



# 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)



# 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: \_\_\_\_\_ Gender: \_\_\_\_\_

Unit & Installation: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Branch: \_\_\_\_\_ Status: \_\_\_\_\_ MOS/AFSC: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children #: \_\_\_\_\_ Civilian Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Civilian Email: \_\_\_\_\_

#### EDUCATION

Level of Education: \_\_\_\_\_ Concentration: \_\_\_\_\_

#### 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?



## DEPARTMENT OF AIR FORCE

# TRANSITION ASSISTANCE PROGRAM

## Initial Self-Assessment Worksheet

### FINANCIAL PLAN

- Have you initiated projected post transition budget?
- Are you planning for your retirement? (e.g. TSP, 401K)
- Do you have adequate 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 have a confirmed job offer?
- Do you plan on staying in your current career field?
- Do you have an updated resume?
- Would you like more information on employment?

### 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?

### 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?



## DEPARTMENT OF THE AIR FORCE

# TRANSITION ASSISTANCE PROGRAM

## Individual Transition Plan

### **EMPLOYMENT EXPERIENCE**

Have you held a job prior to your military service?

PRIOR CIVILIAN EMPLOYMENT

LIST YOUR TOP THREE MILITARY OCCUPATION CODE(S) AND TITLE(S)

### **SECTION I : IDENTIFY POST-TRANSITION PERSONAL/FAMILY REQUIREMENTS**

#### **A. TAKING CARE OF INDIVIDUAL/FAMILY MEMBER NEEDS**

Identify individual/family needs such as medical care, mental health care, expenses, and location of potential providers.

Identify extenuating individual/family circumstances (e.g. need to provide care for elderly parents, family business, exceptional family member needs, etc.).

Assess impact of individual/family requirements on relocation options (e.g. quality of schools, availability of medical care, spouse employment opportunities, etc.).

What person or persons do you go to for advice, personal counsel and/or mentoring when facing a difficult challenge or decision? Will you still have access to those persons after you separate from AD? Consider what steps you need to take now to maintain contact.



## DEPARTMENT OF AIR FORCE

# TRANSITION ASSISTANCE PROGRAM

## Individual Transition Plan

### **TAKING CARE OF INDIVIDUAL/FAMILY MEMBER NEEDS CONT...**

Evaluate your immediate post-transition housing requirements. How much living space you will require to house yourself, dependents, and personal items. The installation transportation office can provide detailed information about planning the movement and storage of your household goods. Visit the VA website to get information on the VA home loan.

Consider your post-transition transportation requirements. Determine if you have reliable transportation to take you to and from your place of employment or school. Evaluate your commuting options and whether you need to purchase another vehicle(s) for your spouse and/or dependents. Identify your post-transition transportation expenses to include: purchase costs, registration, insurance, maintenance, fuel, etc. If you are disabled, determine if you are eligible for assistance in purchasing a vehicle and/or automotive adaptive equipment by visiting the VA website.

### **B. ASSESSING BENEFITS AND ENTITLEMENTS**

Evaluate the benefits (e.g. additional income, promotions, leadership and professional development opportunities, travel) associated with continuing your military service in either the Reserves or National Guard (if applicable). Consider the financial impact of continued entitlements such as medical/dental coverage, life insurance, exchange, commissary, recreational and athletic facilities. Contact the installation/local recruiter to schedule a counseling session and identify potential units/positions.

Recruiter counseling date:

Register for your VA Benefits and assess their impact on future financial obligations.

Date applied for VA Benefits:

Projected Disability Rating

### **C. GETTING FINANCIALLY READY**

Identify anticipated financial obligations such as dependent college savings plan, retirement savings plan, utility security deposits, and additional commuting/transportation expenses.

Date you reviewed your free credit report (<http://www.annualcreditreport.com/>):



## DEPARTMENT OF THE AIR FORCE

# TRANSITION ASSISTANCE PROGRAM

### Individual Transition Plan

## SECTION II : EVALUATE MILITARY AND CIVILIAN EXPERIENCE AND TRAINING

### A. DOCUMENTING JOB RELATED TRAINING

Gather documentation of your civilian and military experience/training (e.g., certifications, diplomas, transcripts, licenses, etc.) and list them below. This may require research on your part to contact former technical training and academic institutions to identify their specific procedures and any applicable fees for providing this service.

Identify and document transferable credits earned through your military experience and training and verify your eligibility for licensure, certification and apprenticeship programs:

#### **Department of Labor Workforce Credentials Information Resource Center**

<https://www.careeronestop.org/FindTraining/Types/certifications.aspx>

#### **Defense Activity for Non- Traditional Education Support (DANTES)**

<http://www.dantes.doded.mil/EducationPrograms/index.html#GetCredit>

#### **Community College of Air Force (CCAF)**

<https://www.airuniversity.af.edu/Barnes/CCAF/>

#### **U.S. Air Force Credentialing Opportunities On-Line (COOL)**

<https://afvec.us.af.mil/afvec/Public/COOL/>

#### **U.S. Army Credentialing Opportunities On-Line (COOL)**

<https://www.cool.osd.mil/army/index.htm>

#### **ARMY, COAST GUARD, MARINES, OR NAVY - JOINT SERVICES TRANSCRIPTS (JST)**

<https://jst.doded.mil/>

#### **NAVY CREDENTIALING OPPORTUNITIES ON-LINE (COOL)**

<https://www.cool.navy.mil/usn>



## DEPARTMENT OF THE AIR FORCE

# TRANSITION ASSISTANCE PROGRAM

## Individual Transition Plan

### EVALUATE MILITARY AND CIVILIAN EXPERIENCE AND TRAINING CONT...

#### **B. IDENTIFY CAREER FIELD(S) YOU ARE QUALIFIED TO ENTER**

Conduct personal research to explore and evaluate potential career field options.

**Note:** Any Guard or Reserve member facing employment difficulty prior to or after an active duty tour can contact Employer Support of the Guard and Reserve (ESGR.mil) to learn their legal rights. ESGR will work to resolve conflicts or misunderstandings between the member and their employer.

#### **State Job Boards**

<https://www.careeronestop.org/jobsearch/findjobs/state-job-banks.aspx?frd=true>

#### **Department of Labor**

<https://www.dol.gov/veterans/findajob>

#### **Federal Employment Opportunities**

<http://www.usajobs.gov/>

#### **Veterans Preference in Federal Employment**

<https://www.opm.gov/policy-data-oversight/veterans-services/vet-guide-for-hr-professionals/#2>

#### **Hiring Preference in Non-Appropriated Funds (NAF)**

<http://www.nafjobs.org/preferences.aspx>

#### **State Employment Agencies**

<https://www.careeronestop.org/JobSearch/FindJobs/employment-agencies.aspx>



## DEPARTMENT OF THE AIR FORCE

# TRANSITION ASSISTANCE PROGRAM

### Individual Transition Plan

#### SECTION III : DETERMINE POST-TRANSITION CAREER PATH

##### **A. DESIGNATE THE CAREER FIELD YOU WISH TO PURSUE BASED ON YOUR PERSONAL, FAMILY AND FINANCIAL OBLIGATIONS AND DESIRES**

Desired Career Field

Desired Relocation Destination

##### **B. DESIGNATE YOUR TRANSITION CAREER PATH**

Select the transition career path you wish to pursue. Use the statements below each path to help you determine the appropriate transition career path.

##### **Employment**

I am qualified to seek immediate employment in my desired career field or I plan to explore future employment opportunities.

##### **Education**

I require additional education in my desired career field.

##### **Career and Credential Exploration**

I require additional technical training in my desired career field or I require more exploration on a career path.

##### **Entrepreneurship**

I desire to start my own business.

**If you reached this point, you have completed your paperwork. Save this document, and send a copy of your completed paperwork to *your assigned Tap Counselor*.**

**A member of the transition team will contact you within 3 business days to schedule your Individualized Initial Counseling Session.**



## DEPARTMENT OF THE AIR FORCE

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### Initial Counseling Checklist to be Completed by TAP Counselor

#### INITIAL COUNSELING SESSION

DATE:

SESSION TYPE:

#### REVIEW

SELF ASSESSMENT/ITP:

VMET:

CCAF:

OVERVIEW OF TAP:

BENEFIT & SERVICES MATRIX:

#### ASSIGN

TIER DESIGNATION:

*NOTE: Once a tier is assigned, the tier designation can only be changed because of extenuating circumstances which may include withdrawal of projected employment, change in financial situation, etc. that would increase the designation only.*

TRANSITION TRACK(S): All Transition Tracks run from 0800-1630. UOD: Business Casual

EMPLOYMENT

VOCATIONAL

EDUCATION

ENTREPRENEURSHIP

to

to

to

to

PRE-SEPARATION COUNSELING:

TIME:

TAP WORKSHOP:

#### DOCUMENT

INITIATED EFORM:

AFFIRST: