

**Keesler Air Force Base Airman and Family Readiness Center (A&FRC)  
Client Information and Service Delivery Statement of Understanding (SOU)**

MILITARY MEMBER INFORMATION				DATE:		
NAME (First, Middle, Last)			GRADE	DoD ID#	STATUS	BRANCH OF SVC
SEX	MARITAL STATUS	DATE OF BIRTH	UNIT		BASE	
HOME ADDRESS (Include City, State & Zip Code)			PERSONAL PHONE #	WORK PHONE	EMAIL ADDRESS	
<b>Purpose of Visit (Circle One):</b> Personal Financial Mgmt ** Employment Assistance ** <span style="background-color: yellow;">Transition</span> ** Emergency Financial Aid ** SBP ** Family Life ** Relocation ** Family Readiness ** Volunteer Program ** EFMP ** Casualty ** SLO ** Voting						
SPOUSE INFORMATION (leave blank if not married)						
NAME (First, Middle, Last)			DOB	E-MAIL ADDRESS		
ADDRESS (if different than military member) Street or PO Box, City, State, ZIP				PERSONAL PHONE #		
				DOD ID #		
MINOR CHILDREN (only complete if the purpose of the visit involves providing services to minor children)						
Name/Gender		Date of Birth	Name/Gender		Date of Birth	
<b>PRIVACY ACT STATEMENT</b>						
<small>           AUTHORITY: 10 U.S.C. 8013 and Executive Order 9397            PRINCIPAL PURPOSE: Client demographics are required for accurate service delivery, analysis, and future program planning.            ROUTINE USES: This information may be disclosed to federal, state, local or foreign law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of other benefit; to congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to NARA for records management inspections; and to the Department of Justice for pending or potential litigation.            DISCLOSURE IS VOLUNTARY: Failure to provide the necessary data will not result in the individual being denied services.         </small>						

**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 A&FRC respects your right to privacy, however, the staff members DO NOT have privileged communication. If your supervisor, Commander, or First Sergeant made your appointment for you, we may provide them general feedback about the consultation, but normally will not go in to specific details. Air Force policy requires any A&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 A&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.

Jackie Pope  
Chief, A&FRC

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

Customer Signature

Date

A&FRC Signature

Date

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V \_\_\_\_\_

M \_\_\_\_\_

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S/R

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DATE

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