

# Idaho National Guard Family Program

THIS SOP ESTABLISHES POLICES, RESPONSIBILITIES, AND PROCEDURES FOR SPECIFIC GUIDEDENCE FOR OUR CLIENT RIGHTS AND PRIVACY.

## Purpose

This Standard Operating Procedure (SOP) is an IDNG Family Program/IDANG Airman & Family Program Office guideline for our Client Rights and Privacy. This SOP will be the standard for both the Army and Air Guard personnel who work with Service Members and Families from all components and status when assisting them with obtaining services from the aforementioned programs.

## Applicability

All IDNG Family Programs/IDARNG Airman & Family Program Office personnel.

## References

- A. Privacy Act of 1974 (5 USC 552a)
- B. DoD Directive (DoDD) 5400.11, dated 29 October 2014.
- C. Army Regulation 608-1, Army Community Service, dated 13 March 2013
- D. Army Regulation 340-21, The Army Privacy Program, dated 5 July 1985
- E. ANGI 36-7, Air National Guard Military Equal Opportunity Program, dated 25 April 2003

## Privacy Act of 1974:

The following privacy statement must be used for any and all consent for release of information request from the IDNG Family Programs/IDANG Airman & Family Program Office. This statement should always be located on the consent form:

### **PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 3013, Title 10, United States Code Executive Order 9397

**PURPOSE:** This information will be used by the IDNG Family Programs/IDANG Airman & Family Readiness Office personnel to ensure appropriate services are provided to the client.

**ROUTINE USES:** This form upon the signature will be used as authorization for release of information to any party or agency identified accordingly by the client, further demographic information may be used for statistical or trend analysis. However, no PII will be used in that circumstances. **MANDATORY OR**

**VOLUNTARY DISCLOSURE AND EFFECT OF FAILURE TO PROVIDE INFORMATION:** Voluntary. If information is not obtained, it could result in inappropriate services provided, delay in services, and denial of services.

## **Language Assistance**

Given that most of its customers are members of the US Military, and that FP offices are located on a small military installation or in local armories throughout the state, IDNG Family Programs Offices does not provide spoken translation of foreign languages in person to its customers. In the event of a need for translation, IDNG Family Programs Staff have access to phone-based spoken translation service via Military OneSource, and online text-based translation programs. Additionally the IDNG Family Programs Staff can reach out to the Army Intelligence Office for resources and access to interpreters.

## **Disability Assistance**

IDNG Family Programs welcomes all customers, regardless of auditory, visual, and physical special needs. Due to office locations being on a small military installation or in local armories, there is a reasonable expectation that our customers who have special needs will be accompanied by a Service Member who has the ability to assist him or her. In the unlikely event that an individual with special needs seeks the service of IDNG Family Programs without assistance of a family member or sponsor, we will make all reasonable efforts to reconcile needs with our ability to provide service.

## **Serving Minors**

The Child & Youth Program staff may provide minors with resource and referrals for educational institutions, scholarships, and employment without consent of their parents. Should a minor seek assistance for any other reason, a parent or guardian must provide written permission before resources or referrals will be given. All other Family Program staff will refer minors to the Child & Youth Program to provide resource and referral. Resources and referrals will be tracked by the parent or legal guardian's name in the Family Management System.

## **Hours of Operations**

Normal business hours are between 0800-1630. Hours may vary slightly at different locations. Family Assistance Staff will note on their office door if they are going to be out of the office, the time/date of return and whom to contact in their absence. Office hours are also affected when staff members are scheduled to support program events and work drill weekends. However, customers may contact Family Assistance 24/7 by calling the helpline.

## **Service Decisions**

Typically, customers voluntarily seek services from Family Programs and the Airman & Family Program Office. Staff members recommend resources and provide referrals based on the needs

of the customer. Customers participate in all service decision and have the right to refuse services. On rare occasions, a customer may be required to seek services by court order or lawful order of the commander.

### **Behavioral Health Referrals**

In the event of behavior health crisis, refer Service Members and/or Family Members to Behavior Health Office (BHO). Follow up with BHO and document in family management system.

### **Responsibilities:**

#### ***Family Programs/Airman & Family Program Offices:***

- A. Provide reasonable and impartial access to services regardless of race, creed, gender, national origin, religion, physical disabilities, rank or sexual orientation.
- B. Provide considerate and supportive services with regard to your comprehensive fitness (Mental, Spiritual, Social and Physical).
- C. Adhere to client's personal privacy and confidentiality.
- D. Provide knowledgeable, competent and cooperative staff.
- E. Provide prompt, accurate and reasonable response to client's questions and requests.
- F. Provide applicable and accurate information relevant to assessing the needs of the client.
- G. Provide feedback on services received.
- H. Inform of rights and responsibilities applicable to client as a customer.
- I. Protect customer files (both paper and electronic) by limiting access to parents (or legal guardians), authorized staff, and auditors or accrediting bodies (files will be redacted if possible). Additionally staff will files of former customers and deceased customers in accordance with all applicable laws and regulations. If and when a request to release information from a customer's file is received, staff will ensure the request is valid and then obtain written permission to release the information.

FP/AFPO personnel will make every effort to provide accommodations needed for person(s) with special needs including but not limited to translators, sign language/telephone amplification, cognitive/TBI challenges, mobility issues and any and all other communication technology that assists clients in their ability to receive the services provided. In addition, all

## Customer Rights & Privacy SOP

program information including print materials, electronic media and trainings will be presented in a non-discriminatory manner using non-stigmatizing language.

### ***Clients' Responsibilities:***

- A. Provide accurate, complete information and required documentation to support the services requested.
- B. Communicate updated changes in your status and personal information since your last visit.
- C. Provide staff member feedback about your needs and expectations, desired services and satisfaction, preferable through the DoD ICE website.
- D. Ask questions to ensure you understand instructions and information

### ***Clients' Rights:***

- A. Request a review of the services they have received. If desired, customers may add a statement to their files in accordance with all applicable laws and regulations. These reviews will be conducted in the presence of staff and in a Family Programs facility. In the event that the Family Program staff determine it would be harmful for the customer to review the file, then the SFPD will review the reason for denial, approve it and enter it into the customer's file. It is permissible that a qualified professional review the file on behalf of the customer but must first sign an agreement that any information deemed harmful will be withheld.
- B. Refuse any service or treatment unless mandated by law, a court order or command order.
- C. Be informed of the possible consequences of refusing services, including military disciplinary procedures.

Additionally, the IDNG Family Programs/IDANG Airman & Family Program Office will include the below statement of understanding within the Client Bill of Rights & Responsibilities displayed at all locations where Family Services may be obtained:

You can expect the Family Program and Behavior Health staff to respect your right to privacy. However, as in civilian life all staff members are required by law, with or without your consent to contact proper authorities if staff believe you intend to harm yourself or to others and/or if a family member is suspected of maltreatment, molestation, child neglect or drug use.

***Complaints:***

Customers must have the opportunity to submit complaints at the lowest level for resolution. The Idaho National Guard Family Programs Office/Airman & Family Program Office will use the DoD ICE system as one way to receive feedback, to include complaints. Additionally customers have the right to submit complaints to the program leads, the Deputy Director and the Director of Family Programs. Contact information for these individuals will be displayed in the offices of all applicable staff.

***Remote Locations/Technology:***

Staff who provide services in remote locations or at remote events will ensure that customers are afforded the same privacy rights as if they were receiving services in an office setting. Staff who provide services via electronic means (email, phone text etc.) will also ensure all privacy protection measures are in place.

***Family Files:***

In the event that Family Programs staff provide services to couples or families, the confidentiality of all parties must be protected. This will include, but not limited to; maintaining a separate file for each individual if requested and obtaining written consent from all parties prior to discussing confidential information from a joint file.

***Release Forms:***

Prior to releasing any information about customers, or from their files, Family Program staff must obtain written permission. This written form needs to contain the following:

The name of the customer whose information will be released

The signature of the customer or a parent/legal guardian

The specific information to be released

The purpose for which the information will be used

The date the release takes effect

The date, event or condition upon which the consent expires, not to exceed one year

The name of the person(s) or organization(s) that will receive the information

A statement that the customer may withdraw the authorization at any time except to the extent the action has already been taken

See ATTACHMENT 3 for a template of this authorization.

Customer Rights & Privacy SOP

**ATTACHMENT 1 – ARNG Customer Bill of Rights**

**ATTACHMENT 1A – ANG Customer Bill of Rights**

**ATTACHMENT 2 – ARNG Statement of Understanding**

**ATTACHMENT 2A – ANG Statement of Understanding**

**ATTACHMENT 3 – ARNG Statement of Authorization**

**ATTACHMENT 3A – ANG Statement of Authorization**

**ATTACHMENT 4 – Photo and Non-Confidential Information Consent and Release**

**ATTACHMENT 5 – Authorization to Release and Consent to Exchange Information**

**ATTACHMENT 6 – ARNG Complaint Procedures**

**ATTACHMENT 6A – ANG Complaint Procedures**

**ATTACHMENT 7 – ANG Hours of Operation**

# Customer Bill of Rights and Responsibilities

All persons obtaining services from the Idaho National Guard Family Programs and Behavioral Health offices are entitled to certain rights and also subject to certain responsibilities. The observance of these rights and responsibilities by both customers and staff of the Idaho National Guard is vital to ensuring that services are delivered in an appropriate and efficient manner.

## **AS OUR CUSTOMER, YOU HAVE THE RIGHT TO:**

- Reasonable and impartial access to services regardless of race, creed, gender, national origin, religion, physical disabilities, rank or sexual orientation.
- Considerate and supportive services with regard for your comprehensive fitness (Mental, Spiritual, Social and Physical.)
- Personal privacy and confidentiality.
- Knowledgeable, competent and cooperative staff.
- Prompt, accurate and reasonable response to your questions and requests.
- Receive applicable and accurate information relevant to assessing your needs.
- Provide feedback on services received.
- Be informed of rights and responsibilities applicable to you as a customer.
- Crisis assistance initiated through Family Emergency Reporting (FER); an agreement between Idaho Army National Guard Commanders and Family Programs.

## **AS OUR CUSTOMER, IT IS YOUR RESPONSIBILITY TO:**

- Provide accurate, complete information and required documentation to support the services requested.
- Communicate updated changes in your status and personal information since your last visit.
- Provide staff member's feedback about your needs and expectations, desired services and satisfaction through the Interactive Customer Evaluation system (I.C.E.)
- Ask questions to ensure you understand instructions and information.

## **STATEMENT OF UNDERSTANDING**

You can expect the Family Program and Behavioral Health staff to respect your right to privacy. However, as in civilian life all staff members are required by law, with or without your consent to contact proper authorities if: 1.) staff believes you intend to harm yourself or others and/or; 2.) if a family member is suspected of maltreatment, molestation, child neglect or drug use.

Idaho Army National Guard Family Emergency Reporting (FER) purpose is to best identify soldiers' and their dependants in crisis. Triggers for initiation of an FER are as follows; death, severe injury/illness/hospitalization, suicide threat/ideation, felony arrest, child safety issue, military pay problem (lasting over 1 month), natural/manmade disaster, displaced family and/or member, and non-support. These crises have the highest potential to affect service member's military obligation and will be shared with the service members Commander.

*A copy of this document is available upon request from:*

**STATE OF IDAHO MILITARY DIVISION  
State Family Programs Office  
4250 Cessna Street, Building 270  
Boise, Idaho 83705**

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*A copy of this document is available upon request from:*

**Airman & Family Programs Office  
4474 DeHaviland Street, Building 400  
Boise, Idaho 83705**



**Statement of Understanding**

You can expect the Family Program staff to respect your right to privacy; however, the Idaho National Guard Family Programs staff will report issues concerning child neglect and abuse, harm to self and others or issues that may impact security clearance approval and when referred by command they may be given minimal information.

I acknowledge that I have read and understand this Statement of Understanding and I have also read and understand the Idaho National Guard Family Programs Bill of Rights and Responsibilities.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

## SERVICE MEMBER INFORMATION SHEET

(Please Print)

Personal Data, Privacy Act of 1974 as amended applies. This may contain information which may be protected IAW DoD 5400.11R and is For Official Use Only (FOUO)

### Military Members Information

Last Four of SSN or DoDi#: \_\_\_\_\_ Rank: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Squadron: \_\_\_\_\_ Current Status:  Traditional  AGR  Technician

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Projected Leave Date: \_\_\_\_\_ Projected Return Date: \_\_\_\_\_

### Primary Loved One's Point of Contact

(Please Print)

Relationship to Service Member:  Spouse  Significant Other  Child  Parent  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Type:  Call  Text  Email  In Person  Letter

### Additional Loved Ones

Last Name	First Name	Address (If different from Service Member)	Relationship

You can expect the 124 FW Airman and Family Program staff to respect your right to privacy. You should know, however, that the staff members do not have complete privileged communication. The squadron commander will be notified of situations, which may directly impact on personal health, safety or mission accomplishment. As in civilian life, the 124 FW Airman and Family Program staff members are required by law, with or without your consent, to contact proper authorities: (1) If they believe you intend harm to yourself or others, (2) If family member maltreatment, child neglect, or drug use is suspected.

You will be asked to provide demographic information, which is electronically stored (and secured).  
 demographic information, a brief description of your visit(s), and your service plan.  
 maintained for the sole purpose of assisting you the customer.

The record contains  
Records are

By signed below you are verify that all information is correct and that you have read the Service Delivery Statement of

Service Member Signature: \_\_\_\_\_

## Statement of Authorization (SOA)

MILITARY MEMBER INFORMATION					
NAME (Last, First, Middle)		Rank	LAST 4 SSN	STATUS	Unit
SEX	MARITAL STATUS	DATE OF BIRTH	Type of Referral (Circle One): WALK-IN PHONE EMAIL UNIT FRSA TAA OTHER		
HOME ADDRESS (Include Zip Code)		HOME/CELL PHONE	WORK PHONE	EMAIL ADDRESS	
<b>Type of Assistance</b> (Circle One): ** Financial    ** Employment Assistance    ** Transition    ** Emergency Financial Aid ** Family Life    ** Family Readiness    ** EFMP    ** Deployment    ** Other _____					
FAMILY INFORMATION					
NAME (Last, First, Middle)			E-MAIL ADDRESS		
ADDRESS (if different than military member)			PERSONAL PHONE		
DEPENDANT INFORMATION					
Name(s)		Date of Birth	Name(s)		Date of Birth
<small><b>Privacy information</b>            a. All information obtained from individuals must be appropriately safeguarded to protect an individual's privacy. Disclosure of any records must comply with AR 340-21 and AFI 33-332. However, certain instances governed by regulation/instructions and statutes require reporting to appropriate authorities. Release of any personal information must be requested by an appropriate agency/individual "FOR OFFICIAL USE ONLY" (FOUO) and the request/release of information must be documented in writing. Prior to obtaining information, FP staff must inform clients that information may be released under limited circumstances.</small>					

**Demographics:** You are being asked to provide information. Your record contains demographic information, a brief description of your visit(s), and information regarding your service plan. Records are maintained for the sole purpose of continued service to you.

**Services:** IDNG Family Program Staff is here to assist you in a variety of ways. Our primary mission is to provide information and referral to essential resources for Service Members, Family Members, and Veterans.

**Privacy and Disclosure:** IDNG Family Programs respects your right to privacy; however, the staff members **DO NOT** have privileged communication. The Idaho National Guard Family Programs staff will report issues concerning child neglect and abuse, harm to self and others or issues that may impact security clearance approval and when referred by command they may be given minimal information.

**By signing below, you are acknowledging you have read and understand the information.**

\_\_\_\_\_  
 Customer Signature  
 (This authorization will remain in effect for 90 days)

\_\_\_\_\_  
 Date

By signing this form, the applicant authorizes the following:

- I authorize the release of any information which was submitted with my application.
- This information will be released to \_\_\_\_\_
- This information will be released for the sole purpose of \_\_\_\_\_
- I understand that I have the right to revoke/withdraw this authorization, in writing, at any time.
- I understand that this authorization is voluntary.
- I can receive a signed and dated copy of this authorization form.

## SERVICE MEMBER INFORMATION SHEET

(Please Print)

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### Military Members Information

Last Four of SSN or DoDi#: \_\_\_\_\_ Rank: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Squadron: \_\_\_\_\_ Current Status:  Traditional  AGR  Technician

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Projected Leave Date: \_\_\_\_\_ Projected Return Date: \_\_\_\_\_

### Primary Loved One's Point of Contact

(Please Print)

Relationship to Service Member:  Spouse  Significant Other  Child  Parent  Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Type:  Call  Text  Email  In Person  Letter

### Additional Loved Ones

Last Name	First Name	Address (If different from Service Member)	Relationship

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You will be asked to provide demographic information, which is electronically stored (and secured).  
 demographic information, a brief description of your visit(s), and your service plan.  
 maintained for the sole purpose of assisting you the customer.

The record contains  
Records are

By signed below you are verify that all information is correct and that you have read the Service Delivery Statement of

Service Member Signature: \_\_\_\_\_

**PHOTO AND NON-CONFIDENTIAL INFORMATION CONSENT AND RELEASE**

I, the undersigned, do hereby consent and agree that the Idaho National Guard, its employees and agents (hereinafter, IDNG) have the right to take still photographs, videotape, sound recordings or any other digital recordings of my child(ren) and me for and during the event identified below. I also consent and agree that the IDNG has the right to use, reproduce, edit, distribute, copyright or assign in any publication, pamphlet, social media or other material the IDNG creates or uses, public or private, for marketing and/or news or social media to highlight the activities of the Idaho National Guard Family Program and its attendees. I further consent and agree that the IDNG may use my child(ren)'s and I's names and identities and reveal them therein or by descriptive text or commentary.

I do hereby release to the IDNG, its employees, and agents, all rights to exhibit, display, distribute, broadcast, post any and all media from the event identified below in print or electronic form in materials, public or private, for marketing and/or news or social media. I waive any and all rights, claims, or interest I may have to control the use of my child(ren)'s and I's identities or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me and/or my child(ren). I also understand that IDNG, its employees, and agents, are not responsible for any expense or liability incurred as a result of our participation in any recording of this event.

I hereby declare that I am at least 18 years of age, have read, understand, and agree to the foregoing statements on consent, waiver and release.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

Names of Family Members:

\_\_\_\_\_

Event:

\_\_\_\_\_

Check box if you **DO NOT** consent to this photo release. If you check this box, you will be given a colored wrist band in order for our photographers to identify who to leave out of photos.



We value your opinion.



The Interactive Customer Evaluation system or **ICE** is an Internet based automotive system from which customers can provide feedback and their satisfaction of service. Follow the link below:

[http://ice.disa.mil/index.cfm?fa=service\\_provider\\_list&site\\_id=1100&dep=\\*DoD](http://ice.disa.mil/index.cfm?fa=service_provider_list&site_id=1100&dep=*DoD)

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Customer feedback may also be routed thru the following points of contact:

for Family Assistance Centers contact:  
Sonja Warren, FAC Coordinator  
208-272-4330 or [sonja.warren.ctr@mail.mil](mailto:sonja.warren.ctr@mail.mil)

for Child & Youth Programs contact:  
Melissa-Jo Harger, Lead Child & Youth Program Coordinator  
208-272-4387 or [melissajo.a.harger.ctr@mail.mil](mailto:melissajo.a.harger.ctr@mail.mil)

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The following federal representatives are also available to assist in customer concerns for Service Members and their Families:

State Family Programs Director  
208-272-4361 or [douglas.v.uphoff.mil@mail.mil](mailto:douglas.v.uphoff.mil@mail.mil)

Deputy State Family Programs Director  
208-272-8394 or [stephen.s.self.mil@mail.mil](mailto:stephen.s.self.mil@mail.mil)

A copy of this document is available upon request from

**STATE OF IDAHO MILITARY DIVISION**  
**State Family Programs Office**  
**4250 Cessna Street, Building 270**  
**Boise, Idaho 83705**

# AIRMAN & FAMILY PROGRAM OFFICE

You can expect the Family Program and Behavior Health staff to respect your right to privacy. However, as in civilian life all staff members are required by law, with or without your consent to contact proper authorities if staff believe you intend to harm yourself or to others and/or if a family member is suspected of maltreatment, molestation, child neglect or drug use.

Hours of Operation  
Mon-Fri 0700-1630  
(Follow the Wing Alternate Schedule)

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UTA Weekends  
Sat & Sun 0700-1630

Kristie Harrison

*Airman & Family Readiness  
Program Manager*

(208) 422-5374  
kristen.a.harrison.civ@mail.mil

MSgt Heather Hoskins

*Airman & Family Readiness  
Assistant*

(208) 422-5470  
heather.l.hoskins5.mil@mail.mil

Forest Syruws

*Yellow Ribbon Support  
Specialist*

(208) 422-6788  
forest.syruw.ctr@us.af.mil