Statement of Authorization (SOA)

(This authorization will remain in effect for the duration of the case, or 90 days)

MILITARY MEMBER INFORMATION					
NAME (Last, First, Middle)		Rank	LAST 4 SSN	STATUS	Unit
SEX	MARITAL STATUS	DATE OF BIRTH	Type of Referral: WALK-IN☐ PHONE☐ EMAIL☐ UNIT☐ FRSA☐ TAA☐ OTHER☐		
HOME ADDRESS (Include Zip Code)		HOME/CELL PHONE	WORK PHONE	EMAIL ADDRESS	
Type of Assistance (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

Privacy information
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.

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 all of our customers.

Privacy and Disclosure: IDNG Family Programs respects your right to privacy; however, the staff members **DO NOT** have privileged communication**. T**he Idaho National Guard Family Programs staff will report issues as outlined in the Customer Bill of Rights and Responsibilities.

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

_____ _____

Customer Signature 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.