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### TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

#### SECTION A. SERVICE MEMBER INFORMATION

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

WORK EMAIL: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

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## TAP Service Member Information



PAS Code:

How did you find out about TAP requirements?

Have you previously attended a TAP workshop?

Yes

No

\*\* If yes, please provide dates and location:

Do you have a disability that may impact your pursuit in a job or school?

Yes

No

Pending

Explain:

I have \_\_\_\_\_ to support my current lifestyle after I transition

No Funds

Limited Funds

Adequate Funds

Explain:

How interested are you in TAP Assistance?

Not Interested

Interested

Very Interested

Explain:

My civilian career path \_\_\_\_\_ to my AFSC

Does not align

Slightly aligns

Aligns

I am seeking a \_\_\_\_\_ demand career field. O\*NET Resources : [www.mynextmove.org](http://www.mynextmove.org)

Low

Moderate

High

Explain:

I have already secured post-transition employment (have job offer)

Yes

No

Explain:

Are you planning on continuing your education?

Not currently applying

Currently applying

Secured school

Explain:

I am \_\_\_\_\_ in attending one of the two day tracks (Employment/Vocational/Education/Entrepreneurship)

Interested

Slightly Interested

Very Interested

Explain:

I am \_\_\_\_\_ with my decision to transition

Uncomfortable

Somewhat comfortable

Very comfortable

Explain:

I feel that I have \_\_\_\_\_ network of friends/co-workers/family as I transition

No Support

Some Support

Good Support

I would like to sign up for the following week of TAP:

Option 1

Option 2

I am interested in the two day track for:

Requested date for track:



**Ramstein Air Force Base**  
**Airman & Family Readiness Center**  
**STATEMENT OF UNDERSTANDING**



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

**Demographics and Services:** You are being asked to provide information for secure storage in our Air Force Family Integrated Results and Statistical Tracking (AFFIRST) system. Your record contains demographic information, a brief description of your visit(s), and information regarding your service plan. Records are maintained for the sole purpose of continued service to you.

**Privacy and Disclosure:** The A&FRC respects your privacy, however, the staff members DO NOT have privileged communication. If your supervisor/Commander/First Sergeant made the appointment for you, 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 your personal health, safety or mission accomplishment. As in civilian life, A&FRC staff members are required by law, with or without your consent, to contact proper authorities: (1) If they believe you intend harm to yourself or others, (2) If family member maltreatment, molestation, child neglect, or drug use is suspected. Air Force policy requires any A&FRC staff to contact proper authorities regarding any statement made or information disclosed if it pertains to possible violations to AFI 40-301 (Family Advocacy Program) or admission of a crime in violation of the Uniformed Code of Military Justice, federal, or state law(s).

**Minor Children Clause:** By signing this form, you grant permission for your minor child to participate in our services and/or activities. You agree to and shall indemnify and hold harmless the A&FRC, its offices, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind; including all expenses of litigation, court costs, and attorney's fees, for any injury or damages which you, your child, or any other person or entity might sustain as a result of your child participating in a service/activity.

**Photographs:** Please be aware that photographs may be taken for use in promoting our programs and events. The photographs may be used in various media outlets, including (but not limited to) internet, publications, and social media. If you do not want your picture taken or shared, please inform a staff member during the event in which photographs are being taken.

**By signing below, you are acknowledging that you have read and understand the above information.**

*Glendeline Lee*

**Ms. Glendeline Lee**  
**Flight Chief, Airman & Family Readiness Center**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**





## AIRMAN & FAMILY READINESS CENTER

### 86 FSS/FSH

Staff use only

Entered in AFFIRST

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<b>Military Member's Name</b> (last, first, MI)	Gender M or F	<b>Rank</b> (ex: E-3, CIV, etc)	<b>DOB</b> (ex: 26 Jan 2018)
<b>Unit/ Section</b> (ex: 86 FSS/FSH)		<b>Last four digits of SSN</b>	<b>Full DODID #</b>
<b>DOD email address</b> <hr/>		<b>Work contact number</b>	<b>Personal contact number</b>
<b>Personal email address</b> <hr/>		<b>APO address</b> <hr/> <hr/>	<b>First Duty Station?</b>  <p style="text-align: center;"><b>Yes    No</b></p>
<b>Are you in the Personnel Reliability Program?</b> (Includes PRP, PRAP, or Arming use of Force)  <p style="text-align: center;"><u>Circle:</u> <b>Yes or No</b></p> <b>Do you have a family member enrolled in the EFMP program?</b>  <p style="text-align: center;"><u>Circle:</u> <b>Yes or No</b></p>	<b>Child Information</b>		
	<b>Name</b> (last, first)	<b>(M/F)</b>	<b>DOB</b>
<b>Marital Status:</b> Single___Married___Dual Mil: Y or N	<b>Spouse Information</b>		
<b>(If married, please complete Spouse Information block)</b>	<b>Name</b> (last, first)	<b>Gender</b> M or F	
	<b>Last four of SSN</b>		
<b>Is your Spouse present at this Orientation?</b>  <p style="text-align: center;"><u>Circle:</u> <b>Yes or No</b></p>	<b>Full DODID#</b>		
	<b>DOB (MM/DD/YYYY)</b>		
	<b>Email address</b>		
	<b>Contact number</b>		

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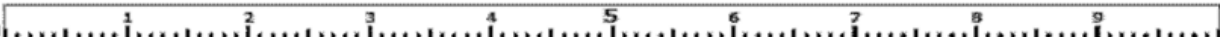
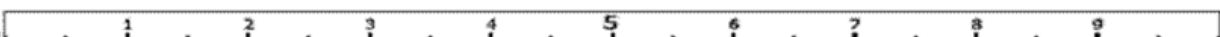

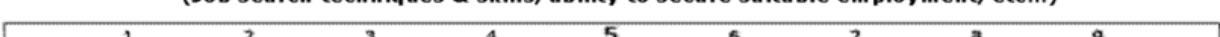

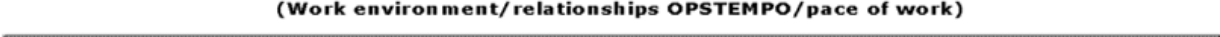
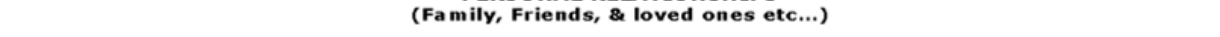
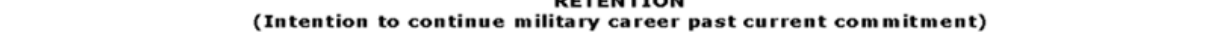
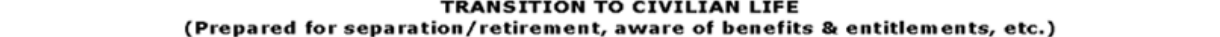
**Ramstein Air Force Base**  
**Airman & Family Readiness**  
**Personal Readiness Inventory (PRI)**

Name: \_\_\_\_\_

Sponsors 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 number on the space provided on the right on the scale 0 – 10 with 10 as the best possible rating. Your consultant will use your answers to clarify your goals for coming to the Airman & Family Readiness Center.

<b>OVERALL ADJUSTMENT TO MILITARY LIFE</b> (Understand & support the military lifestyle & mission requirements, etc...)	
0  10	
<b>RELOCATION/MOVING</b> (Ability to move when required)	
0  10	
<b>ADJUSTMENT TO COMMUNITY</b> (Ability to find on/off-base information, services, events & activities, etc...)	
0  10	
<b>DEPLOYMENT READINESS</b> (Ability to support short-notice deployments, awareness of available support for loved ones, etc...)	
0  10	
<b>EMPLOYMENT</b> (Job search techniques & skills, ability to secure suitable employment, etc...)	
0  10	
<b>FINANCIAL READINESS</b> (Basic needs & financial obligations met, savings, investments & retirement, etc...)	
0  10	
<b>MILITARY/WORK ENVIRONMENT</b> (Work environment/relationships OPSTEMPO/pace of work)	
0  10	
<b>PERSONAL RELATIONSHIPS</b> (Family, Friends, & loved ones etc...)	
0  10	
<b>RETENTION</b> (Intention to continue military career past current commitment)	
0  10	
<b>TRANSITION TO CIVILIAN LIFE</b> (Prepared for separation/retirement, aware of benefits & entitlements, etc.)	
0  10	

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