

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
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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 confidential.

Signature	Date
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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.