



DEPARTMENT OF THE AIR FORCE

TRANSITION ASSISTANCE PROGRAM

Initial Self-Assessment Worksheet

SERVICE MEMBER INFORMATION

Grade/Rank: _____ Name (Last, First MI.): _____

DOD ID: _____ DOB: _____ Age: _____ Sex: _____

Unit & Installation: _____ Years of Service: _____

Branch: _____ Status: _____ MOS/AFSC: _____

Marital Status: _____ Children #: _____ Civilian Phone: _____

Work Email: _____ Civilian Email: _____

EDUCATION

Level of Education: _____ Concentration: _____

DISCHARGE

Anticipated* DOS: _____ * Anticipated is defined as the release date reflected in the Military Personnel System

Reason for Separation: _____

Character of Discharge: _____

Are you less than 365 days from DOS?

FAMILY LIFE AND RELOCATION PLAN

What are your post separation short term goals?

What are your post separation long term goals?

Do you have an up-to-date will and/or power of attorney?

Do you plan to relocate after the military? If so, where?

If applicable, is the cost of living higher where you intend to relocate?

Will you have a support system (family, friends, mentor, transportation, housing) in place?

Does the thought of leaving the military create stress on you and/or your family?

Are you comfortable with your decision to transition?



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FINANCIAL PLAN

Have you initiated projected post transition budget?

Are you planning for your retirement? (e.g. TSP, 401K)

Do you have adequate cash set aside in case of emergencies?

Have you considered additional expenses? (childcare or child support, commuting, etc.)

Have you calculated the impact of renting vs. buying during your transition period?

Have you examined your tax status with regard to taxable income?

Have you reviewed your vehicle(s) payment, insurance, registration and taxes?

Have you assessed your insurance needs? (medical, exceptional family member, dental, life)

Have you reviewed your credit report in the last 4 months?

EMPLOYMENT PLAN

Do you plan to work after leaving the military?

Do you have a confirmed job offer?

Do you plan on staying in your current career field?

Do you have an updated resume?

Would you like more information on employment?

EDUCATION PLAN

Do you plan to enroll in continuing education or do you have enrollment confirmation?

Do you have a professional license(s)/certificate(s)?

Would you like more information on education?

ENTREPRENEURSHIP PLAN

Do you currently own a business?

Do you intend to start your own business after leaving the military?

Do you have a business plan?

Would you like more information on entrepreneurship?

VOCATIONAL PLAN

Have you attended a trade school?

Are you enrolled in or plan to enroll in an apprenticeship program?

Do you have a technical or trade license(s)/certification(s)?

Would you like more information on trades?