

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. § 301 and Departmental Regulations, PSCINST 1300(series) and applicable message guidance.
Principle Purpose: Personnel Support
Routine Uses: Information will be used by personnel within the Coast Guard to determine suitability for assignment to an overseas permanent duty location.
Disclosure: The requested information is mandatory. Failure to respond may preclude successful processing of an application for dependent command sponsorship and may lead to appropriate administrative or disciplinary action against the member.

Purpose. The purpose of this form is to facilitate determining a member/dependents' suitability for duty overseas. This includes ascertaining if the member/dependents (current or those to be acquired en route) understand and are fully prepared for living at the location. Any doubts about suitability shall be brought to the attention of the command. A thorough review of ALL questions on this form, along with supplemental guidance from PSC, the Entry Approval Point, and the receiving command, is essential to a successful screening. Digital signatures preferred.

Use. This form will normally be completed twice by a member with involvement from their Command and HSWL representative:

1. First, prior to adding an overseas unit on an e-resume. Member shall research the unit/location then complete Part I of this form and review Part II with a HSWL representative. The Command shall conduct Part III with the member and spouse/dependents then provide an e-resume endorsement in Part IV. The member should **retain the form**.
2. Second, upon receipt of PCS orders. Member shall complete Part I and HSWL shall complete Part II. Command interviewer shall complete Part III with the member and spouse/dependents. Command shall complete Part IV then submit the form to the Entry Approval Point within 15 calendar days of issuance of PCS orders.

Delayed submission. Delayed submission of this form to the Entry Approval Point may result in immediate cancellation of PCS orders. Each Part of the form shall be completed without delay by the responsible entity. If member does not complete the form, the Command shall submit with a negative endorsement. If medical/dental/special needs information is not available, HSWL shall complete Part II with "No" and submit to Command to ensure remittal to the Entry Approval Point within the 15 calendar day window. Resubmission of the form with updated medical/dental/special needs information should be completed as soon as possible.

Part I. Member shall answer questions 1-19 and sign/date in blocks 20/21; single members answer "N/A" for dependent specific questions. If acquiring dependents (e.g., marriage, adoption) prior to reporting, all dependents must complete a screening before accompanying the member.

Part II. The departing Base HSWL designated member shall review/complete blocks 1-8 with the member to include assessment of all appropriate medical files, review of Work Life cases or special needs requirements, **and** coordinate with Entry Approval Point HSWL representative to validate whether capabilities are available to meet member/dependent needs. For PCS orders if information for the dependents' medical/dental/special needs is not available within the 15 day window, HSWL shall not delay completion of Part II, a recommendation shall be "No" and submit form to the departing Command. Resubmission can be completed as needed.

- Signature criteria: Departing HSWL Regional Manager shall designate in writing a clinic E7 or above to review/sign for Part II. Review will be in consultation with medical, dental, and medical administrator as needed.
- For a member's e-resume, a departing HSWL designated member should review blocks 1-5. Departing HSWL signature **IS NOT REQUIRED**, however, review will be in consultation with medical, dental, and medical administrator as needed.
- For PCS orders, blocks 1-8 shall be completed. Departing HSWL will make a recommendation based on the information available, approved medical/dental waivers received, and on the capabilities of the Medical/Dental Treatment Facilities in the area of assignment to which ordered. Departing HSWL signature **IS REQUIRED**.

Part III. The command interview is used to determine, via record review and personal interview, member and dependent suitability for duty/life at the desired/assigned overseas unit. Interviewer shall review each Part I question, the explanations, and utilize additional questions to determine suitability for overseas unit assignment. The interview shall be conducted by:

- A member E7 to CWO4 or O3 and above from the departing unit or senior chain and has previously been assigned in the area the member is interested/has orders to, or who has been assigned overseas.
- A representative from the Entry Approval Point, if possible; and
- A representative from the receiving unit, if possible.

The interviewer should contact the Entry Approval Point if they have any questions about how to conduct the interview.

Part IV. After fully reviewing all information, the Commanding Officer, Officer in Charge, or command designee will make a recommendation on the ability of the member and their noted dependents for overseas assignment.

- For a member's e-resume, the Command endorsement must state that the command has reviewed member's form CG-1300 and recommends the member for overseas duty.
- For PCS orders, the departing Command shall make a final recommendation for member and all dependents by completing blocks 1-5 and submit the form to the appropriate Entry Approval Point within 15 calendar days of receipt of PCS orders. Individual units/locations are not authorized to approve entry packages.

Entry Approval Point	Units/Location
Base Ketchikan	All SE Alaska Units/Locations
Base Kodiak	All Central and SW Alaska Units/Locations
Base Portsmouth	All Europe/Africa
Base Miami	All Caribbean/Central and South America
Base Honolulu	Guam/SE Asia/HI units
Special Mission Training Center (SMTC)	PATFORSWA

(continued on next page)

Part V. The Base/Unit listed as the Entry Approval Point for the location the member has PCS orders shall make a consolidated decision regarding suitability. Entry Approval Point Base Personnel Support Dept Head or SMTC designee renders a Final Decision for each member/dependent within five (5) calendar days of receipt. The decision shall be returned to the departing command for member acknowledgement and will be one of four options:

- 1) Approval of member and all dependents,
- 2) Approval of member and select dependents,
- 3) Approval of member only, or
- 4) Denial of member and dependents.

Signature criteria:

- CG Medical: The receiving Base or designated CG Clinic Senior Medical representative.
- CG Dental: The receiving Base or designated CG Clinic Senior Dental representative.
- Base HSWL Dept Head: The receiving Dept Head or acting.
- Base Personnel Support Dept Head: The receiving Dept Head or acting.

Part VI. Member will sign acknowledgement within two (2) calendar days of receipt and return to Entry Approval Point.

No sensitive medical or personal information (HIPAA/PII) shall be contained on this form.

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1. MEMBER NAME	2. PRESENT UNIT	3. DEPT ID
4. RATE/RANK	5. OVERSEAS LOCATION(S)/UNIT	6. OVERSEAS DEPT ID

Part I: SELF REVIEW. Assessment to verify member and dependent suitability for duty/life at a desired/assigned overseas unit. Reference PSCINST 1300 (series) for additional details. N/A shall be checked for single members only.

- Special needs identified after issuance of PSC orders could result in an unaccompanied tour.
- Responses to all questions will be reviewed by the Command and Entry Approval Point which may disqualify a member and/or dependents(s) for overseas assignment.

1. Are you currently assigned to an overseas position? If answered "YES", enter date of last screening.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date:		
2. Have you or any dependent previously been reassigned (e.g., ERD) prior to normal tour completion for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you within one year of your enlisted professional growth point (PGP) for High Year Tenure or in-zone for officer selection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.a. Have you failed two or more weigh-ins in the past 36 months, have a history of non-compliance, or are you currently on weight probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you have an unsatisfactory conduct, below standard performance (any mark 3 or below), or NJP in past 36 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you ever been convicted of a sex offense, been convicted of a criminal offense (civilian or military) within the last 24 months or have any involvement in an ongoing criminal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do you have a record of any involvement with drugs or alcohol within the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.a. Do you have a Government Travel Credit Card in good standing and no defaulted payments in the past 36 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you possess a current Security Clearance required for the position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. (If traveling/to through a foreign country) Do you and all dependent(s) possess a current passport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. (If PCS to a foreign country) Have you completed "Level I" Antiterrorism Force Protection (Level III for O-5/6 Commanding Officer Awareness Training) prior to transfer and is it recorded?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you understand acquiring dependent(s) en route or bringing dependent(s) without entry approval/command sponsorship may place dependent(s) in a location where necessary care/services are not available, which may result in disciplinary action and dependent(s) return to CONUS at personal expense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you or your dependent(s) involved in an open Special Needs, Family Advocacy, or substance abuse case?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you understand that insufficient and/or inaccurate information may affect dependent travel?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you understand if dependent(s) are denied entry approval, you may be assigned an unaccompanied tour based on unit readiness needs?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you enrolled any dependent(s) with special medical or educational conditions in Special Needs Program?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If married, is your spouse active duty or an employee of another U.S. Government agency?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If any dependent was previously a member of the Armed Forces, was the separation characterized as "Honorable"? If "NO", explain in Part III.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.a. Has any dependent ever been convicted of a sex offense, been convicted of any criminal offense (civilian or military) within last 24 months or had any involvement in ongoing criminal action?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does your spouse/dependent(s) have a record of any involvement with illegal drugs or alcohol within the past 10 years?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. (Single parents/military couples with dependents) Can your dependents be taken care of during duty, deployment, or emergency situations? NOTE: While unique situations of single parents or dual military couples with dependents is not disqualifying, this fact should be noted during suitability determination. Explain your arrangements during interview.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are any of your dependents covered in a custody agreement? If "NO", go to question 16d.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Does agreement prevent removal of dependent(s) from across state lines or from the contiguous United States (CONUS) without prior court approval or agreement between the interested parties? If "NO", go to question 16d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you obtained prior court approval of requisite agreement from other interested party for removal of dependent from CONUS, if required by state law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are you financially able to continue child support payments while stationed OCONUS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are any of your dependent(s) a foreign national? If "YES", see PPCTINST M1000.2 for "Non-US citizen dependents." Case-by-case coordination for dependent travel will be required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

17. The following dependent(s) will or will not accompany me as command sponsored dependents at any time during this assignment. I understand that if these plans change or if I acquire new dependent(s) through pregnancy, adoption, or marriage, this form must be resubmitted to include the following dependents and (as needed) notify the Special Needs coordinator for the current assigned unit.				<input type="checkbox"/> N/A		Will Travel		Will Not Travel		
DEPENDENT NAME:				AGE:		<input type="checkbox"/> Will		<input type="checkbox"/> Will Not		
DEPENDENT NAME:				AGE:		<input type="checkbox"/> Will		<input type="checkbox"/> Will Not		
DEPENDENT NAME:				AGE:		<input type="checkbox"/> Will		<input type="checkbox"/> Will Not		
DEPENDENT NAME:				AGE:		<input type="checkbox"/> Will		<input type="checkbox"/> Will Not		
DEPENDENT NAME:				AGE:		<input type="checkbox"/> Will		<input type="checkbox"/> Will Not		
DEPENDENT NAME:				AGE:		<input type="checkbox"/> Will		<input type="checkbox"/> Will Not		
18. I have completed an application for government housing (DD-1746, Application for Assignment to Housing) as required.						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
19. Do you, your spouse, or any dependent have problems of indebtedness, delinquent lien payments, credit loss, or other financial problems which have not been reconciled with the creditor(s) or interested parties? Member must provide credit score or complete a debt-to-income ratio screening (CG-1300A) for discussion with command; spouse's income will not be calculated unless guaranteed employment at the PCS location has been obtained.						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
I understand that attempts to obtain a benefit, to include medical care or government sponsored travel, by withholding information regarding my own/dependent(s) care histories, may be reported to my commander and that a knowing and willful false statement on this form is a violation of the UCMJ punishable by fine or imprisonment. By signing, I confirm all information provided is current, truthful, and accurate as of the signature date.										
20. MEMBER SIGNATURE:						21. DATE				
Part II: RECOMMENDATION OF DEPARTING HEALTH SAFETY WORK LIFE OFFICE. The servicing HSWL designated member will conduct a review of information and communicate with the receiving HSWL to determine suitability in order to make a recommendation.										
1. Member medical and dental screening was conducted per COMDTINST M6000.1 and recommendation is based on a review of CG-6100 form and/or NAVMED 1300/1, Parts I and II.						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
2. Review of form CG-6100, CG-1300B, NAVMED 1300/1 Parts I and II, DD-2792, DD-2792-1, and/or most current medical records has been completed for member and each dependent screened.						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
3. Discussion has been completed with gaining HSWL supporting the overseas unit for items noted on CG-6100, CG-1300B, NAVMED 1300/1, DD-2792, and/or DD-2792-1?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
4. The required medical, dental or special needs capabilities are available at the overseas unit?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
5. The following recommendation(s) is/are based on a review of all required forms and gaining HSWL response for dependents(s) referred for Special Needs enrollment and if needs can be met at the location.						Part IV Final Command Recommendation				
DO NOT DELAY SCREENING for dependent medical/ Special Needs determination.		Dental/Medical can be met at this location		Special Needs can be met at this location						Suitable for this location
SERVICE MEMBER:		<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME: <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DEPENDENT NAME:		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. NAME, RATE/RANK, TITLE OF DEPARTING HSWL			7. SIGNATURE:			8. DATE				
Part III: COMMAND INTERVIEW. The command interview is used to determine, via record review and personal interview, member and dependent suitability for duty/life at the desired/assigned overseas unit. Reference PSCINST 1300(series). The interview should be conducted in-person with member/all dependent(s) who will travel. The interview shall be: <ul style="list-style-type: none"> 1) Conducted by an authorized member meeting the requirements stated in PSCINST 1300(series) 2) Include, if possible by telephone/video conference, an Entry Approval Point representative; and 3) Include, if possible by telephone/video conference, a receiving command representative. 										
1. Appropriate sections of the member personnel record have been reviewed.						<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. I have reviewed and receive explanation for all questions in Parts I, II, and III with the member.						<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. I have reviewed Parts I, II, and III with the dependent(s). <input type="checkbox"/> N/A						<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. INTERVIEWER NAME, RATE/RANK, COMMAND TITLE			5. SIGNATURE:			6. DATE				
Part IV: DEPARTING COMMAND RECOMMENDATION. After reviewing all information, the command designated member will make a final recommendation to the ability of the member, and their noted dependent(s), for inclusion of overseas billet on their e-resume or PCS assignment.										
1. NAME, RATE/RANK, COMMAND TITLE					2. SIGNATURE:			3. DATE		
4. (FOR PCS ORDERS) FORM SUBMITTED TO (UNIT NAME)								5. DATE		

Part V: (For PCS Orders) SUITABILITY DETERMINATION. This portion shall be completed by the Entry Approval Point and returned to departing command for acknowledgement. Decision on suitability for transfer to the designated Overseas assignment.

1. ENTRY APPROVAL POINT						2. DATE RECEIVED		3. DATE ROUTED		
4. The following recommendation(s) are made based on a review of all information received for member and dependent(s). DO NOT delay screening for Special Needs determination.			Dental can be met at this location		Medical can be met at this location		Special Needs can be met at this location		Final Entry Approval Point Decision Approve Disapprove	
SERVICE MEMBER:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:		<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DEPENDENT NAME:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. NAME, RATE/RANK, CG DENTAL			6. SIGNATURE		7. DATE					
8. NAME, RATE/RANK, CG MEDICAL			9. SIGNATURE		10. DATE					
11. NAME, RATE/RANK, BASE HSWL DEPT HEAD			12. SIGNATURE		13. DATE					
14. NAME, RATE/RANK, BASE PERSONNEL SUPPORT DEPT HEAD						15. SIGNATURE			16. DATE	

Part VI: MEMBER ACKNOWLEDGMENT.

- a. If member is approved, sign and submit this form to the Entry Approval Point, departing Command, and departing SPO for retention in record for validation of pay entitlements. Administrative Remarks, CG-3307, shall also be complete in accordance with PPCINST M1000.2(series).
- b. If member is disapproved, submit this form to the departing Command and Entry Approval Point.

I hereby acknowledge the decision of the Entry Approval Point. I understand that choosing to take dependent(s) who are not recommended for government sponsored travel, at my own expense, may result in disciplinary action, significant personal expense, and may place dependent(s) in a location where necessary care or services are not available to them.

1. MEMBER SIGNATURE:		2. DATE
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