

SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC Section 301.
PRINCIPAL PURPOSE: Personnel service support. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.
ROUTINE USES: None. The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.
DISCLOSURE: Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

1. **NOTE:** Soldiers/Family members/Civilians may retrieve information regarding their new assignment at **Army Knowledge Online** - <https://www.us.army.mil>

I have been counseled on the **Total Army Sponsorship Program** **FOR CIVILIAN EMPLOYEES ONLY:** I would like to have a sponsor assigned to me. (Complete remainder of form.)
 I decline the offer of sponsorship. (Complete Section 1 only.)

Typed or Printed Name: _____ Rank/Grade: _____

MOS/Branch/Civilian Occupational Series: _____ Signature: _____ Date: _____

2. **ARRIVAL INFORMATION TO ASSIST GAINING UNIT OR ACTIVITY:** *If additional space is necessary, please attach your documentation to the form)*

a. I (Rank/Grade and Name): _____, am on assignment to (Gaining Installation): _____ and expect to arrive on/about (Month and Year): _____

b. Soldier's/Civilian's contact information:
Current Unit/Activity Address: _____
DSN Phone number: _____ Cell Phone number: _____ Email address: _____
Other (i.e., Social Media): _____
Leave Address and Phone number at this address until: _____

c. Status (check one): Married-accompanied Single-accompanied Married-unaccompanied Single-unaccompanied

d. Accompanied by Family members:

NAME	AGE	SEX	RELATIONSHIP	Exceptional Family Member Program (EFMP)	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. **GAINING UNIT/ACTIVITY INFORMATION:** *If additional space is necessary, please attach your documentation to the form)*

a. Gaining Unit/Activity: _____ d. Unit 1SG/Supervisor: _____
b. Unit CDR/Supervisor: _____ Phone number: _____
Phone number: _____ Email address: _____
Email address: _____ e. TASP Unit Coordinator: _____
c. Unit sponsor: _____ Phone number: _____
Phone number: _____ Email address: _____
Email address: _____ f. Date of initial contact: _____

4. **LOSING UNIT/ACTIVITY INFORMATION:** *If additional space is necessary, please attach your documentation to the form)*

a. Losing Unit/Activity: _____ c. Unit 1SG/Supervisor: _____
b. Unit CDR/Supervisor: _____ Phone number: _____
Phone number: _____ Email address: _____
Email address: _____ d. TASP Unit Coordinator: _____
Phone number: _____
Email address: _____

5. **FAMILY CONSIDERATIONS:** *If additional space is necessary, please attach your documentation to the form)*

a. Housing requirements (check one): On-post housing Off-post housing
b. Pets: Yes No
If yes, list pet and type: _____
c. Child care requirements: Yes No
d. Spousal Employment info: Yes No
If yes, list type of work: _____
e. List of local schools: Yes No
f. Contact by Unit Family Readiness Group (FRG):
If yes, list Email address: Yes No
g. Additional comments: _____