Respite Care Family Demographics

SPONSOR'S NAME: _____

SPONSOR'S RANK: _____ **SPONSOR'S DOD ID:** _____

SPONSOR'S DUTY STATUS:

SELECT

CURRENT DUTY STATION: _____

MARITAL STATUS:

SELECT

SPOUSE NAME: _____

IS YOUR SPOUSE ACTIVE DUTY?

- ○ **YES; PLEASE INCLUDE BRANCH OF SERVICE AND RANK BELOW**
- ○ **NO**

PRIMARY EMAIL: _____ **SECONDARY EMAIL:** _____

WORK: _____ **HOME:** _____ **CELL:** _____

EFM'S NAME/BIRTHDATE:

DO THE EFM DEPENDENTS RESIDE WITH THE SPONSOR?

- ○ **YES**
- ○ **NO**

SIBLING'S NAME/BIRTHDATE:

PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19: DoDI 1342.12. PRINCIPAL PURPOSE(S): Information will be used by DoD personnel to evaluate and document the special medical needs of family members.