

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
SCI SCREENING CHECKLIST (NEW)

Last, First, MI	EMPLID	Rank/Code
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PURPOSE: This form is to determine a member's ability to initially obtain SCI eligibility. For each YES answer complete the SCI Screening Continuation Sheet (CG-5521C) utilizing the instructions located on page 2.

Citizenship: US Born US Born Abroad Naturalized US Dual Not a US Citizen

	Yes	No
1. Do you have any cohabitants or immediate family members (parents, step-parents, siblings, half-siblings, step-siblings, spouse, fiancé) who are not US citizens OR are dual citizens OR who were not born in the US?		
2. Do you have contact with a foreign national that involves a bond of affection, personal obligation, intimate contact, or any contact that involves the exchange of personal information? This includes either in-person or electronic (e-mail, chat rooms, social media, gaming, and amateur radio).		
3. Do you or your immediate family members have foreign property or foreign financial interests?		
4. Have you married, divorced, or begun cohabitating since you last submitted an SF-86?		
5. Have you ever been involved in the loss OR mishandling of classified information/material OR misuse of government information system?		
6. Have you ever been arrested, charged, sentenced or been under investigation for UCMJ or civil proceedings?		
7. Have you ever had your clearance denied, suspended or revoked?		
8. In the last seven years, or since age 18, whichever is shorter, have you:		
a. Had any alcohol-related incidents, treatment, or counseling?		
b. Have you used, possessed, bought, sold, or transferred any illegal drug or controlled substance under Federal Law?		
c. Experienced financial difficulties (bankruptcy, repossession, tax lien, late payments, past due accounts, garnishment, short-sale, judgment, gov't travel card issues or collection accounts etc)...?		
d. Been issued a summons, citation, or ticket for a traffic violation in excess of \$300.00?		
9. In the last seven years, or since age 18, have you consulted with a healthcare professional regarding an emotional or mental health condition, or were you hospitalized for such a condition? Contact the SSO for instructions prior to continuing the SCI Screening Continuation Sheet.		
10. In the last seven years have you taken personal/unofficial travel outside the US?		

My answers on this form, and on any attachments, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that intentionally withholding, misrepresenting, or falsifying information will have a negative effect on my security clearance, employment prospects, or job status up to and including denial or revocation of my security clearance, or my removal and debarment from Federal service.

Member	Member Signature	Date
SSO Name	SSO Signature	Date

Privacy Act Statement

In accordance with Title 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U.S. Coast Guard.

Authority - Title 37 USC Sections 403 & 404

Principal Purpose(s) - Used to aid in determining ability to achieve SCI eligibility

Routine Uses - Same

Disclosure - Disclosure of information is voluntary. Failure to answer will result in cessation of all SCI security processing with notification made to COMDT (CG-221)

Instructions for SCI SCREENING CHECKLIST

Citizenship: If Naturalized provide a copy of the Naturalization Certificate.
If US born abroad provide a copy of the State Department Birth Certificate.
If Dual Citizen state the country of citizenship, when it began/ended. Provide a copy if a foreign passport holder.
If Not a US Citizen cease processing. Not eligible for SCI.

1. **Family Citizenship:** List all applicable individuals, citizenship, and their relationship to you. Include type, frequency, and method of contact. Please include a copy of citizenship status (visa, passport, birth certificate etc...)

2. **Affiliation Citizenship:** List all applicable individuals, citizenship, and their relationship to you. Include type, frequency, and method of contact.

3. **Foreign Property:** List the following for each property/interest:

- The date the asset was obtained.
- The name of the person who owns the asset.
- Their relationship to the nominee (e.g. Legal, Personal).
- The type of asset (e.g. property, bank account).
- The potential for inheritance.

4. **Change in Status:** Marriage/Cohabitation-complete an INV SF-86C and provide a copy of the Marriage Certificate. Divorce-provide a copy of the Divorce Decree.

5. **Handling Classified Material:** List the following for each incident:

- The date, duty station/location of the incident.
- A detailed description of the incident.
- Disposition of the incident (e.g. NJP, CG3307, etc.).
- Was there a compromise?
- Was the incident reported to the unit and SSO/CSO?

6. **Criminal Conduct:** List the following for each incident:

- The date, duty station/location of the incident.
- A detailed description of the incident.
- Disposition of the case of the incident (e.g. NJP, CG3307, etc.).
- Was there a compromise of classified information?
- Was the incident reported to the unit and SSO/CSO?

7. **Clearance Status:** List the following for each incident:

- The date, duty station/location of the type of removal.
- A detailed description of the incident.
- Resolution of the incident (e.g. reinstated, upheld, etc.).

8. **Personal Conduct:** List the following for each incident:

- The date, duty station/location of the incident.
- A detailed description of the incident including the substance involved.
- Disposition of the incident (e.g. Treatment, NJP, CG3307, Civil fines, repayment/payment plans, etc.).
- Was the incident reported to the unit and SSO/CSO?

9. **Mental Health:** List the following for each incident:

- The date(s) you met with the professional/were hospitalized and duty station/location of the incident.
- A detailed description of the consultation/treatment and/or diagnosis/prognosis.
- Are you still in treatment? If so, how often?
- Are you taking medications? If so, what and how often?
- Was the incident reported to the unit and SSO/CSO?

10. **Unofficial Foreign Travel:** Provide the CG5000A (Military Member Unofficial/Leave Foreign Travel Authorization) OR List the following for each incident on the SCI Screening Continuation Sheet:

On a Continuation Sheet for each trip, list: (visit family/friends, tourism religious missions, language immersion, studied abroad, etc.)?

- The dates of travel (may be estimated to month/year).
- Country(ies) visited
- Purpose of travel.