

Barksdale Air Force Base

Military & Family Readiness Center (M&FRC)
Service Delivery Statement of Understanding

If you have never been to the Military & 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 M&FRC staff member.

CONSULTATION: The mission of your Military & Family Readiness Center (M&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. The Personal Financial Readiness (PFR) program does not give advice on specific investments, companies or insurance policies and assumes no liability for monetary loss.

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 Military & Family Readiness Center Chief.

PRIVACY: You can expect the Military & Family Readiness Center staff to respect your right to privacy. However, please note M&FRC staff members do not have complete confidentiality. If your supervisor/commander/first sergeant made the appointment for you to come to the M&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. M&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 M&FRC staff member. Records are maintained for the sole purpose of assisting you, the customer. My signature below indicates that I have read and fully understand this statement of understanding.

//signed//
Karen Phillips
Chief, Military & Family Readiness Center

Printed Name Member's Last 4

Customer Signature Date

M&FRC Staff Member Signature Date

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:

///SIGNED///

**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?
e.g., Family, Friends, Mentor, Transportation, Housing Yes No
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	