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DEPARTMENT OF THE AIR FORCE

TRANSITION ASSISTANCE PROGRAM

Initial Self-Assessment Worksheet

SERVICE MEMBER INFORMATION

Grade/Rank: _____ Name (Last, First MI.): _____

DOD ID: _____ DOB: _____ Age: _____ Sex: _____

Unit & Installation: _____ Years of Service: _____

Branch: _____ Status: _____ MOS/AFSC: _____

Marital Status: Work _____ Children #: _____ Civilian Phone: _____

Email: _____ Civilian Email: _____

EDUCATION

Level of Education: _____ Concentration: _____

DISCHARGE

Anticipated* DOS: _____ *Anticipated is defined as the release date reflected in the Military Personnel System

Reason for Separation: _____

Character of Discharge: _____

Are you less than 365 days from DOS? _____

FAMILY LIFE AND RELOCATION PLAN What are
your post separation short term goals?

What are your post separation long term goals?

Do you have an up-to-date will and/or power of attorney?

Do you plan to relocate after the military? If so, where?

If applicable, is the cost of living higher where you intend to relocate?

Will you have a support system (family, friends, mentor, transportation, housing) in place? Does
the thought of leaving the military create stress on you and/or your family?

Are you comfortable with your decision to transition?



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FINANCIAL PLAN

- Have you initiated projected post transition budget?
- Are you planning for your retirement? (e.g. TSP, 401K)
- Do you have adequate cash set aside in case of emergencies?
- Have you considered additional expenses? (childcare or child support, commuting, etc.)
- Have you calculated the impact of renting vs. buying during your transition period?
- Have you examined your tax status with regard to taxable income?
- Have you reviewed your vehicle(s) payment, insurance, registration and taxes?
- Have you assessed your insurance needs? (medical, exceptional family member, dental, life)
- Have you reviewed your credit report in the last 4 months?

EMPLOYMENT PLAN

- Do you plan to work after leaving the military?
- Do you have a confirmed job offer?
- Do you plan on staying in your current career field?
- Do you have an updated resume?
- Would you like more information on employment?

EDUCATION PLAN

- Do you plan to enroll in continuing education or do you have enrollment confirmation?
- Do you have a professional license(s)/certificate(s)?
- Would you like more information on education?

ENTREPRENEURSHIP PLAN

- Do you currently own a business?
- Do you intend to start your own business after leaving the military?
- Do you have a business plan?
- Would you like more information on entrepreneurship?

VOCATIONAL PLAN

- Have you attended a trade school?
- Are you enrolled in or plan to enroll in an apprenticeship program?
- Do you have a technical or trade license(s)/certification(s)?
- Would you like more information on trades?



DEPARTMENT OF THE AIR FORCE

MILITARY & FAMILY READINESS

Service Delivery Statement of Understanding & Personal Readiness Inventory

STATEMENT OF UNDERSTANDING

Military & Family Readiness is here to assist you in various ways, helping you prioritize your concerns and find resources to cope with personal and work-related situations. We offer classes, workshops, and a resource room with books, videos, and computers for your benefit. Your privacy will be respected by the staff. However, please note that they may share general feedback with your supervisor/commander/first sergeant without divulging specific details. In certain circumstances, such as potential harm to yourself or others, or suspicion of family member maltreatment, molestation, child neglect, or drug use, the staff may be legally obligated to contact the appropriate authorities. Demographic information provided by you will be securely stored for the purpose of assisting you as a customer.

SIGNATURE:

DATE:

Your signature above signifies that you have read and understand our Service Delivery Statement of Understanding.

SERVICE MEMBER PERSONAL READINESS INVENTORY

Instructions: Based on the past week, please rate how well things are going by annotating 0-10 scales below, with 10 as the best possible rating.

- _____ **ADJUSTMENT TO MILITARY LIFE** (Understand & support the military lifestyle & mission)
- _____ **RELOCATION/MOVING** (Ability to move when required)
- _____ **ADJUSTMENT TO COMMUNITY** (Ability to find on/off-base information, services, events & activities)
- _____ **DEPLOYMENT READINESS** (Ability to support deployment & awareness of available family support)
- _____ **EMPLOYMENT** (Job search techniques & skills, ability to secure suitable employment)
- _____ **FINANCIAL READINESS** (Basic needs & financial obligations met, savings, investments & retirement)
- _____ **MILITARY/WORK ENVIRONMENT** (Work environment/relationships OPSTEMPO/pace of work)
- _____ **PERSONAL RELATIONSHIPS** (Family, friends, & loved ones)
- _____ **RETENTION** (Intention to continue military career past current commitment)
- _____ **TRANSITION TO CIVILIAN LIFE** (Prepared for separation, aware of benefits & entitlements)



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:



MILITARY & FAMILY READINESS CENTER

86 FSS/FSH

Staff use only

Entered in AFFIRST ☐

Military Member's Name (last, first, MI)	Sex M F	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? Yes No
Are you in the Personnel Reliability Program? (Includes PRP, PRAP, or Arming use of Force) Yes or No Do you have a family member enrolled in the EFMP program? Yes or No	Child Information		
	Name (last, first)	(M/F)	DOB
Marital Status: Single___Married___Dual Mil: Y or N	Spouse Information		
(If married, please complete Spouse Information block)	Name (last, first)	M F	
	Last four of SSN		
Will spouse be attending TAP with service member? Yes or No	Full DODID#		
	DOB (MM/DD/YYYY)		
	Email address		
	Contact number		

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