

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
FAMILY CHECK-IN FORM FOR OMBUDSMEN

Service Member's Name		Rank/Rate		Unit/Dept/Division	
Work Phone #		Work Email Address		Projected Rotation Date (PRD)	
Mailing Address: Street, City, State, and ZIP					
Spouse's Name (if applicable)		Spouse's Mailing Address (if different from above), Street, City, State, and ZIP			
Spouse's Contact Information:	Email		Cell		
	Home		Work		
CHILDREN: NAME (Last, First, Middle)		AGE	NOTES		
Primary Emergency Point of Contact:		Name		Phone #	
Secondary Emergency Point of Contact:		Name		Phone #	
Please list anyone else you would like command information and newsletters sent to (example: parents):					
Name		Mailing Address			
Email Address		City, State, ZIP			
Name		Mailing Address			
Email Address		City, State, ZIP			
I authorize the Ombudsman to use this information for official purposes only. I understand all information is <u>confidential</u>.					
Signature				Date	
The U.S. Coast Guard Ombudsman Program is a source of information and referral on anything affecting command family members. Although the Ombudsman's Program does not consist of counselors, but volunteers who may direct the family member to those who provide counseling or other resources required by the affected family member(s). This may include program assistance from, for example, the Special Needs Program, the DOD School Liaison Office, the Command's Spouses Group, and many other resources. AUTHORITY: 5 U.S.C. 301; 14 U.S.C. 632; 44 U.S.C. 3101; and COMDTINST 1750.4E. PURPOSE: To serve as an intake form for Coast Guard members and dependants to request information on various military programs and services and, once completed, to be used by the Coast Guard to alert, notify, advise, or recall personnel in event of a natural, man-made disaster, or when directed by the Commanding Officer. ROUTINE USES: Information will be used by Ombudsman to provide essential command-related information to CG military members. Any external disclosures of data within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel System of Records Notice, 76 Federal Register 66933, (October 28, 2011). DISCLOSURE: Voluntary; however, failure to provide the requested information may result in the Ombudsman's failure to provide the requested services to the service member or his/her dependants.					