



**GMFRC**  
Greenwood Military  
Family Resource Centre

**CRFMG**  
Centre de ressources pour les  
familles militaires de Greenwood



**PSFM**  
PROGRAMME DES SERVICES  
AUX FAMILLES DES MILITAIRES

AVM Morfee Centre / PO Box/C.P. 582 / Greenwood, NS (N.-É.) / B0P 1N0  
Telephone/Téléphone : (902) 765-5611 / Fax/Télécopieur : (902) 765-1747  
Email/Courriel : home@greenwoodmfr.ca / Web site/Site Web : [www.cafconnection.ca](http://www.cafconnection.ca)

**CLASS "A" WHEN COMPLETED**

**PRE-DEPLOYMENT FAMILY INFORMATION FORM**

Military Member's Information			
Rank:	First Name:	Last Name:	Service Number:
Service type: Regular Force      Reservist	Gender: Male      Female      Undisclosed	Preferred language of service: English      French	
Home Wing/Base:	Unit/Section:	Work local:	
Primary phone:		Email (home or base):	
Deployment Information			
Operation:	Location <u>and</u> Camp (deployment/tasking):		
Departure date:		Return date:	
Will you be away for (pre-deployment) training? If yes, indicate the location:			
Training start date:		Training end date:	

**\*\*The GMFRC will reach out to your family contact(s) to inform them of our Deployment Support Program.\*\***

Family Information			
CONTACT 1		CONTACT 2	
First Name:		First Name:	
Last Name:		Last Name:	
Preferred Pronoun(s):		Preferred Pronoun(s):	
Relationship to member (spouse, parent, friend, etc.):		Relationship to member (spouse, parent, friend, etc.):	
Preferred language of service: English      French		Preferred language of service: English      French	
Street address:		Street address:	
PO Box / RR #:	City:	PO Box / RR #:	City:
Province:	Postal Code:	Province:	Postal Code:
Primary phone:		Primary phone:	
Secondary phone:		Secondary phone:	
Email address:		Email address:	

Child / Children's Information			
Name	Preferred Pronoun(s)	Age	School

Are you the custodial parent of your child/children? Yes No

If no, please outline the support you would like us to provide:

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### Special Considerations

Are there any special considerations and/or assistance required for your family during your deployment?

(**Examples:** Spouse is pregnant / has a new baby at home; new to the area; spouse does not drive; spouse has special medical needs; family will relocate/travel during the duration of my deployment; children will be living with someone other than my spouse; child/children have special needs; first time experiencing a deployment; etc.)

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Are you interested in receiving the GMFRC Monthly newsletter by email? Yes No

**GMFRC PRIVACY CODE** (Please read carefully and sign)

*The information on this form will be kept confidential and used only for the purpose for which it is collected within the Greenwood Military Family Resource Centre. The Greenwood MFRC adheres to the Military Family Services Privacy Code.*

*If your family contact(s) live outside of the Greenwood MFRC catchment area, this form will be forwarded to their local MFRC.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

### FOR OFFICE USE ONLY. To be completed by GMFRC staff person / volunteer accepting the form.

Pre-Departure package given? ☐ Yes ☐ No Date given: \_\_\_\_\_

Military member/family member informed about Warm Line Program? ☐ Yes ☐ No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_