

Barksdale Air Force Base  
**Airman & Family Readiness Center (A&FRC)**  
Service Delivery Statement of Understanding

If you have never been to the Airman & Family Readiness Center, you may be unsure of what to expect. The following information is offered for you to consider and, if you wish, discuss with an A&FRC staff member.

CONSULTATION: The mission of your Airman & Family Readiness Center (A&FRC) is to provide targeted Airman and family support/services, contributing to the mission readiness, resiliency and well-being of the Air Force community. We accomplish our mission by offering total force members, their families, and leadership with a variety of educational programs and services. We help customers prioritize their concerns/needs and assist them in understanding what resources or new behaviors will enable them to better cope with the situation. Many people have learned talking with a qualified, objective, third party is very helpful when confronted with a new or stressful situation. When developing a goal or plan of action to remedying your situation, it may require a good bit of work and a considerable amount of time and effort on your part. You should expect to take part in decisions to support your goals. It is important for you to be open and honest.

At the close of your first consultation, a service plan will be developed and arrangements will be made for further appointments, workshop attendance, or referrals to other agencies, if indicated. Personal commitment is an essential element for successful completion of your plan as you are an equal participant in this effort.

If you feel you are not receiving the type of assistance you need, talk with the Airman & Family Readiness Center Chief.

PRIVACY: You can expect the Airman & Family Readiness Center staff to respect your right to privacy. However, please note A&FRC staff members do not have complete confidentiality. If your supervisor/commander/first sergeant made the appointment for you to come to the A&FRC, we will provide general feedback to that person, but will not ordinarily go into specific detail about your situation. The Squadron Commander will be notified of situations which may directly impact personal health, safety, or mission accomplishment. A&FRC staff members are required by law, with or without your consent, to contact proper authorities if they suspect/believe: (1) you may harm yourself or others, (2) you may be a danger to the mission, (3) child abuse or neglect, spouse abuse, drug abuse or criminal activity may be occurring.

RECORDS: You will be requested to provide demographic information (name, unit, phone number, etc.) which is electronically stored and secured. The record contains demographic information, a brief description of your visit(s), and your service plan. If you want to see your record or want a personal copy, you may do so by asking an A&FRC staff member. Records are maintained for the sole purpose of assisting you, the customer.

//signed//  
Ana Brown  
Chief, Airman & Family Readiness Center

Printed Name \_\_\_\_\_ Sponsor's Last 4 \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

A&FRC Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

If digital signature is not available, please type in your name below:

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# Personal Readiness Inventory

Name: \_\_\_\_\_ Sponsor's Last 4: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer this brief inventory, it helps us understand your overall personal readiness and adjustment to military life.  
Instructions: Based on the past week, please rate how well things are going by placing a mark on the 0-10 scales below, with 10 as the best possible rating. Your consultant will use your answers to clarify your goals for coming to the Airman and Family Readiness Center.

## OVERALL ADJUSTMENT TO MILITARY LIFE

(Understand & support the military lifestyle & mission requirements, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## RELOCATION/MOVING

(Ability to move when required)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## ADJUSTMENT TO COMMUNITY

(Ability to find on/off-base information, services, events & activities, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## DEPLOYMENT READINESS

(Ability to support short-notice deployments, awareness of available support for loved ones, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## EMPLOYMENT

(Job search techniques & skills, ability to secure suitable employment, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## FINANCIAL READINESS

(Basic needs & financial obligations met, savings, investments & retirement, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## MILITARY/WORK ENVIRONMENT

(Work environment/relationships, OPSTEMPO/pace of work)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## PERSONAL RELATIONSHIPS

(Family, friends & loved ones, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## RETENTION

(Intention to continue military career past current commitment)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

## TRANSITION TO CIVILIAN LIFE

(Prepared for separation/retirement, aware of benefits & entitlements, etc...)

|0| |1| |2| |3| |4| |5| |6| |7| |8| |9| |10|

The information accessed through this application must be protected IAW AFI 33-332 and DoD Regulations 5400.11; Privacy Act of 1974 [Public Law 93-579] as Amended Applies, and it is FOR OFFICIAL USE ONLY

If digital signature is not available, please type in your name below:

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**Airman and Family Readiness Center  
Customer Intake Form**

**CUSTOMER:**

**PRP: YES NO**

**ENROLLED IN EFMP: YES NO**

**ARE YOU A WOUNDED WARRIOR: YES NO**

**DOD ID#**

**Customer last 4 of SSN:**

**Date of Birth (MMDDYYYY):**

**Name:**

**(First)**

**(MI)**

**(Last)**

**M**

**F**

**Local Address:**

**(City)**

**(State)**

**(Zip)**

**Home #:**

**Cell #:**

**Work#:**

**Work Email:**

**Personal Email:**

**Married: Single: Divorced:**

**Active Duty:**

**Reserves:**

**Guard:**

**Rank:**

**Branch of Service:**

**Squadron:**

**Date of Separation:**

**Transitioning Information:**

**Are you taking terminal leave? Yes No**

**How many days?**

**Are you approved for PTDY? Yes No**

**Are you pursuing Skillbridge? Yes No**

**Are you currently going through a MED BOARD? Yes No**

**When is your Final Out Date?**

**Less Than 60 days?**

**60-90 days?**

**90-180 days?**

**Greater than 180 days?**

**FOR STAFF USE ONLY:**

**Annotated in AFFIRST on \_\_\_\_\_ by \_\_\_\_\_**

**Revised 04/06/2021**

**“PRIVACY ACT INFORMATION – This information is FOR OFFICIAL USE ONLY and must be protected in accordance with the Privacy Act and AFI 33-332.”**



## TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

### SECTION A. SERVICE MEMBER INFORMATION

NAME: \_\_\_\_\_ DOD ID: \_\_\_\_\_ INSTALLATION: \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_

HOW MANY YEARS OF SERVICE: \_\_\_\_\_

GENDER: \_\_\_\_\_

### SECTION B. DEMOGRAPHICS

Rank: ☐ E1-E5 ☐ E6-E7 ☐ E8-E9 ☐ O1-O3 ☐ O4-O6 ☐ O7-O10 ☐ WO1-CWO5

Service Branch: ☐ USN ☐ USAF ☐ USA ☐ USMC ☐ USCG ☐ Reserve ☐ Guard

Rate/Designator/MOS/AFSC: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Children# \_\_\_\_\_

Highest Level of Education: ☐ GED/HS ☐ Associates ☐ Bachelors ☐ Masters ☐ Post-Graduate ☐ Doctorate

Concentration: \_\_\_\_\_

### SECTION C. DISCHARGE

Retiring 20+ Years	<input type="radio"/> Yes	<input type="radio"/> No
Medical Retirement	<input type="radio"/> Yes	<input type="radio"/> No
Medical Separation	<input type="radio"/> Yes	<input type="radio"/> No
Voluntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Involuntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Administrative Separation	<input type="radio"/> Yes	<input type="radio"/> No
Demobilization	<input type="radio"/> Yes	<input type="radio"/> No

### SECTION D. PROJECTED CHARACTERIZATION OF DISCHARGE

Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Honorable Conditions (General)	<input type="radio"/> Yes	<input type="radio"/> No
Other than Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Bad Conduct	<input type="radio"/> Yes	<input type="radio"/> No
Dishonorable	<input type="radio"/> Yes	<input type="radio"/> No
Dismissed	<input type="radio"/> Yes	<input type="radio"/> No
Uncharacterized	<input type="radio"/> Yes	<input type="radio"/> No
Unknown	<input type="radio"/> Yes	<input type="radio"/> No

### SECTION E. PERSONAL GOALS

What are your post-separation short-term goals?

\_\_\_\_\_

What are your post-separation long-term goals?

\_\_\_\_\_

## SECTION F. FACTORS

### FAMILY LIFE AND RELOCATION PLAN:

1. Do you plan to relocate after leaving the military? ☐ Yes ☐ No ☐ Unsure

If Yes, where? \_\_\_\_\_

2. Is cost of living higher where you plan to relocate? ☐ Yes ☐ No ☐ Unsure

3. Do you anticipate having a support system in place? ☐ Yes ☐ No

e.g., Family, Friends, Mentor, Transportation, Housing

4. Does the thought of leaving the military create stress on you or your family? ☐ Yes ☐ No

### FINANCIAL PLAN:

1. Have you initiated projected post transition budget? ☐ Yes ☐ No ☐ N/A

2. Are you planning for your retirement? (e.g. TSP, 401K) ☐ Yes ☐ No ☐ N/A

3. Have you established a financial emergency plan? ☐ Yes ☐ No ☐ N/A

4. Do you have adequate cash set aside in case of emergencies? ☐ Yes ☐ No ☐ N/A

5. Have you considered additional expenses? (childcare or child support, commuting, etc.) ☐ Yes ☐ No ☐ N/A

6. Have you calculated the impact of renting vs. buying during your transition period? ☐ Yes ☐ No ☐ N/A

7. Have you examined your tax status with regard to taxable income? ☐ Yes ☐ No ☐ N/A

8. Have you reviewed your vehicle(s) payment, insurance, registration and taxes? ☐ Yes ☐ No ☐ N/A

9. Have you assessed your insurance needs? (medical, exceptional family member, dental, life) ☐ Yes ☐ No ☐ N/A

10. Have you reviewed your credit report in the last 4 months? ☐ Yes ☐ No ☐ N/A

11. Do you have an up-to-date will and/or power of attorney? ☐ Yes ☐ No ☐ N/A

## SECTION G. TRACKS

### EMPLOYMENT PLAN

1. Do you plan to work after leaving the military? ☐ Yes ☐ No

2. Do you have a confirmed job offer? ☐ Yes ☐ No

3. Do you have an updated resume? ☐ Yes ☐ No

4. Do you plan on staying in your current career field? ☐ Yes ☐ No

5. Would you like more information on employment? ☐ Yes ☐ No

### EDUCATION PLAN

1. Do you plan to enroll in continuing education or do you have enrollment confirmation? ☐ Yes ☐ No

2. Do you have a professional license(s)/certificate(s)? ☐ Yes ☐ No

3. Would you like more information on education? ☐ Yes ☐ No

### ENTREPRENEURSHIP PLAN

1. Do you currently own a business? ☐ Yes ☐ No

2. Do you intend to start your own business after leaving the military? ☐ Yes ☐ No

3. Do you have a business plan? ☐ Yes ☐ No

4. Would you like more information on entrepreneurship? ☐ Yes ☐ No

### VOCATIONAL PLAN

1. Have you attended a trade school? ☐ Yes ☐ No

2. Are you enrolled in or plan to enroll in an apprenticeship program? ☐ Yes ☐ No

3. Do you have a technical or trade license(s)/certification(s)? ☐ Yes ☐ No

4. Would you like more information on trades? ☐ Yes ☐ No

Read each numbered demographic factor below and select ONLY one answer that is applicable to your current status.  
Use drop down list option to select **Y** in the box next to your selection criteria.

example of correct way to answer

1. Term of Service	End of first term of service		Mid career term (6-19 years)	Y	Retirement	
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Do NOT place an **Y** by multiple selections.

example of incorrect way to answer

10. Education Intentions	Not currently applying for school		Currently applying for schools	Y	Secured School	Y
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Demographic Factors	Selection Criteria	Y	Selection Criteria	Y	Selection Criteria	Y
1. Term of Service	End of first term of service		Mid career term (6-19 years)		Retirement	
2. Characterization of Discharge	Other than honorable / bad conduct / dishonorable		General		Honorable	
3. Disability	Has Disability that may impact pursuit of job or school		Pending Disability		No Disability	
4. Financial Readiness	No funds to support lifestyle		Limited funds to support lifestyle		Adequate funds to support lifestyle	
5. Engagement	Not interested in TAP assistance		Interested in TAP assistance		Very Interested in TAP assistance	
6. Military Occupational Specialty	Civilian career path does not align to MOS		Civilian career path slightly aligns to MOS		Career path aligns to MOS/ Permanent Retirement	
7. Education History	No education or certification		Some education / certification / pending degree		Obtained degree or certification	
8. Employment Interest	Seeking low demand career field		Seeking moderate demand career field		Seeking high demand career field	
9. Employment Intentions	Not currently applying for employment		Currently applying for employment		Secured employment	
10. Education Intentions	Not currently applying for school		Currently applying for schools		Secured school	
11. Intended Track	No experience with desired track		Associated previous experience with desired track		No desire to attend track	
12. Planning	Has no post service Plan in place		Partial Plan in place		Has adequate Plan	
13. Location	Currently assigned OCONUS or on deployment		Relocating to new area		No plans to relocate	
14. Transition Mindset	Uncomfortable with decision to transition		Some what comfortable with decision		Very comfortable with decision	
15. Support System	No support system		Some support network		Good supportive network	