

## **HEARTS APART**

## Air Force Deployment Support Program

Military & Family Support Center Joint Base Pearl Harbor-Hickam

Service Member's Name (Last, First): _	
Member's E-Mail Address:	Phone:
Unit: Rank:	□ Deployment □ Remote Tour
Number of previous deployments:	Est Departure: Est Return:
Family Member Contact Informat	ion:
Name (Last, First, MI):	
☐ Spouse ☐ Child(ren)'s Guardian	☐ Other (specify relation):
Family member's location during deplo	pyment:
E-Mail Address:	
Primary Phone:	Alt phone (optional):
Number of Children: Ages	:
Preferred Mode of Contact:   Email	or Phone Call
will also contact you about special eve	consists of a monthly email newsletter. Occasionally we ents such as the annual Homefront Heroes Ceremony, eployment. You may unsubscribe at any time.

Email to <a href="MFSCHawaii@navy.mil">MFSC Office Front Desk at 4827 Bougainville Dr., Honolulu, HI 96818</a>. We are located on the second floor, above PSD.

Privacy Act Statement:

AUTHORITY:10 U.S.C. 8013 and Executive Order 9397 PRINCIPAL PURPOSE: Client demographics are required for accurate service delivery, analysis, and future program planning. ROUTINE USES: This information may be disclosed to federal, state, local, or law enforcement authorities for investigating or prosecuting a violation or potential violation of law; to federal, state, or local agencies to obtain information concerning hiring or retention of an employee, issuance of other benefit; to congressional office in response to their inquiry made at the request of the individual; to the Office of Management and Budget in connection with review of private relief legislation as set forth in OMB Circular A-19; to NARA for records management inspections; and to the Department of Justice for pending or potential litigation. DISCLOSURE IS VOLUNTARY: Failure to provide the necessary data will not result in the individual being denied services.