

ARMY COMMUNITY SERVICE CLIENT INFORMATION SHEET  
Army Community Service USAG-Humphreys

PRIVACY ACT STATEMENT

**PRINCIPAL:** To collect data necessary to enroll DOD personnel and their family members in the Army Community Service client database. Also used as a tool to aid in delivery of services to DOD personnel and their family members. Statistical data will be provided to Department of the Army.

**ROUTINE USES:** Used as a record of (1) services requested; (2) services delivered; and (3) actions or services agreed upon. Upon data entry, form will be filed.

**DISCLOSURE:** Disclosure of information is voluntary. Failure to provide required information may result in the inability of Army Community Service to provide appropriate professional and/or development services to individual.

DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_

GENDER:     Male             Female    BIRTH DATE: M/D/YYYY \_\_\_\_\_

TYPE OF VISIT:     Individual                       Couple                       Family

EDUCATION:         High School                       Bachelor's Degree         Master's Degree     PhD  
    Diploma/GED

No Ed         AA         2 Years College         3 Years College         4 Years College         Post BA/MA

REASON FOR VISITING ACS:

REFERRED TO ACS BY: (select the most appropriate)

Self-referral                       JAG (Legal)                       Military Medical                       Chaplain

Civilian Agency                       Volunteer                       Command                       Other

YOUR ELIGIBILITY STATUS: (select one)

Active Duty     Retired     Family Member     Reserve/National Guard     Gov't Civilian

SPONSOR'S BRANCH OF SERVICE:

Army     Air Force     Coast Guard                       Navy                       Marines

Rank:     E1-E4         ES-E9         Chief/Warrant                       Officer                       Gov't Civilian/Contractor

MARITAL STATUS: (select the most appropriate)

Married     Divorced     Widow(er)     Single     Single Parent     Dual Mil     Separated

UNIT ADDRESS: \_\_\_\_\_

TELEPHONE# (Duty/Work): \_\_\_\_\_

OTHER TELEPHONE # (Home/Cell): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Continued on reverse...

# \*\*\*\*SPONSOR'S INFORMATION\*\*\*\*

This section MUST be completed even if you are the sponsor:

SPONSOR'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

PAY GRADE \_\_\_\_\_ SPONSOR BD M/D/YYYY \_\_\_\_\_

INITIAL TERM OF SERVICE? (First Military Duty Assignment?)      YES      NO

SPONSOR'S BRANCH OF SERVICE

Army     Navy     Air Force     Marines     Coast Guard     Gov't Civilian     N/A

SPONSOR'S MILITARY UNIT: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ CHILD NAME: \_\_\_\_\_ CHILD NAME: \_\_\_\_\_

The information you have provided will be used to establish your ACS Client record.

This is a one-time requirement.

==== Thank you ====

Your cooperation is appreciated.

REVISED ON: May 2020