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TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

SECTION A. SERVICE MEMBER INFORMATION

NAME: _____ DOD ID: _____ INSTALLATION: _____

WORK EMAIL: _____ PERSONAL EMAIL: _____

DATE OF SEPARATION: _____ WORK PHONE: _____ CELL PHONE: _____

HOW MANY YEARS OF SERVICE: _____ DOB: _____ AGE: _____ GENDER: _____

SECTION B. DEMOGRAPHICS

Rank: E1-E5 E6-E7 E8-E9 O1-O3 O4-O6 O7-O10 WO1-CW05

Service Branch: USN USAF USA USMC USCG USSF Reserve Guard

Rate/Designator/MOS/AFSC: _____

Marital Status: Single Married Widowed Divorced Separated Children# _____

Highest Level of Education: GED/HS Associates Bachelors Masters Post-Graduate Doctorate

Concentration: _____

SECTION C. DISCHARGE

Retiring 20+ Years	<input type="radio"/> Yes	<input type="radio"/> No
Medical Retirement	<input type="radio"/> Yes	<input type="radio"/> No
Medical Separation	<input type="radio"/> Yes	<input type="radio"/> No
Voluntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Involuntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Administrative Separation	<input type="radio"/> Yes	<input type="radio"/> No
Demobilization	<input type="radio"/> Yes	<input type="radio"/> No

SECTION D. PROJECTED CHARACTERIZATION OF DISCHARGE

Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Honorable Conditions (General)	<input type="radio"/> Yes	<input type="radio"/> No
Other than Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Bad Conduct	<input type="radio"/> Yes	<input type="radio"/> No
Dishonorable	<input type="radio"/> Yes	<input type="radio"/> No
Dismissed	<input type="radio"/> Yes	<input type="radio"/> No
Uncharacterized	<input type="radio"/> Yes	<input type="radio"/> No
Unknown	<input type="radio"/> Yes	<input type="radio"/> No

SECTION E. PERSONAL GOALS

What are your post-separation short-term goals?

What are your post-separation long-term goals?

SECTION F. FACTORS



FAMILY LIFE AND RELOCATION PLAN:

- 1. Do you plan to relocate after leaving the military? Yes No Unsure
If Yes, where? _____
- 2. Is cost of living higher where you plan to relocate? Yes No Unsure
- 3. Do you anticipate having a support system in place?
e.g., Family, Friends, Mentor, Transportation, Housing Yes No
- 4. Does the thought of leaving the military create stress on you or your family? Yes No

FINANCIAL PLAN:

- 1. Have you initiated projected post transition budget? Yes No N/A
- 2. Are you planning for your retirement? (e.g. TSP, 401K) Yes No N/A
- 3. Have you established a financial emergency plan? Yes No N/A
- 4. Do you have adequate cash set aside in case of emergencies? Yes No N/A
- 5. Have you considered additional expenses? (childcare or child support, commuting, etc.) Yes No N/A
- 6. Have you calculated the impact of renting vs. buying during your transition period? Yes No N/A
- 7. Have you examined your tax status with regard to taxable income? Yes No N/A
- 8. Have you reviewed your vehicle(s) payment, insurance, registration and taxes? Yes No N/A
- 9. Have you assessed your insurance needs? (medical, exceptional family member, dental, life) Yes No N/A
- 10. Have you reviewed your credit report in the last 4 months? Yes No N/A
- 11. Do you have an up-to-date will and/or power of attorney? Yes No N/A

SECTION G. TRACKS

EMPLOYMENT PLAN

- 1. Do you plan to work after leaving the military? Yes No
- 2. Do you have a confirmed job offer? Yes No
- 3. Do you have an updated resume? Yes No
- 4. Do you plan on staying in your current career field? Yes No
- 5. Would you like more information on employment? Yes No

EDUCATION PLAN

- 1. Do you plan to enroll in continuing education or do you have enrollment confirmation? Yes No
- 2. Do you have a professional license(s)/certificate(s)? Yes No
- 3. Would you like more information on education? Yes No

ENTREPRENEURSHIP PLAN

- 1. Do you currently own a business? Yes No
- 2. Do you intend to start your own business after leaving the military? Yes No
- 3. Do you have a business plan? Yes No
- 4. Would you like more information on entrepreneurship? Yes No

VOCATIONAL PLAN

- 1. Have you attended a trade school? Yes No
- 2. Are you enrolled in or plan to enroll in an apprenticeship program? Yes No
- 3. Do you have a technical or trade license(s)/certification(s)? Yes No
- 4. Would you like more information on trades? Yes No



TAP Service Member Additional Information Questionnaire

Ramstein AB



1. Have you previously attended a TAP workshop?

** If yes, please provide dates and location:

2. Which statement reflects your current term of service (years in the military)?

3. Do you have a disability that may impact your pursuit in a job or school?

Explain:

4. I have _____ to support my current lifestyle after I transition.

Explain:

5. How interested are you in TAP assistance?

Explain:

6. My civilian career path _____ to my AFSC/MOS.

Explain:

7. My education history includes _____.

Explain:

8. I am seeking a _____ demand career field according to O*NET.

Refer to: www.mynextmove.org

Explain:

9. Are you seeking employment OR currently have a full-time job offer post transition?

Explain:

10. Are you planning to continue/further your education post transition?

Explain:

11. Please list **two** date options when you are available to attend both Pre-Separation Counseling and TAP. (Reference TAP Dates: <https://86fss.com/mfrc/transition-assistance-program/>). Note: Pre-Sep is a pre-requisite to attend TAP.

Pre-Sep Option 1:

Pre-Sep Option 2:

TAP Option 1:

TAP Option 2:

12. I am _____ in attending one of the two-day tracks (Education/Employment/Entrepreneurship/Vocational) and do/do not have associated experience with desired track? If interested, select the track(s) and list dates requested.

Option 1

Option 2

Option 3

Option 4

Date:

Date:

Date:

Date:

13. I am _____ with my decision to transition out of the military.

Explain:

14. I feel that I have a _____ network of friends/co-workers/family as I transition out of the military.

Explain:



Ramstein Air Force Base
Military & Family Readiness Center
STATEMENT OF UNDERSTANDING



If you have never been to a Military & Family Readiness Center (M&FRC) before, you may be unsure of what to expect. The following information is offered for you to consider and, if you wish, to discuss with the staff member.

Demographics and Services: You are being asked to provide information for secure storage in our Air Force Family Integrated Results and Statistical Tracking (AFFIRST) system. Your record contains demographic information, a brief description of your visit(s), and information regarding your service plan. Records are maintained for the sole purpose of continued service to you.

Privacy and Disclosure: The M&FRC respects your privacy, however, the staff members DO NOT have privileged communication. If your supervisor/Commander/First Sergeant made the appointment for you, we will provide general feedback to that person, but will not ordinarily go into specific detail about your situation. The squadron commander will be notified of situations, which may directly impact your personal health, safety or mission accomplishment. As in civilian life, M&FRC staff members are required by law, with or without your consent, to contact proper authorities: (1) If they believe you intend harm to yourself or others, (2) If family member maltreatment, molestation, child neglect, or drug use is suspected. Air Force policy requires any M&FRC staff to contact proper authorities regarding any statement made or information disclosed if it pertains to possible violations to AFI 40-301 (Family Advocacy Program) or admission of a crime in violation of the Uniformed Code of Military Justice, federal, or state law(s).

Minor Children Clause: By signing this form, you grant permission for your minor child to participate in our services and/or activities. You agree to and shall indemnify and hold harmless the M&FRC, its offices, agents, and employees, from and against any and all claims, losses, damages, causes of action, suits, and liability of every kind; including all expenses of litigation, court costs, and attorney's fees, for any injury or damages which you, your child, or any other person or entity might sustain as a result of your child participating in a service/activity.

Photographs: Please be aware that photographs may be taken for use in promoting our programs and events. The photographs may be used in various media outlets, including (but not limited to) internet, publications, and social media. If you do not want your picture taken or shared, please inform a staff member during the event in which photographs are being taken.

By signing below, you are acknowledging that you have read and understand the above information.

Dr. Julie Taufasau

Dr. Julie Taufasau
Flight Chief, Military & Family Readiness Center

Customer Signature

Date

M&FRC Staff Member Signature

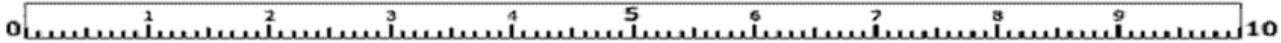
Date

Ramstein Air Force Base Military & Family Readiness Personal Readiness Inventory (PRI)

Name: _____ Sponsors Last 4: _____ DOD ID: _____ Date: _____

Please answer this brief inventory to help us understand your overall personal readiness and adjustment to military life.
Instructions: Based on the PAST WEEK, please rate how well things are going by placing a number on the space provided on the right on the scale 0-10 with 10 as the BEST possible rating. An M&FRC staff member will use your answers to clarify your goals for coming to the Military & Family Readiness Center.

OVERALL ADJUSTMENT TO MILITARY LIFE
(Understand & support the military lifestyle & mission requirements, etc...)



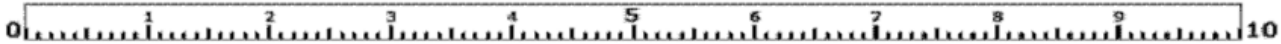
RELOCATION/MOVING
(Ability to move when required)



ADJUSTMENT TO COMMUNITY
(Ability to find on/off-base information, services, events & activities, etc...)



DEPLOYMENT READINESS
(Ability to support short-notice deployments, awareness of available support for loved ones, etc...)



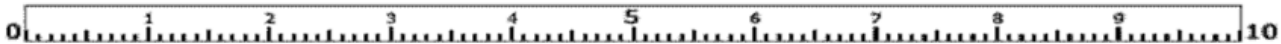
EMPLOYMENT
(Job search techniques & skills, ability to secure suitable employment, etc...)



FINANCIAL READINESS
(Basic needs & financial obligations met, savings, investments & retirement, etc...)



MILITARY/WORK ENVIRONMENT
(Work environment/relationships OPSTEMPO/pace of work)



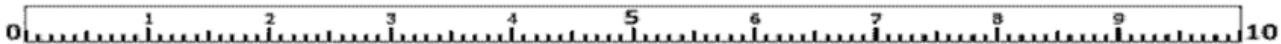
PERSONAL RELATIONSHIPS
(Family, Friends, & loved ones etc...)



RETENTION
(Intention to continue military career past current commitment)



TRANSITION TO CIVILIAN LIFE
(Prepared for separation/retirement, aware of benefits & entitlements, etc.)



The information accessed through this application must be protected IAW AFI 33-332 and DoD Regulation 5400.11; Privacy Act of 1974 [Public Law 93-579] as Amended Applies, and it is FOR OFFICIAL USE ONLY



MILITARY & FAMILY READINESS CENTER

86 FSS/FSH

Staff use only Entered in AFFIRST <input type="checkbox"/>
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Military Member's Name (last, first, MI) Gender M F Other	Rank (ex: E-3, CIV, etc)	DOB
Unit/ Section (ex: 86 FSS/FSH)	Last four digits of SSN	Full DODID #
DOD email address _____	Work contact number	Personal contact number
Personal email address _____	APO address _____ _____	First Duty Station? <p style="text-align: center;">Yes No</p>
Are you in the Personnel Reliability Program? (Includes PRP, PRAP, or Arming use of Force) <p style="text-align: center;">Yes or No</p> Do you have a family member enrolled in the EFMP program? <p style="text-align: center;">Yes or No</p>	Child Information	
	Name (last, first)	(M/F) DOB
Marital Status: Single ___ Married ___ Dual Mil: Y or N (If married, please complete Spouse Information block)	Spouse Information	
Is your Spouse present at this Orientation? <p style="text-align: center;">Yes or No</p>	Name (last, first)	Gender
	Last four of SSN	
	Full DODID#	
	DOB (MM/DD/YYYY)	
	Email address	
	Contact number	

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