

# SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET

For use of this form, see AR 600-8-8; the proponent agency is Assistant Chief of Staff for Installation Management

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collections of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burdens to the Department of Defense, Washington Headquarters Service, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive East Tower, Suite 02G09, Alexandria, VA 22350-3100. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Form instructions are located at <https://ako.us.army.mil/suite/doc/43173146>

**FOR OFFICAL USE ONLY**

PLEASE DO NOT SUBMIT YOUR FORM TO THE ABOVE ADDRESS. SUBMIT COMPLETE FORM ELECTRONICALLY VIA THE ARMY CAREER TRACKER WEBSITE.

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army, 10 U.S.C. 1056, Relocation assistance programs, AR 600-8-8, The Total Army Sponsorship Program.

**PRINCIPAL PURPOSE:** Personnel service support. To counsel Soldiers about the sponsorship program and entitlements and provide contact information to gaining battalion or activity of new members and their dependents.

**ROUTINE USES:** General disclosures permitted by the Privacy Act and the Army's systems of records notices apply. Disclosure of PII may include number and age of family members that may impact schools and local economy upon Soldier reassignment.

**DISCLOSURE:** Disclosure of personally identifiable information is voluntary. However, failure to provide identifying information may prevent ability to assign a Sponsor and provide appropriate support upon arrival at new assignment.

**CITATION:** A0350-1b TRADOC Army Career Tracker (ACT) (January 24, 2017, 82 FR 8179)

**1. NOTE:** Soldiers/Family members 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**

Typed or Printed Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

b. Soldier's contact information:

Current Unit/Address: \_\_\_\_\_

DSN Phone number: \_\_\_\_\_ Cell Phone number (personal): \_\_\_\_\_ Email address (personal): \_\_\_\_\_

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 ( <i>check one</i> ): <input type="checkbox"/> On-post housing <input type="checkbox"/> Off-post housing	b. Pets: <input type="checkbox"/> Yes QTY _____ <input type="checkbox"/> No If yes, List pet(s) and Type(s): _____	c. Child care requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Spousal Employment info: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type of work: _____	e. List of local schools: <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Contact by Unit Family Readiness Group ( <i>FRG</i> ): If yes, list Email address: <input type="checkbox"/> Yes <input type="checkbox"/> No	g. Additional comments: _____ _____	