DEPARTMENT OF THE AIR FORCE

TRANSITION ASSISTANCE PROGRAM

Initial Self-Assessment Worksheet

SERVICE MEMBER INFORMATION

Grade/Rank: Name (Last, First MI.):

DOD ID: DOB: Age: Sex:

Unit & Installation: Years of Service:

Branch: Status: MOS/AFSC:

Marital Status: Children #: Civilian Phone:

Work Email: Civilian Email:

DSN: Supervisor Name/Rank/Email:

EDUCATION

Level of Education: Concentration:

Do you have a security clearance? Are you currently in Training/PME status?

DISCHARGE

Anticipated* DOS: * Anticipated is defined as the release date reflected in the Military Personnel System

Reason for Separation:

Character of Discharge:

Are you less than 365 days from DOS?

FAMILY LIFE AND RELOCATION PLAN

What are your post separation short term goals?

What are your post separation long term goals?

Do you have an up-to-date will and/or power of attorney?

Do you plan to relocate after the military? If so, where?

If applicable, is the cost of living higher where you intend to relocate?

Will you have a support system (family, friends, mentor, transportation, housing) in place?

Does the thought of leaving the military create stress on you and/or your family?

Are you comfortable with your decision to transition?

Are you interested in TAP assistance?

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FINANCIAL PLAN

Have you initiated projected post transition budget?

Are you planning for your retirement? (e.g. TSP, 401K)

Do you have adequate funds to support lifestyle and cash set aside in case of emergencies?

Have you considered additional expenses? (childcare or child support, commuting, etc.)

Have you calculated the impact of renting vs. buying during your transition period?

Have you examined your tax status with regard to taxable income?

Have you reviewed your vehicle(s) payment, insurance, registration and taxes?

Have you assessed your insurance needs? (medical, exceptional family member, dental, life)

Have you reviewed your credit report in the last 4 months?

EMPLOYMENT PLAN

Do you plan to work after leaving the military?

Do you plan on staying in your current career field?

Do you have an updated resume?

Would you like more information on employment?

Are you currently applying for employment?

Do you have a confirmed job offer?

Are you seeking a high demand career field?

Do you have a disability that may impact pursuit job or school?

EDUCATION PLAN

Do you plan to enroll in continuing education or do you have enrollment confirmation?

Do you have a professional license(s)/certificate(s)?

Would you like more information on education?

Are you currently applying to schools?

ENTREPRENEURSHIP PLAN

Do you currently own a business?

Do you intend to start your own business after leaving the military?

Do you have a business plan?

Would you like more information on entrepreneurship?

VOCATIONAL PLAN

Have you attended a trade school?

Are you enrolled in or plan to enroll in an apprenticeship program?

Do you have a technical or trade license(s)/certification(s)?

Would you like more information on trades?

TRACK SELECTION

Are you interested in attending an additional 2-day track for additional information?

If yes, please select one or more option below:

☐ Employment ☐ Vocational ☐ Education ☐ Entrepreneurship

DEPARTMENT OF THE AIR FORCE

MILITARY & FAMILY READINESS

Service Delivery Statement of Understanding & Personal Readiness Inventory

STATEMENT OF UNDERSTANDING

Military & Family Readiness is here to assist you in various ways, helping you prioritize your concerns and find resources to cope with personal and work-related situations. We offer classes, workshops, and a resource room with books, videos, and computers for your benefit. Your privacy will be respected by the staff. However, please note that they may share general feedback with your supervisor/commander/first sergeant without divulging specific details. In certain circumstances, such as potential harm to yourself or others, or suspicion of family member maltreatment, molestation, child neglect, or drug use, the staff may be legally obligated to contact the appropriate authorities. Demographic information provided by you will be securely stored for the purpose of assisting you as a customer.

SIGNATURE: DATE:

Your signature above signifies that you have read and understand our Service Delivery Statement of Understanding.

SERVICE MEMBER PERSONAL READINESS INVENTORY

Instructions: Based on the past week, please rate how well things are going by annotating 0-10 scales below, with 10 as the best possible rating.

ADJUSTMENT TO MILITARY LIFE (Understand & support the military lifestyle & mission)

RELOCATION/MOVING (Ability to move when required)

ADJUSTMENT TO COMMUNITY (Ability to find on/off-base information, services, events & activities)

DEPLOYMENT READINESS (Ability to support deployment & awareness of available family support)

EMPLOYMENT (Job search techniques & skills, ability to secure suitable employment)

FINANCIAL READINESS (Basic needs & financial obligations met, savings, investments & retirement)

MILITARY/WORK ENVIRONMENT (Work environment/relationships OPSTEMPO/pace of work)

PERSONAL RELATIONSHIPS (Family, friends, & loved ones)

RETENTION (Intention to continue military career past current commitment)

TRANSITION TO CIVILIAN LIFE (Prepared for separation, aware of benefits & entitlements)