

**FAMILY SUPPORT CENTER
INDIVIDUAL/FAMILY DATA CARD**

1. DATE

OMB No. 0701-0070
Expires

The public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (9791-0070), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. 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. Please DO NOT RETURN your form to the above address. Send your completed form to the base level Family Support Center.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397

PRINCIPAL PURPOSE: Client demographics are required for accurate service delivery, analysis, and future program planning.

ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of other benefit; to congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to NARA for records management inspections; and to the Department of Justice for pending or potential litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the necessary data will not result in the individual being denied services.

2. NAME		3. SSN	4. PAY GRADE	5. BRANCH OF SERVICE	6. PRP			
SPONSOR:					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
SPOUSE:		3a. SSN	4a. PAY GRADE	5a. BRANCH OF SERVICE	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
7. SPONSOR, MAILING ADDRESS (CITY, STATE, ZIP)				SPOUSE, MAILING ADDRESS (IF DIFFERENT THAN SPONSOR)				
8. ORGANIZATION AND ORGANIZATION ADDRESS				9. WORK PHONE				
				SPONSOR:				
				SPOUSE:				
				10. HOME PHONE				
11. STATUS OF SPONSOR				12. FAMILY STATUS				
<input type="checkbox"/> ACTIVE DUTY		<input type="checkbox"/> DCO CIVILIAN		<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		
<input type="checkbox"/> RETIRED		<input type="checkbox"/> RESERVE/GUARD		<input type="checkbox"/> SINGLE PARENT		<input type="checkbox"/> MARRIED (MIL TO MIL)		
<input type="checkbox"/> SEPARATED		DCS:						
13. CHILDREN								
NAME		AGE		NAME		AGE		

