

**PROOF**

**SPONSORSHIP PROGRAM COUNSELING AND INFORMATION SHEET**

**PROOF**

OMB No. XXXX-XXXX  
OMB approval expires  
XXX XX, 20XX

For use of this form, see AR 600-8-8; the proponent agency is ACSIM.

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 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 the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, East Tower, Suite 02G09, Alexandria, VA 22350-3100 (XXXX-XXXX). 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 OFFICIAL USE ONLY**

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

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, USC section 301. The Privacy Act System of Record Notice (Army Career Tracker, A0350-1b TRADOC) is located at <http://dpcl.d.defense.gov/Privacy/SORNIndex/DODwideSORNArticleView/tabid/6797/Article/570016/a0350-1b-tradoc.aspx>. The DD Form 2930, Privacy Impact Assessment (Army Career Tracker, TRADOC) included in the ICR package is located at <http://cio6.army.mil/Portals/1/PIA/2015/ACT.pdf>.  
**PRINCIPAL PURPOSE:** Personnel service support. To counsel Soldier or civilian employee about sponsorship program entitlements, and provide information to gaining battalion or activity of new members.  
**ROUTINE USES:** The DoD Blanket Routine Uses set forth at the beginning of the DoD's compilation of systems of records notices may apply to this system.  
**DISCLOSURE:** Mandatory for service members. Nondisclosure may prevent participation in the sponsorship program.

1. **NOTE: Soldiers/Family members/Civilians 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** **FOR CIVILIAN EMPLOYEES ONLY:**  I would like to have a sponsor assigned to me. (Complete remainder of form.)  
 I decline the offer of sponsorship. (Complete Section 1 only.)  
Typed or Printed Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_  
MOS/Branch/Civilian Occupational Series: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

a. I (Rank/Grade and Name): \_\_\_\_\_, am on assignment to (Gaining Installation): \_\_\_\_\_ and expect to arrive on/about (Month and Year): \_\_\_\_\_  
b. Soldier's/Civilian's contact information:  
Current Unit/Activity Address: \_\_\_\_\_  
DSN Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
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 (check one):  On-post housing  Off-post housing  
b. Pets:  Yes  No  
If yes, list pet and type: \_\_\_\_\_  
c. Child care requirements:  Yes  No  
d. Spousal Employment info:  Yes  No  
If yes, list type of work: \_\_\_\_\_  
e. List of local schools:  Yes  No  
f. Contact by Unit Family Readiness Group (FRG):  Yes  No  
If yes, list Email address: \_\_\_\_\_  
g. Additional comments: \_\_\_\_\_