



Individual Relocation Plan

Section I Members Information			
Name: (Last, First, Middle Initial)	Branch of Service:	Rank/Rate:	SSN:
Installation:	Unit:	MOS/MCC:	
Home Phone:	Work Phone:	Other Phone:	
Current Work Address: (Street, City, State, Zip):			
Current Mailing Address: (Street, City, State, Zip):			
Email Address:			
Leave in Route Address: (Street, City, State, Zip):			
Estimated Date of Detachment:	Estimated Date of Arrival:	Gaining Installation/Command:	
Marital Status:	Spouse Name:	Ages of Children:	
How many years of service?:		Separating or retiring?:	
Remarks:			

Section II Special Requirements (check all that apply)
<input type="checkbox"/> EFMP/Special Needs <input type="checkbox"/> Financial <input type="checkbox"/> Family Member Employment <input type="checkbox"/> Childcare <input type="checkbox"/> Pets <input type="checkbox"/> Immigration
<input type="checkbox"/> Foreign Born Family Members <input type="checkbox"/> Medical <input type="checkbox"/> Overseas Move <input type="checkbox"/> Adult Education <input type="checkbox"/> Schools
<input type="checkbox"/> Marriage/Birth in Route
Remarks:

Section III Housing (check all that apply)

- Housing application provided
- Off-base housing information provided
- Unique housing requirements

Remarks:

Section IV Services Offered (check all that apply)

	Requested	Provided
Welcome Aboard Packet	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor Request	<input type="checkbox"/>	<input type="checkbox"/>
SITES	<input type="checkbox"/>	<input type="checkbox"/>
Military One Source	<input type="checkbox"/>	<input type="checkbox"/>
Workshops/Classes	<input type="checkbox"/>	<input type="checkbox"/>
Community Information	<input type="checkbox"/>	<input type="checkbox"/>
Lending Locker	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Section V Travel Assistance (check all that apply)

	Requested	Provided
Referral to TMO	<input type="checkbox"/>	<input type="checkbox"/>
Passport Information	<input type="checkbox"/>	<input type="checkbox"/>
Lodging Information	<input type="checkbox"/>	<input type="checkbox"/>
Map Services	<input type="checkbox"/>	<input type="checkbox"/>
Entitlement Information	<input type="checkbox"/>	<input type="checkbox"/>
Pet Travel Information	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Section VI Miscellaneous Information

Resident RAP specialist:

Date services provided:

<i>Comments:</i>	
Gaining RAP specialist:	Date services provided:
<i>Comments:</i>	

Section VII Outcome
Outbound: Was customer satisfied with service provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Inbound: Did the service or information assist the customer in the relocation process? <input type="checkbox"/> Yes <input type="checkbox"/> No