

Respite Care Family Demographics

SPONSOR'S NAME: _____

SPONSOR'S RANK: _____ SPONSOR'S DOD ID: _____

SPONSOR'S DUTY STATUS:

SELECT

CURRENT DUTY STATION: _____

MARITAL STATUS:

SELECT

SPOUSE NAME: _____

JOINT SPOUSE:

- YES; IF YES, PLEASE INCLUDE BRANCH OF SERVICE AND RANK
- NO

PRIMARY EMAIL: _____ SECONDARY EMAIL: _____

WORK: _____ HOME: _____ CELL: _____

EFM'S NAME/BIRTHDATE:

DO THE EFM DEPENDENTS RESIDE WITH THE SPONSOR?

- YES
- NO

SIBLING'S NAME/BIRTHDATE:

PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19; DoDI 1342.12. PRINCIPAL PURPOSE(S):
Information will be used by DoD personnel to evaluate and document the special medical needs of family members.