

FAMILY IDENTIFICATION SHEET FOR A CHILD RECEIVING SERVICE

For use of this form, see AR 608-18; the proponent agency is OACSIM.

CHILD'S CASE NUMBER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To provide essential background information to develop a service plan for each child and family involved in emergency placement.

ROUTINE USES: To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civilian authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about a prior record of substantiated abuse for the purpose of investigating a suspected case of abuse.

Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.

DISCLOSURE: Voluntary. However, failure to provide the requested information may delay the provision of the appropriate services to the individual.

NAME (Child) (Last, First, Middle)	BIRTHDATE (YYYYMMDD)	SOCIAL SECURITY NO.
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INFORMATION ON PARENTS

NATURAL FATHER					NATURAL MOTHER				
NAME (Last, First, Middle, Nickname, Aliases)					NAME (Last, First, Middle, Maiden, Nickname, Aliases)				
ADDRESS (Include ZIP Code)					ADDRESS (Include ZIP Code)				
DATE OF BIRTH (YYYYMMDD)					DATE OF BIRTH (YYYYMMDD)				
PLACE OF BIRTH (State, Country, town or city)					PLACE OF BIRTH (State, Country, town, or city)				
RACE AND CITIZENSHIP					RACE AND CITIZENSHIP				
PHYSICAL DESCRIPTION					PHYSICAL DESCRIPTION				
HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN	HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN
BIRTHMARKS, SCARS					BIRTHMARKS, SCARS				
DISABILITIES					DISABILITIES				
CHRONIC ILLNESS			WEARS GLASSES		CHRONIC ILLNESS			WEARS GLASSES	
			<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION					EDUCATION				
<input type="checkbox"/> GRADE SCHOOL		<input type="checkbox"/> HIGH SCHOOL			<input type="checkbox"/> GRADE SCHOOL		<input type="checkbox"/> HIGH SCHOOL		
<input type="checkbox"/> COLLEGE					<input type="checkbox"/> COLLEGE				
VOCATIONAL AND OTHER TRAINING					VOCATIONAL AND OTHER TRAINING				
SOCIAL SECURITY NUMBER			EMPLOYED		SOCIAL SECURITY NUMBER			EMPLOYED	
			<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION(S)					OCCUPATION(S)				
UNIT NUMBER AND NAME					UNIT NUMBER AND NAME				

INFORMATION ON PARENTS (cont'd)

NATURAL FATHER		NATURAL MOTHER	
MILITARY SERVICE AND DATES		MILITARY SERVICE AND DATES	
TYPE OF DISCHARGE	RANK/PAY GRADE	TYPE OF DISCHARGE	RANK/PAY GRADE
RELIGIOUS PREFERENCE		RELIGIOUS PREFERENCE	

MARITAL STATUS OF NATURAL PARENTS

(How verified)

NEVER MARRIED
 MARRIED TO EACH OTHER _____
(Date) *(Place)*

(How verified)

NEVER
 MAINTAINED A HOME TOGETHER _____
(State) *(County)* *(City)*

NOW, LIVING TOGETHER
 SEPARATED
 DIVORCED _____
(Date) *(Place)*

(How verified)

PATERNITY ESTABLISHED BY COURT ORDER _____
(Date) *(Court)*

NAME OF LEGAL FATHER IF NOT NATURAL FATHER (Above) _____

FATHER <i>(If deceased)</i>	MOTHER <i>(If deceased)</i>
DATE AND PLACE OF DEATH	DATE AND PLACE OF DEATH
CAUSE OF DEATH	CAUSE OF DEATH

OTHER CHILDREN FROM EITHER OF NATURAL PARENTS

NAME <i>(Last, First, Middle)</i>	BIRTHDATE <i>(YYYYMMDD)</i>	OTHER INFORMATION

NATURAL FATHER'S RELATIVES *(Parents, siblings, children, other unions)*

NAME	RELATIONSHIP	ADDRESS

NATURAL MOTHER'S RELATIVES *(Parents, siblings, children, other unions)*

NAME	RELATIONSHIP	ADDRESS

CHANGES IN WHEREABOUTS *(Relatives listed above)*

NATURAL FATHER		NATURAL MOTHER	
DATE	NAME AND ADDRESS	DATE	NAME AND ADDRESS