

eSponsorship Application & Training

I would like to live

Newcomer Needs Assessment

Basic information about you and your family will help your sponsor tailor suggestions, resources and support to your needs. Click each field and enter your information - the fields will automatically expand as you type.

Once you've completed the form, save the document and email to your snonsor

	Office you	i ve completed t		i, save the	uocume	iic aiia c	man to your sponsor.			
First Name	Name				Last Name					
Service			Rank Fill in your rank				Military status			
Email address				W	Work phone					
Personal email address			DSN phone Home/mobile phone							
Marital status										
Spouse/partner First Name			Spouse/partner Last Name							
Spouse/partner	rank/grade if applic	able								
Does your spouse/partner have a driver's license? Will your spouse/partner need assistance with employment opportunities? Yes No Unsure								ortunities?		
Do you have a f	amily member who	has special need	s or is ei	nrolled in th	e Except	tional Fam	nily Member Program?	Yes	No	
Number of family members accompanying you:					Number of children:					
Would you like t	o have a youth spo	onsor for your chil	ld/teen?	Yes	No					
What kind of pets do you have? Check all that apply				Nu	mber of	pets				
Dog	Cat	Other	None							



Anticipated arrival date (MM/DD/	YYYY)	Ordered reporting date (MM/DD/YYYY)					
New installation							
Tour status		Traveling by					
Airline	Flight Number	Airport	Total number traveling				
Command sponsored?		Shipping privately-owned vehicle					
Visas/passports							
Comments/special considerations							