

Additional Self-Assessment Questions

Circle one for each question:

1. How interested are you in receiving Transition/TAP services?
 - Not interested in TAP assistance
 - Interested in TAP assistance
 - Very Interested in TAP assistance
2. Does your civilian career path align with your AFSC/MOS?
 - Does not align
 - Slightly aligns
 - Aligns to MOS/Permanent Retirement
3. What type of career field are you seeking?
 - Low demand career field
 - Moderate demand career field
 - High demand career field
4. Where are you in regards to employment after your transition?
 - Not currently applying
 - Currently applying
 - Secured employment
5. If you plan on continuing your education after transition, where are you in the process?
 - Not currently applying for school
 - Currently applying
 - Secured school
6. How do you feel about your after military plan?
 - Has no post service Plan in place
 - Partial Plan in place
 - Has adequate Plan
7. Regarding your current status and relocation after transition:
 - Currently OCONUS or deployed
 - Relocating to new area
 - No plans to relocate
8. What are your feelings about your decision to transition?
 - Uncomfortable
 - Somewhat comfortable
 - Very comfortable
9. Do you have a support system to assist during your transition?
 - No support system
 - Some support network
 - Good supportive network
10. Financially, what are your feelings about your after transition funds?
 - No funds to support lifestyle
 - Limited funds to support lifestyle
 - Adequate funds to support lifestyle
11. Do you elect to have your contact information shared with Military One Source for Peer Support? YES / NO
12. Do you elect to participate in the long term post-transition tracking study? YES / NO

Information Sheet

The information herein is For Official Use Only (FOUO) which must be protected under the Privacy Act of 1974, as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in criminal and/or civil penalties.

(PLEASE PRINT NEATLY)

1. First Name: _____ MI: _____ Last Name: _____
2. SSAN: _____ DOD ID Number (back of ID card): _____
3. Rank: _____ Squadron: _____
4. Branch of Service (Circle One): USAF USA USN USMC USCG
5. Anticipated Date of Separation/Retirement: (day, mo. and year) _____ (not permissive/terminal leave start date)
6. Type of Separation: (Circle one) Retiring Voluntary Separation Involuntary Separation
7. E-Benefits registration date: (day/month/year) _____
8. If less than 89 days left on active duty, please explain why: _____
9. Would you like to be included on an e-mail distribution list to receive Job Announcements?
(Primarily Arizona jobs and some national companies) (Circle One) Yes or No

If yes, please provide email address: _____
10. Does the service member consent to allow this form to be sent to Federal agencies for additional transition assistance post separation? **Yes or No**
11. Does the service member consent to allow this form to be sent to Federal and other agencies who look for critical language skills and/or rational expertise that could be vital during times of need, crisis, and/or national emergencies? **Yes or No**
12. Does service member elect to participate in the long term post transition tracking study? **Yes or No**
13. Does the service member allow this form to be sent to state/territory agencies for additional assistance post separation? **Yes or No**
14. Does the service member think they will have a family member/caregiver/legal guardian/designee be present during pre-separation counseling? **Yes No or N/A**
15. Was the service member assigned to a warrior transition unit (WTU) prior to separation? **Yes or No**
16. Does the service member elect to receive additional information regarding their immigration status and expedited citizenship application? **Yes No or N/A**

Input into ES: _____

Input into AFFIRST: _____