

SPOUSE PREFERENCE FORM

This form should be completed by **YOU, THE SPOUSE**. This is a form created for the FRG and to be held at the Company so they can better assist you should an emergency occur involving you, your children or your Soldier. Please be sure you take the time to complete this form, whether in part or completely, and give it (in a sealed envelope, if you wish) to your FRG Leader. They will record that you have completed this form and give it to the Company for safekeeping.

It is important that you periodically check this form to be sure none of the information on it has changed. This is a way for both the FRG and the Company to better help you should an emergency happen in your family or to your Soldier.

Please return this form to your FRG Leader in person or via email:

HHBN: Jen Morris 4idhhbnfrgleader@gmail.com

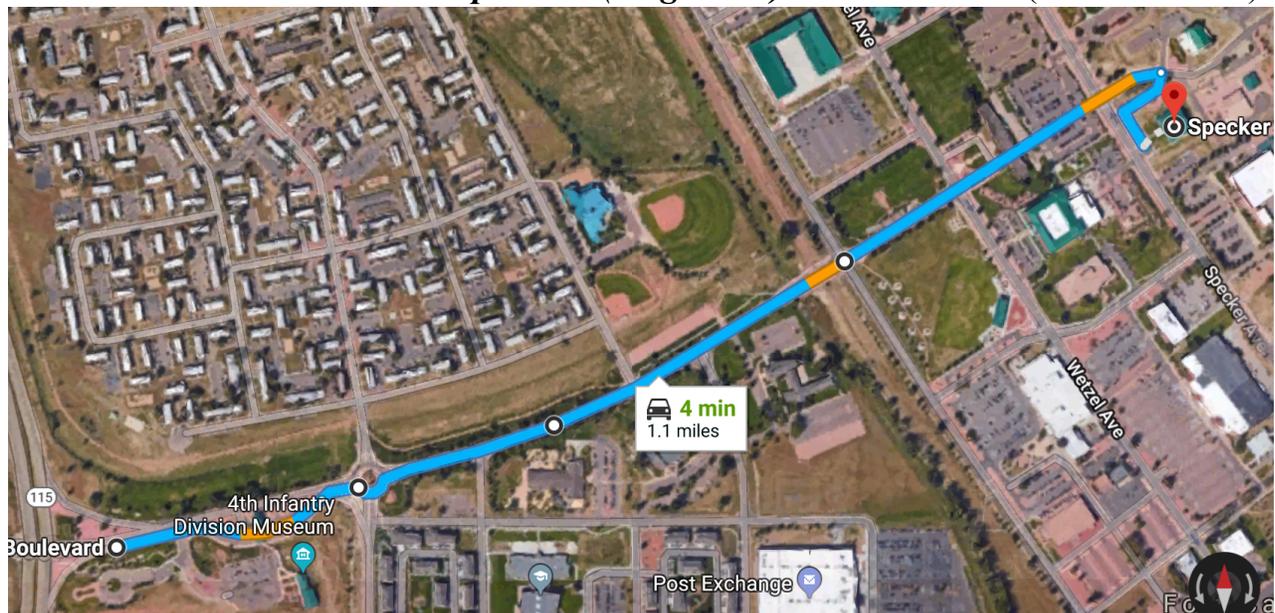
SISCO: Brooke Yascavage sisco4idfrg@gmail.com

HSC: Gary McCracken gary.d.mccracken.civ@mail.mil

Band: Christine Bruns 4idbandfrgleader@gmail.com

Phone Number: Call the HHBN Staff Duty Desk at 719-526-0244 if you have any questions or are in immediate need of assistance.

Directions to the HHBN Headquarters (bldg. 1445): From Gate #1 (the Main Gate):



Fit For Any Test!

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Return this form to YOUR FRG LEADER

Please Note: In the event of a serious incident, only the commander (or his representative) and a chaplain will come to your home to notify you.

Authority: Title 10 USC, Section 3012. **Principle Purpose:** To assist the unit in responding to your needs and preferences if your spouse is involved in a serious incident. **Routine uses:** To provide the command information necessary to assist you in your time of need. **Mandatory and voluntary disclosure and effect on individual not providing information:** Disclosure of this information is voluntary, however, failure to provide this information may affect the command's ability to promptly respond to your needs.

Soldier's Name: _____ **YOUR** Name: _____

Address/City _____

Home Phone (*with area code*): _____

YOUR Cell Phone (*with area code*): _____

YOUR email address: (*print clearly*): _____

Back up address (*where you are likely to be if not in Fort Carson area*):

YOUR Employer: _____ **YOUR** Work Phone: _____

Your Position: _____ Hours _____

If the unit cannot get a hold of you, who could they contact who would most likely know where you are (*i.e. mother, friend, etc.*)

Name: _____ Relationship _____ Phone# _____

List all children (*whether living with you or not; include those from previous marriage*). If they attend a local school, please indicate what school: (*Use back as needed*)

First and Last Name Address Phone Birth Date

Do you speak English? _____ With which language are you most comfortable? _____

Please list any special physical, medical, or dietetic needs? _____

What is your religious preference? _____

What is your spouse's religious preference? _____

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What chapel or church do you attend regularly? _____

What is your local minister's name and phone? _____

Do you have pets? _____

Do you want to receive regular updates from your FRG leader? _____

After being notified of a serious incident is there someone *locally* we should contact for your emotional support?

First and Last Name

Address/Phone

Please sign and date: _____

SOLDIERS AND THEIR FAMILIES SHOULD DISCUSS THE FOLLOWING:

- \$400,000. Servicemember's Group Life Insurance Policy (*and any other life insurance policies*)
- Declaration of Beneficiaries (DD Form 93)
- Wills
- Powers of Attorney
- Location of Important Papers