

ARMY COMMUNITY SERVICE (ACS) CLIENT CASE RECORD

For use of this form, see AR 608-1; the proponent agency is OACSIM

1. CASE NUMBER

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC Section 301, Departmental Regulations; 10 USC Section 3013, Secretary of the Army; Army Regulation 608-1, Army Community Service Center.

PRINCIPAL PURPOSE: To provide appropriate background information needed for Army Community Service personnel to help individuals seeking assistance.

ROUTINE USES: None.

DISCLOSURE: Voluntary. However, failure to provide the requested information may impede Army Community Service personnel from being able to assist individuals effectively.

SECTION A - GENERAL INFORMATION

2. NAME OF CLIENT (<i>Last, first, MI</i>)	3. DATE OF INITIAL APPOINTMENT (<i>YYYYMMDD</i>)	4. DATE CASE CLOSED (<i>YYYYMMDD</i>)	5. TOTAL NUMBER OF SESSIONS
6. TYPE OF CASE (<i>Check one</i>) <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COUPLE <input type="checkbox"/> FAMILY	7. STATUS OF CLIENT (<i>Check one</i>) <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> CIVILIAN		8. BRANCH OF SERVICE

SECTION B - PERSONAL DATA

9. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10. MARITAL STATUS (<i>Check appropriate box</i>) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER <input type="checkbox"/> DUAL MILITARY CAREER <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE PARENT W/CUSTODY <input type="checkbox"/> UNKNOWN		
11. CLIENT'S ADDRESS AND E-MAIL ADDRESS (<i>Street, City, State, and ZIP Code</i>)	12. EMPLOYER/ASSIGNMENT	13. HOME PHONE	14. WORK PHONE AND FAX PHONE
a. Sponsor			
b. Family Member			
15. EDUCATION (<i>Number of years, degree(s)</i>)	16. CLIENT'S AGE	17. DATE MARRIED (<i>YYYYMMDD</i>)	18. TIMES MARRIED
a. Sponsor			
b. Family Member			
19a. NAME OF CHILDREN	19b. CHILDREN'S AGES	19c. SCHOOL OR LOCATION	
20a. OTHER HOUSEHOLD MEMBERS	20b. AGE	20c. RELATIONSHIP	

SECTION C - SERVICE DATA

21a. SPOUSE'S NAME <i>(Last, First, MI)</i>	21b. MILITARY ADDRESS	21c. RANK/GRADE
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22. SOURCE OF REFERRAL *(Check appropriate boxes)*

<input type="checkbox"/> SELF	<input type="checkbox"/> CIVILIAN AGENCY	<input type="checkbox"/> MEDICAL <i>(Military)</i>	<input type="checkbox"/> CHAPLAIN
<input type="checkbox"/> LEGAL	<input type="checkbox"/> COMMAND	<input type="checkbox"/> MILITARY	<input type="checkbox"/> VOLUNTEER

23. REQUEST FOR SERVICE

24. PRESENTING PROBLEM

25. ASSESSMENT

26. TREATMENT PLAN

27. SUMMARY OF SERVICE

<p>28. PRIMARY SERVICE</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. PERSONAL COUNSELING <input type="checkbox"/> b. MARRIAGE COUNSELING <input type="checkbox"/> c. FAMILY COUNSELING <input type="checkbox"/> d. FAMILY/CHILD DEVELOPMENT <input type="checkbox"/> e. EXCEPTIONAL FAMILIES <input type="checkbox"/> f. CAREER INFORMATION <input type="checkbox"/> g. FINANCIAL COUNSELING <input type="checkbox"/> h. EMPLOYMENT COUNSELING <input type="checkbox"/> i. RELOCATION COUNSELING <input type="checkbox"/> j. OTHER <input type="checkbox"/> k. SUPPLEMENTAL SERVICES <i>(Specify)</i> 	<p>29. REFERRALS TO</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. LEGAL <input type="checkbox"/> b. CHAPLAIN <input type="checkbox"/> c. RED CROSS <input type="checkbox"/> d. HOUSING <input type="checkbox"/> e. CHILD CARE CENTER <input type="checkbox"/> f. MEDICAL <input type="checkbox"/> g. VA <input type="checkbox"/> h. SOCIAL SECURITY <input type="checkbox"/> i. OTHER <i>(Specify)</i> 	<p>30. FAMILY ADVOCACY INFORMATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. SPOUSE ABUSE <input type="checkbox"/> b. CHILD ABUSE <input type="checkbox"/> c. CHILD NEGLECT <input type="checkbox"/> d. INCEST <input type="checkbox"/> e. RAPE <input type="checkbox"/> f. SEXUAL ASSAULT <input type="checkbox"/> g. DRUG ABUSE <input type="checkbox"/> h. ALCOHOL ABUSE <input type="checkbox"/> i. OTHER <i>(Specify)</i>
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31. BOOKS/PAMPHLETS RECOMMENDED	32. CLASSES/WORKSHOPS RECOMMENDED
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33. FOLLOWUP

34a. ACS STAFF MEMBER'S SIGNATURE	34b. DATE <i>(YYYYMMDD)</i>
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35a. SUPERVISOR'S SIGNATURE	35b. DATE <i>(YYYYMMDD)</i>
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