Red Cross (253) 966-3889 (253) 968-1055 App: Red Cross Hero Care 24-Hr Emergency (877) 272-7337	Army Emergency Relief (AER) (253) 967-9787/7166 Air Force Aid (253) 982-7027	FOCUS (253) 966-6390	Child & Youth Services (Registration) (253) 966-2977 Family Child Care (253) 967-3039 Raindrops & Rainbow (253) 966-4802	School Liaison Office (CYS) (253) 967-7195
24hours Shelter/Safe House Pierce: (253) 798-4166 YWCA: (253) 272-4181 Thurston: (360) 754-6300	Military Spouse Career Advancement Account (MyCAA) Tuition Assistance (800) 342-9647	National Suicide Prevention Hotline 1-800-SUICIDE (800) 784-2433	Madigan Central Appointment Line (800) 404-4506	Finance Leave & Earnings Problem (253) 966-0272	Cross Roads parenting and divorce (253) 967-5901 Active Duty/Family members/Res. On Active orders)	Child Care Resource & Referral (253) 477-4179	Food Banks (253) 978-4500 (253) 584-1040 (360) 352-8597
aller Hall Information Desk: (253) 477-4282 Housing Work Desk: (253) 912-2150 IHG Army Lodging: (253) 964-0211/ (253) 967-2815 Joint Personal Property Office (JPPSO) Household Property: (253) 967-5093 Unit Staff Duty:			JBLM staff duty Chaplain on call: (253) 967-0015 Inspector General (IG) Office: (253) 967-5181 American Red Cross: (877) 272-7337 Veterinary Services (McChord): (253) 982-3954			Transition Office: (253) 967-3882 Tricare West: (844) 866-9378 First Aid/ CPR Classes: (253) 966-3889 Updated 22JAN2018	