

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation 608-1, Army Community Service Center.

PRINCIPAL PURPOSE: To provide appropriate background information needed for Army Community Service personnel to help individuals seeking assistance.

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to provide the requested information may impede Army Community Service personnel from being able to assist individuals effectively.



IN-PROCESSING



Welcome to Army Community Service (ACS).

So that we may serve you better, please complete the following:

Date: _____ Last Duty Station: _____ Unit/Brigade at FJ: _____

Name: _____ DOB (m/d/y): _____ Rank: _____ Marital Status: _____

Phone: _____ Email: _____ School (BOLC, etc): Yes ☐ No ☐

Please indicate below the service(s) you desire from **ARMY COMMUNITY SERVICE**.

- | | | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------|------------------------------|-----------------------------|
| 1. Is this your first duty assignment after completing AIT/OBC? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | Drill Sergeant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is this your first assignment to Fort Jackson? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | | | |
| 3. Did you request and received a Welcome Packet prior to arriving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | | | |
| 4. Did you visit the Military Installations website prior to arriving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | | | |
| 5. Did you use or do you desire to use the Lending Closet? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | | | |
| 6. Did you have an effective sponsor? If yes or no, please explain: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> | | | |

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|--|------------------------------|-----------------------------|------------------------------|
| 7. Are you being assigned as a Unit Commander, 1 st Sergeant or other senior leader in some other position? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8. Do you have a foreign-born spouse? If yes, what is the language spoken: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9. Do you have a foreign-born spouse needing Citizenship & Immigration assistance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. Do you have a foreign-born spouse needing English as a Second Language assistance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. Do you have children? If yes, what are their ages: _____ , _____ , _____ , _____ , | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

School District: _____ School Attend: _____

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|---|------------------------------|-----------------------------|------------------------------|
| 12. Would you like your child to have a youth sponsor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 13. Is your spouse seeking employment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 14. Are you in need of emergency financial assistance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 15. Are you interested in budget preparation, debt liquidation, or financial planning for the future? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 16. Do you have an Exceptional Family Member? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 17. Are you interested in Stress/Anger Management classes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 18. Are you interested in New Parent Support information/Parenting classes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 19. Other (please explain). _____ | | | |

(Fill out only if your spouse accompanied you to Fort Jackson)

***To assist ACS in providing quality service to your spouse, we may contact him/her to ensure a smooth transition to Fort Jackson. Please provide the following information for this contact to be made:

Spouse's Full Name:

DOB (m/d/y):

Phone:

Mailing Address:

Email Address:

Army Community Service Workshop/Brief Satisfaction Survey



To improve our programs and services complete the below survey(s) with respect to the workshop/brief(s) you attended.

Date of Workshop/Brief: _____

Circle as it applies to you: E1-E4 ☐ E5-E9 ☐ Warrant Officer ☐ Officer ☐ DoD Civ ☐ Family Member ☐ Married ☐ Single ☐

May we contact you if additional information is needed? ☐ Yes ☐ No

If yes, provide your name and contact information: _____

Workshop/Brief: ACS In-Processing, ONLINE

Using the five-point scale, rate each item below.	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	0 Don't Know/ Can't Judge
1. The program increased my knowledge of the services available at Fort Jackson.						
2. The material provided clear and concise information.						
3. The material presented had practical value to me.						
4. I could use the material as a resource for my fellow Soldier.						
5 Overall satisfied with the ACS In-processing Brief.						

Additional information that should have been included: _____

Questions/Comments: _____

Workshop/Brief: Fort Jackson Total Army Sponsorship Training, ONLINE

Were you assigned a sponsor prior to arriving to Fort Jackson: ☐ Yes ☐ No

If no, please explain: _____

If yes, you were contacted: ☐ 90 days prior to your arrival; ☐ less than 90 days but more than 30 days; ☐ 30 days or less; ☐ upon arrival to Fort Jackson. Was your sponsor helpful? ☐ Yes ☐ No

Using the five-point scale, rate each item below.	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	0 Don't Know/ Can't Judge
1. Sponsorship training upon in-processing is effective.						
2. I had an effective sponsor arriving Fort Jackson.						
3. The material presented will help me be effective in my role as a Sponsor.						
4. Overall sponsorship training was effective.						
5. Overall satisfied with the Fort Jackson Sponsorship Program.						

After receiving this training, will you take the necessary steps to become a sponsor? ☐ Yes ☐ No

If no, why not? _____

What additional information should have been included? _____

Questions/Comments: _____