



# STATEMENT OF UNDERSTANDING (SOU)

REASON FOR VISIT:

DOD ID:

## SERVICE MEMBER INFORMATION

NAME/RANK (Last, first, MI)	DOB:	UNIT:	EMAIL ADDRESS:	SEX:
HOME ADDRESS:	CELL PHONE:	MIL COMPONENT:	BRANCH:	MARITAL STATUS:

## SPOUSE INFORMATION (if applicable)

NAME/RANK (Last, First, MI):	DOD ID NUMBER:	CELL PHONE:
EMAIL ADDRESS:	HOME ADDRESS:	

## MINOR CHILDREN (if applicable)

NAME:	SEX:	DOB:	NAME:	SEX:	DOB:
NAME:	SEX:	DOB:	NAME:	SEX:	DOB:
NAME:	SEX:	DOB:	NAME:	SEX:	DOB:

## PERSONAL READINESS INVENTORY (scaling 1-10)

Based on the last two weeks, rate how things are going by selecting 1-10 below, with 10 as the best possible rating.

1. OVERALL ADJUSTMENT TO MILITARY LIFE (Support the military lifestyle & mission requirements)
2. RELOCATION/MOVING (Ability to move when required)
3. ADJUSTMENT TO COMMUNITY (Ability to find on/off-base information, services, events & activities)
4. DEPLOYMENT READINESS (Short-notice deployments, awareness of available support for loved ones)
5. EMPLOYMENT (Job search techniques & skills, ability to secure suitable employment)
6. FINANCIAL READINESS (Basic needs & financial obligations met, savings, investments & retirement)
7. MILITARY/WORK ENVIRONMENT (Work environment/relationships OPSTEMPO/pace of work)
8. PERSONAL RELATIONSHIPS (Family, friends, & loved ones)
9. RETENTION (Intention to continue military career past current commitment)
10. TRANSITION TO CIVILIAN LIFE (Separation/retirement, benefits & entitlements awareness)

**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.

### SERVICE DELIVERY STATEMENT OF UNDERSTANDING

Limited Confidentiality Statement: Although the Military and Family Readiness Center (M&FRC) respects your right to privacy, staff members do **not** have privileged communication. Applicable laws and USAF policy require M&FRC staff to contact proper authorities about statements made or information disclosed by a customer that pertains to violation or possible violation of the PRP (AFI 36-2104); the Family Advocacy Program (AFI 40-301); or a crime in violation of the UCMJ, federal, or state law. *Examples of disclosure* that must be reported to proper authorities include but are not limited to communicating a threat to injure or harm yourself or others, abuse/neglect of a child/spouse or other dependent, military members involved in the unauthorized use of firearms/dangerous weapons, or crimes against the government. If your chain of command made the appointment for you, we may provide general feedback to that person. When you are seen as a self-referral, squadron personnel are not routinely notified. However, the squadron commander will be notified of situations that may directly impact on personal health, safety, or mission accomplishment. You will be asked to provide demographic information, which is electronically stored (and secured). The record contains demographic information, a brief description of your visit(s), and the service you received. Records are maintained for the sole purpose of assisting you, the customer. Aggregate information is used for family trends and funding that impacts the mission. Disclosure is voluntary.

Statement of Understanding: I understand and agree to the Limited Confidentiality Statement regarding information disclosed at this and future visits and/or telephone contacts with M&FRC staff.

\*\*\*ACKNOWLEDGMENT WILL ACT AS A SIGNATURE IN THE EVENT YOU ARE UNABLE TO SIGN\*\*\*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ M&FRC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CUSTOMER ACKNOWLEDGEMENT: \_\_\_\_\_ ACKNOWLEDGEMENT DATE: \_\_\_\_\_