# Welcome to MCAS Iwakuni!

- 0730 – 0910 Briefs
- 0910 – 0930 1st Resource Fair / Break
- 0930 – 1020 Briefs
- 1020 – 1040 2nd Resource Fair / Break
- 1040 – 1230 Briefs
- 1230 – 1330 Lunch
- 1330 – 1400 3rd Resource Fair / Break
- 1400 – 1500 Safety Brief
- 1500 – 1600 SOFA License Exam

MCAS IWAKUNI

# Reminders

- Sign Attendance Roster
- Childcare Vouchers
- Breaks
  - 1st Resource Fair / Base Life Support Entities
  - 2nd Resource Fair / MCCS Bus Tour Registration
  - 3rd Resource Fair / Sponsors
- Family Housing Office, bldg. 200.
  0827-79-5542 or 253-5542
  - Please make an appointment for new arrivals.

# Personal Readiness Seminar (PRS)

- The Personal Readiness Seminar (PRS) requires First Permanent Duty Station Marines to attend the workshop within 90 days of their arrival on the installation. This workshop provides an overview of resources available for continuing education, career development, and personal financial management.

- PRS classes are held every Tuesday from 0800-1200 in building 411. Attendees must pre-register, 253-6439, and bring a hardcopy of their LES.

# Attention all Active Duty Marines and Sailors assigned to MAG-12 and H&HS commands

MAG-12 HQ

MALS-12

VMFA-121

VMGR-152

MWSS-171

VMFA-242

H&HS

## Report to MAG-12 HQ (building 6000) at 0800 Tuesday morning

Wear uniform of the day

&

Bring a pair of PT clothes

# Joint Onboarding Program

## Joint Onboarding Program

### Schedule of Events

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| | Station Welcome Aboard | Parent Command Briefs | "Outside the Wire" Bus Tour | Joint Onboarding Classes | Joint Onboarding Classes |
| Location | Sakura Theater | H&HS: Conference Room<br>MAG12: MAG Auditorium | Bldg 411 Rm 121-122<br>Civilian Attire | Bldg 625 TRoom 1stFl<br>Civilian Attire | Bldg 625 TRoom 1stFl<br>Cammies |
| Who: | All SOFA status personnel, those aged 10 and older, including those on TAD or UDP orders for 30 days or more. | Marines and Sailors attached to their respective commands.<br>❖ H&HS: Marines Alphas; Navy NSU (E1-E6) Service Khaki (E7-O5)<br>❖ MAG12: Cammies | Marines, Sailors & *Dependents (see graphic below for dependents).<br>•0900-0930 SACO<br>•0945 Bus Tour<br>Please Bring: Miliray ID, Cash Yen to buy lunch, ice cream and drinks. | 0800-0900 Spiritual Fitness<br>0900-1000 Suicide Awareness<br>1015-1115 Human Performance & Nutrition | •0800-0900 PAC<br>•0900-0930 Counter Intelligence Awareness Brief<br>•0945-1115 UMAPIT<br>Complete Check In |

# Emergency Services

## LANDLINE DSN PHONES

- **911 or 119 –** All emergencies to include Hazardous Materials spills
- **253-3322 –** Emergency Dispatch Center emergency and non emergency calls.

## CELL PHONE

- Base Emergency Dispatch for all emergency/non emergency calls.
- **0827-79-3322** from Japanese Cellular Service
- **011-81-827-79-3322** from US Cellular Service

- **119** – Japanese dispatch center, very little English is spoken, but you will be transferred to on base emergency dispatch.
- **118** – Maritime Emergency (Coast Guard)

**It is important to remain on the line until you hear an English speaking dispatcher.**

# Welcome Aboard Brief

**MCAS Iwakuni Commanding Officer**
**Colonel Richard M. Rusnok**

**MCAS Iwakuni Sergeant Major**
**SgtMaj Jody G. Armentrout**

# Strategic Situation

**Beijing stokes opposition to US bases in Japan's Okinawa as it seeks to 'win hearts and minds' amid Taiwan tensions**

N Korea fires missiles toward sea as US warns over nukes

China, Russia strengthen ties over Far East seas with bomber patrol

History made in China as Xi Jinping to serve third term - breaking decades-long precedent

**Japan Sees Rise in Fighter Scrambles Against Chinese Aircraft**

**Japan shifts to hard-line stance on territorial dispute with Russia**

**Furious China fires missiles near Taiwan in drills after Pelosi visit**

Ukraine war puts Japan's pacifist constitution in election spotlight

**More than 5,000 Chinese military staff live on South China Sea islands**

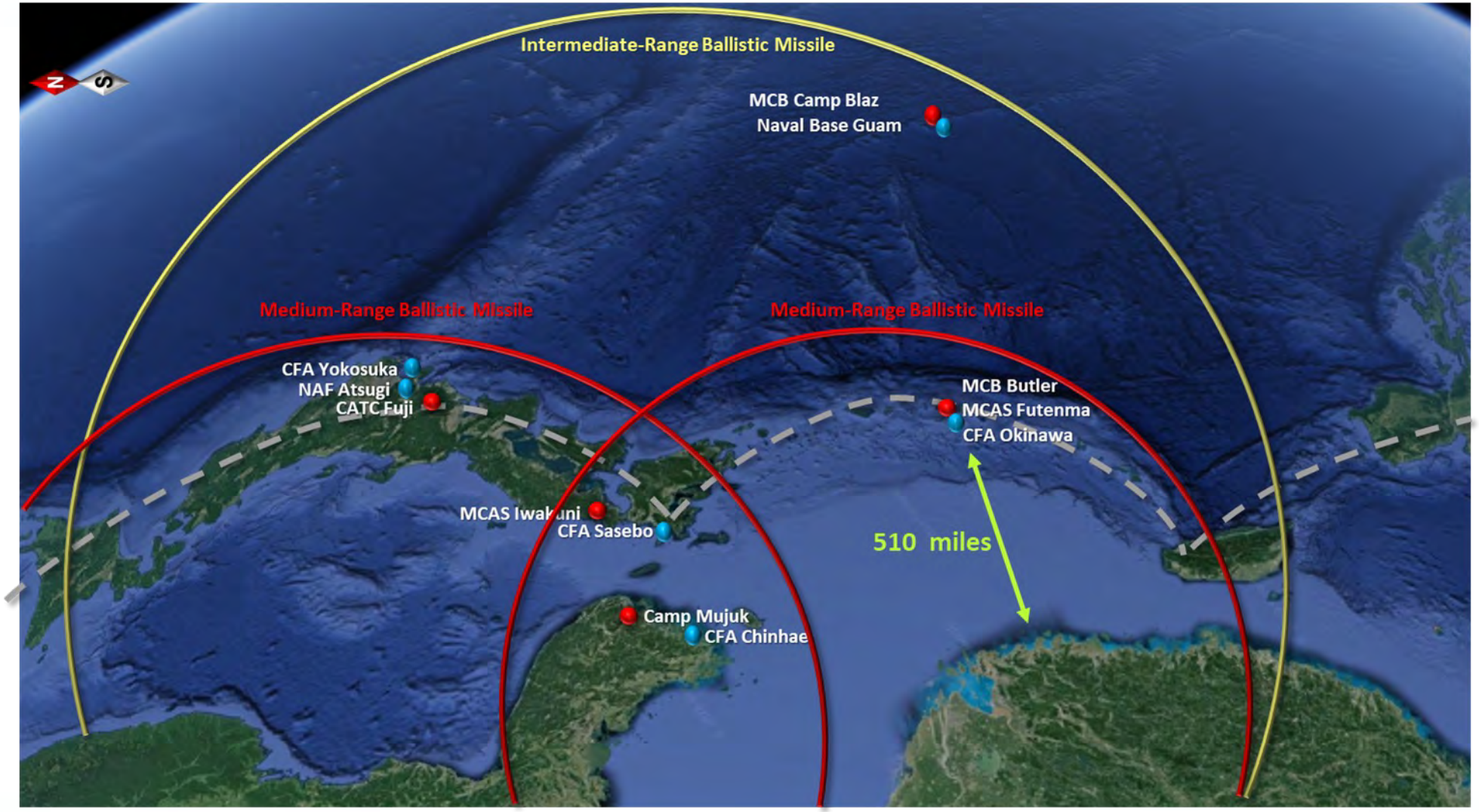
**Philippine troops kill 2 Abu Sayyaf suspects ahead of Ramadan**

**Xi vowed to secure interests over Senkakus as China's historical duty**

North Korea Launches Strategic Cruise Missiles from Submarine

# Major Indo-Pacific Friction Areas

# Forward Deployed Naval Forces



# MCAS Iwakuni Development

***1996***

$7B

***2016***

# Key MCAS Iwakuni Strategic Capabilities

**Deep Water Port**

**Large-Capacity Fuel Depot**

***MCAS Iwakuni is the only installation in the Indo-Pacific that combines these four capabilities***

**Runway**

**Ammunition Storage**

# MCAS Iwakuni U.S. Tenant Commands

MCIPAC

Other III MEF

MAG-12

CVW-5

Combat Support Agencies

# MCAS Iwakuni JSDF Tenant Commands

Fleet Air Wing 31 JMSDF
IWAKUNI
第31航空群

HM 111 IWAKUNI — 111SQ

VC-31 IWAKUNI — 91SQ

JMSDF Rescue Ivory 71 IWAKUNI — 71SQ

Maintenance and Supply Squadron 31 IWAKUNI — 31MSQ

81SQ

# Command Philosophy

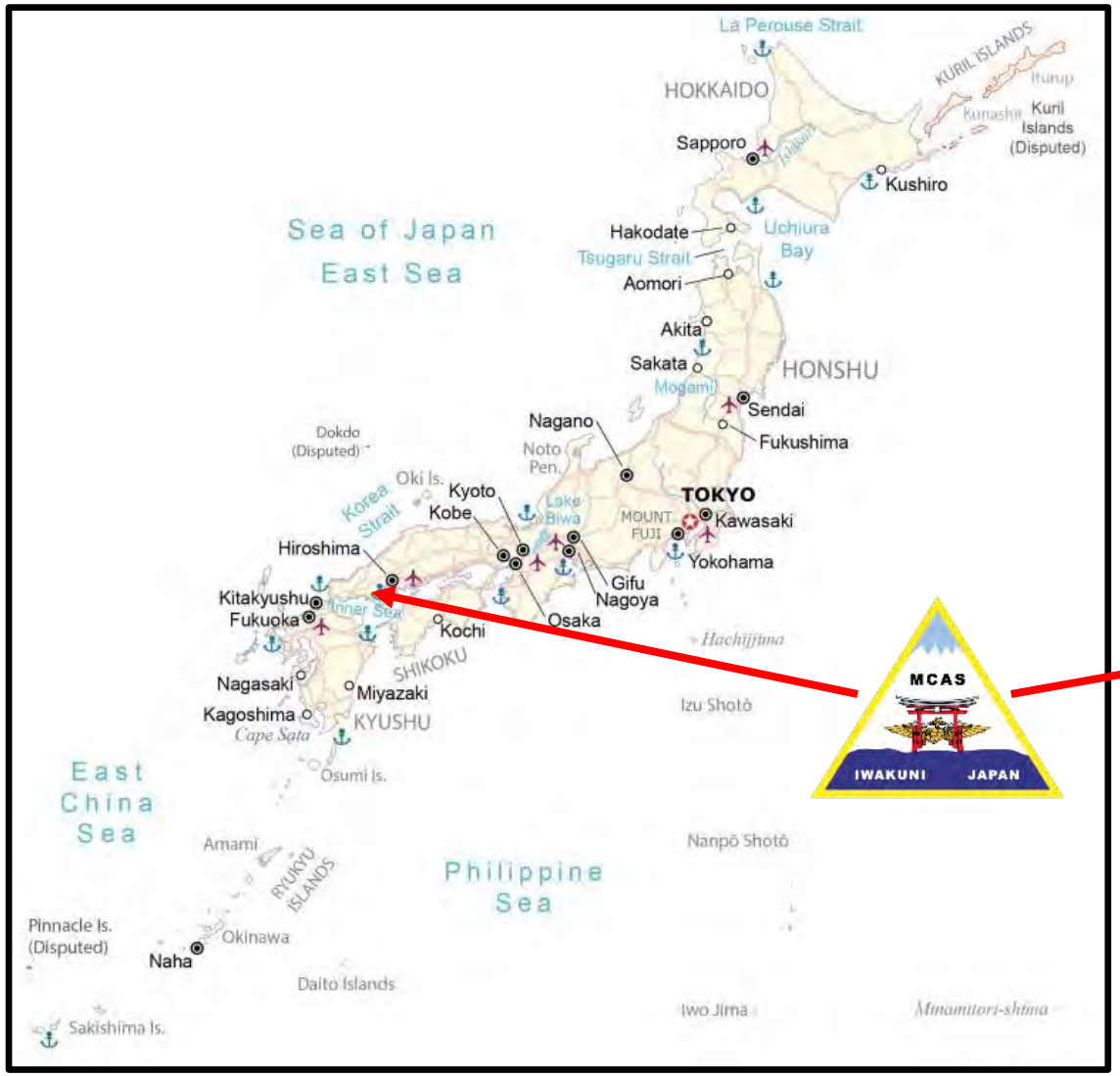
MCAS IWAKUNI

**R**EADINESS
**R**ESILIENCY
**R**ELATIONSHIPS

CREDIBLE COMBAT POWER

# ACTIVE SHIELD

# MCAS Iwakuni Location



# Kintai Bridge (錦帯橋 *Kintai-kyō*)

# Kintai Bridge
## (Various Seasons)

# Miyajima

# Atago Sports Complex

**48 Acre Site:**

- MCASI honoring the international agreement for shared use of green space
  - Baseball Stadium – 5,000 seats + 3,000 seats in grass outfield
  - Softball Fields – Artificial Turf
  - Picnic BBQ Pavilions and outdoor jogging paths
  - 400M Track & Soccer Field – 1,500 seats
  - Cultural Center including traditional Japanese style room
  - Indoor Gymnasium; basketball, volleyball, elevated track

**Concept:**

- Operating Hours: 0900-2100
- Priority Scheduling for U.S.-Japan exchange events
- Access: No ID Card Checks, Security provided by Iwakuni Police Dept
- Maintenance & Utility Cost Sharing with Iwakuni City

# Kizuna Stadium

# Atago Sports Complex

# Lotus Cultural Center

# “Owl” Park

# Friendship Day

# Good To Know

- Physically small base but very dense
- Weather can change rapidly
- Colors
- Crosswalks
- Headphones
- Help us take care of this base
- Use the Interactive Customer Evaluation
- Help us recognize stellar community members
- Get out & see Japan!!!

# Questions

# Welcome to Iwakuni

Please enjoy a special message from
Iwakuni City Mayor

Mayor Yoshihiko Fukuda

# Introduction of Support Entities

**MCAS Iwakuni Sergeant Major**
**SgtMaj Jody G. Armentrout**

# American Red Cross

**BLDG 625 Third Floor MON-FRI 0800 – 1630 iwakuni@redcross.org**

## Emergency Communication Messages

**877.272.7337**

**24/7/365**

OR

*American Red Cross Hero Care App*

Free, downloadable to your phone 24/7

**Emergency Messages contain information about:**

Death

Life-Threatening Illness/Injury

Birth Announcements

Financial Assistance

Verifiable Breakdown of Childcare Plan

IWAKUNI SERVICES

| 24/7/365 Emergency Communication Services | Community Outreach | Volunteer Opportunities |
|---|---|---|
| • Emergency Communications<br>• Financial Assistance (24/7 Access to AER)<br>• Suicide Prevention Actions<br>• Casework Family Follow-up<br>• Information and Referral | • Education & Outreach<br>• Redeployment Support<br>• Deployment Support<br>• Special Events<br>• Preparedness<br>• Veteran Activity Support<br>• Training Opportunities<br>• CPR/Babysitting/Wilderness First Aid certifications<br>• International Services – Restoring Family Links casework | • Clinic Positions<br>• Community Outreach<br>• Office Program Activities<br>• Preparedness, Health & Safety<br>• Disaster Cycle Services<br>• Youth Volunteers<br>• International Humanitarian Law – Youth Action Campaign |

# Navy-Marine Corps Relief Society

## Financial Education & Assistance

- 0% interest loans for financial assistance
- Budget services
- Contact us!
  - DSN 253-5311
  - Building 625, 3rd floor
  - iwakuni@nmcrs.org

# USO Iwakuni

## For the People Who Serve

- Monthly Programs / Military Support
- Play Area
- Gaming
- Complimentary Goods
- Contact us!
  - DSN (315) 253-6174
  - Building 727, 2nd Floor
  - USOIwakuni@uso.org

FOR THE PEOPLE WHO SERVE.™

# Naval Criminal Investigation Services

## CI Awareness and Reporting/OPSEC

- NCIS Resident Agency Iwakuni
- DSN (315) 253-5589, Building 230

# Counterintelligence

- MCAS Iwakuni is one of the most strategically important bases with DoD – our adversaries are targeting us
- Beware of attempts to collect valuable/classified information and technology and report suspicious incidents
- There are a sizeable number of Third Country Nationals (non-Japanese) in Iwakuni, some of whom come from countries that are hostile to the U.S. The number of Third Country Nationals is much greater in the popular liberty areas of Hiroshima, Osaka, and Fukuoka.
- Watch what you say both on and off base. You never know who might be listening.

# Insider Threat

- Not all of the threats are external. Although MCAS Iwakuni has impressive physical security, gates and guards can't prevent all threats, especially if the person has authorized access to the base.
- Insider threat can be related to espionage, terrorism, or workplace violence
- Espionage threatens us all and can determine the outcome of engagements on the battlefield.
- Some indicators of possible espionage:
  - Unexplained wealth or affluence
  - Misuse of classified information
  - Divided loyalties
  - Unreported foreign contacts/foreign travel
  - Unusual working hours
  - Alcohol/Drug abuse
- It is everyone's responsibility to monitor and report issues - you know the people you work with best and early intervention is key.
- Don't put off reporting something in the hopes of getting "proof" of wrongdoing. Report it, and let NCIS do the investigating

# Operational Security

- The process for Denying Adversaries Information about friendly capabilities. (Foreign Intelligence, Criminal, etc.)
- Identifying, Controlling and Protecting Unclassified Info and Sensitive Activities.
- Limit Sensitive Information in open areas:
  - Leave work at work
  - Shred Documents (100% Shred Policy)
  - Monitor what is posted on Social Media by you and your family.
- Apply similar measures to hard copy information.
- OPSEC is everyone's responsibility.
- Targeting is not exclusive to military members.

# Operational Security

Our Adversaries receives 80% of their Intelligence via open sources:

- Trash/Recycle Bins, Social Networks, Online News Sites, and Newspapers

Things they are looking for:

- Information about military facilities
- Number of personnel
- Ammo depot locations
- Dates and times of operations
- Names and photographs of important people
- Present/future operations

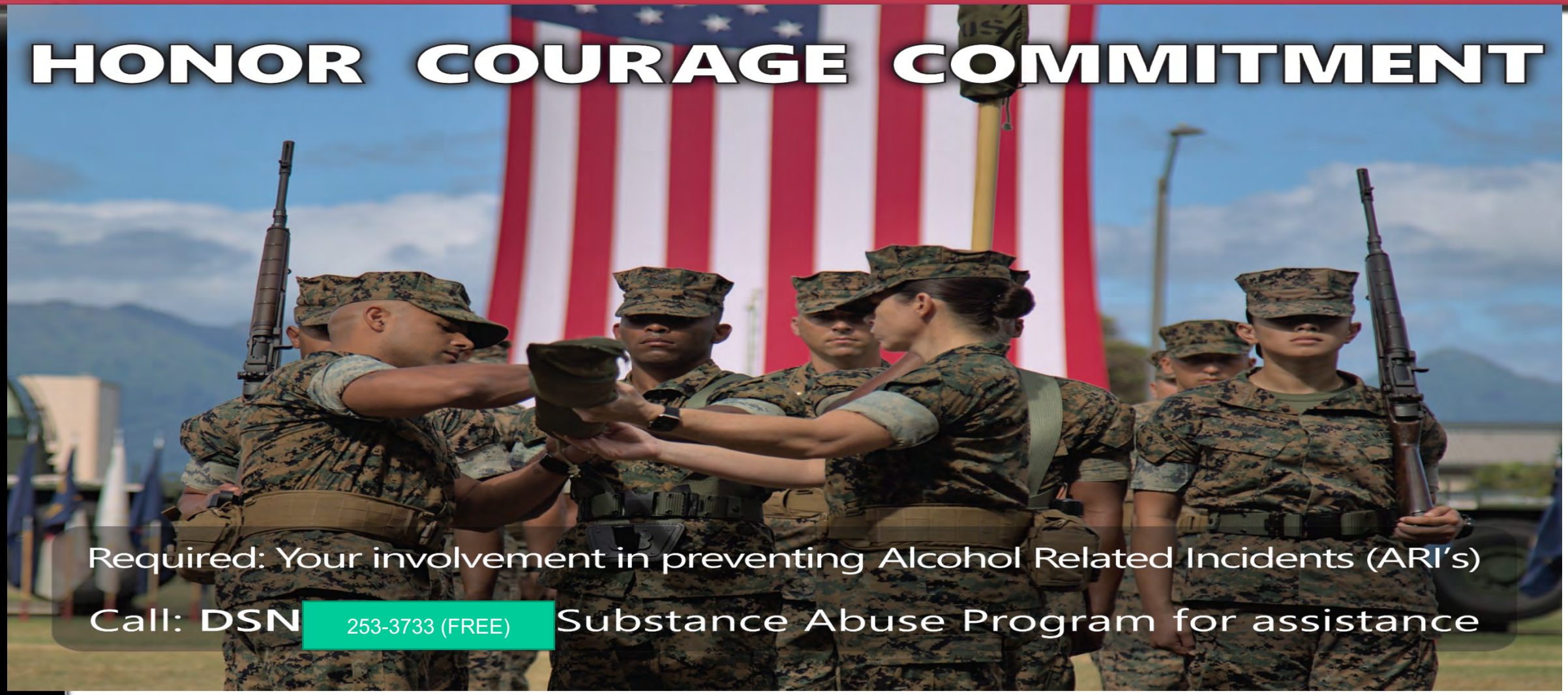
Online security is paramount:

- Social engineering, spearfishing, malware, PKI compromise
- Secure social media sites
- Monitor family activity
- Limit the amount of personal information you post
- Ensure security software and applications are up to date
- Independently confirm requests for information
- Don’t neglect your smart phone.
- Use caution when using public wireless networks

# Reporting Options

- NCISRA Iwakuni, Japan
  - DSN: 315-253-5589
  - Building 230 2nd floor
  - Anonymous tips – www.ncis.navy.mil and select submit a tip
  - Espionage hotline - navyspy@ncis.navy.mil
- MAG-12 Force Protection Support Team
  - DSN: 315-255-7828
  - Building 6000 (MAG-12 side)
- Station OPSEC Program Managers
  - OPSEC Program Manager
  - DSN: 315-253-3176
- MCAS Iwakuni Provost Marshal's Office
  - Emergency – 119
  - Non-emergency – 253-3303

# Substance Abuse Program



# Substance Abuse Program

## Marine Corps Air Station Iwakuni, Building 411, Substance Abuse Program 253-3733 (FREE)

- Awareness and Prevention of an Alcohol Related Incident (ARI)
- Low - Risk drinking
- Warning signs of alcohol misuse
- Our responsibility and obligation
- Questions and point of contact

MARINE & Family | Substance Abuse Program

# Awareness and Prevention of Alcohol Related Incidents (ARIs)

## Marine Corp Values (It's who we are)

- Providing alcohol to underage personnel (must be 20 years old to drink in Japan and on Installation)
- Legal BAC limit off base is 0.03- not a drop of alcohol on base
- Open containers are not authorized on base (in vehicles)
- Drinking/Driving: DUI can lead to heavy fines and jail time
- Being a passenger with an intoxicated driver can lead to a DUI
- Being under the influence of alcohol while on duty
- Having over the limit amount of alcohol in the barracks

# Substance Abuse Prevention Program

## Low Risk Drinking - Standard Drink

0.6 ounces of pure alcohol is present in each of these drinks

MARINE & Family | Substance Abuse Program

# Substance Abuse Prevention Program

## Low Risk Drinking (not no risk)

If you are going to drink…remember

0-1-2-3

"0" Drinks if driving, **period**! And if underage!

"1" Per hour

"2" Per Day

"3" No more than **3** on any given day (2 for women)

Less than "14" drinks per week ( 7 for women)

MARINE & Family | Substance Abuse Program

# Substance Abuse Prevention Program

## Low Risk Drinking - Measuring with a Red Cup

MARINE & Family | Substance Abuse Program

# Substance Abuse Prevention Program

## Warning Signs of Alcohol Misuse

- Binge drinking – what is that?
- Needing more alcohol to feel the same effect. (The seductive nature of alcohol)
- Neglecting responsibilities at home, work, or school
- Using alcohol in dangerous situations **(Driving / Working)**
- Legal problems (fines, jail time or property damage).
- Interferes with **relationships** (friends, families, or co-workers)
- Using alcohol to **avoid stress**, bad feelings, cure boredom, mourn losses, loneliness, or at each and every celebration.
- Drinking alone or in secrecy.

# Substance Abuse Prevention Program

## WHEN CAN I WORK???

| NIGHT CONSUMED | TIME STOPPED DRINKING | # OF STANDARD DRINKS | INTOXICATED UNTIL… |
|---|---|---|---|
| Sunday | 2400 | 6 | 0700 |
| Sunday | 2400 | 9 | 1000 |
| Sunday | 2400 | 12 | 1300 |
| Sunday | 2400 | 16 | 1700 |

# Substance Abuse Prevention Program

## Do you know the regulations on Hemp products?

Per ALNAV 069/20, "Sailors and Marines are prohibited from knowingly using any product made or derived from hemp (as defined in 7 U.S.C. 1639o), including CBD, regardless of the products THC concentration, claimed or actual, and regardless of whether such product may lawfully be bought, sold, and used under the law applicable to civilians."

MARINE & Family | Substance Abuse Program

# Substance Abuse Prevention Program

## Our Responsibility and Obligation

### Remember the Marine Corps Values

- Encourage self-referral prior to an incident
- Reach out to others who might be having issues
- Know some resources or points of contact for help/guidance
- Chaplains, Military Family Life Counselors, Behavioral Health, Substance Abuse Program, Community Counseling Program, Alcoholics Anonymous – All Recovery

Yujo Hall next to Chapel -Tuesday 1800 hrs. and Friday 1700 hrs.

MARINE & Family | Substance Abuse Program

# Substance Abuse Program

**Marine Corps Air Station Iwakuni, Building 411,**
**Substance Abuse Program 253-3733 (FREE)**

QUESTIONS?

For more information contact your unit SACO or
Behavioral Health Substance Abuse Program at 253-3733

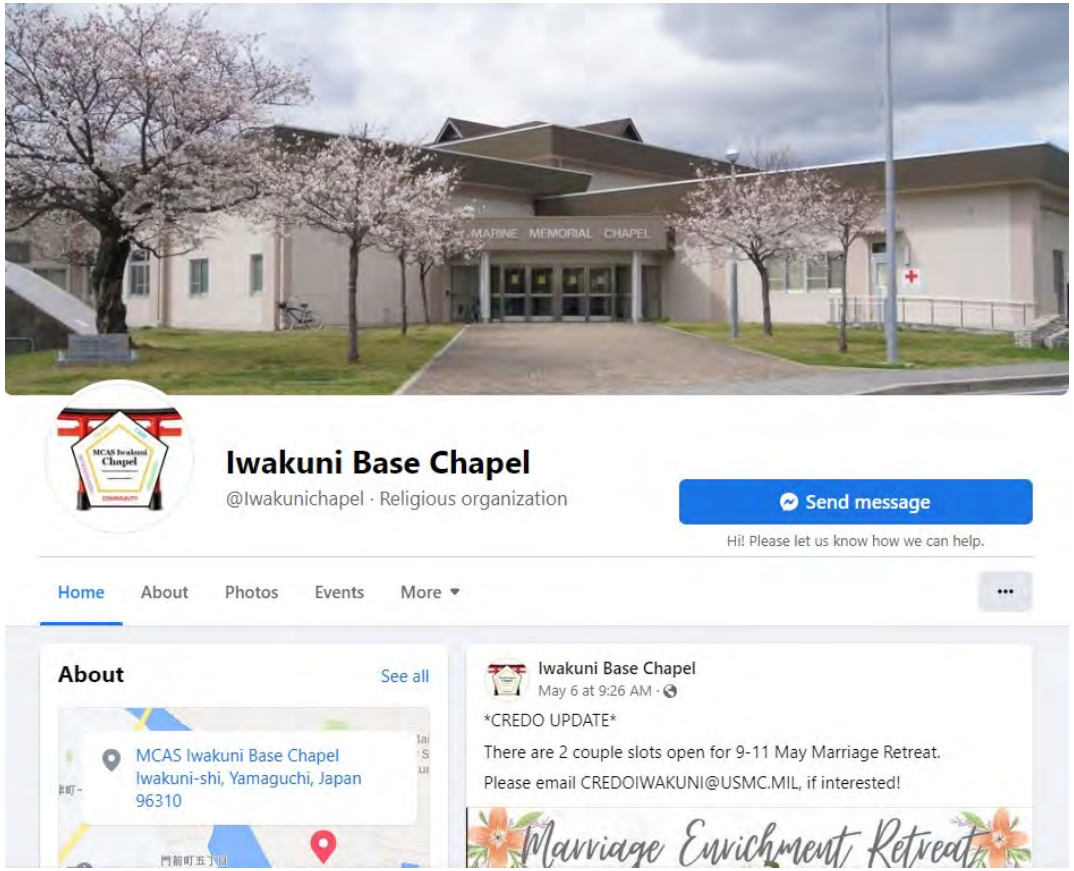
MARINE & Family | Substance Abuse Program

# Your Chaplain C.A.R.E.S.

**MCAS Iwakuni Chapel**
**Command Religious Program**

# Chapel Facebook

Upcoming Events &
Announcements
posted on Iwakuni Base Chapel
Facebook Page



# Chaplain – Core Capabilities

## Provide

Provide religious services and ceremonies based on our own endorsers.

## Facilitate

Identify religious and spiritual needs and coordinate with other chaplains and local clergies to support your religious and spiritual needs.

## Care

Care for all through Counseling and Spiritual Direction

## Advise

Senior leaders, command personnel and families

# Chaplain - Confidentiality

All counseling communications to a Chaplain are 100% confidential

Non-religious focused counseling upon request

# Chaplain – Ministry In Action

## Chapel Services

### Roman Catholic

**Sunday Mass** 0900/1700

**Monday-Thursday**

Daily Mass 1130

Confessions before/after Mass or by appointment

### Protestant Services

**Sunday**

| | |
|---|---|
| Traditional Worship | 0900 |
| Contemporary Worship | 1100 |
| Church of Christ | 1030 |
| Pentecostal | 1400 |

**Saturday**

| | |
|---|---|
| Seventh-Day Adventist | 1000 |

## Studies and Activities

### Sunday

| | |
|---|---|
| Catholic Education | 1000 |
| Children's Church | 1100 |
| Awana Children | 1600 |
| Teen Ministry | 1800 |

### Wednesday

| | |
|---|---|
| Women's Ministry (WIFI) | 0900 |
| Women's Ministry (WIFI) | 1800 |

### Friday

| | |
|---|---|
| Adoration of the Sacrament | 1730 |
| Family Rosary (Every 3rd) | 1730 |

**If you desire another opportunity to grow spirituality, come talk to us about it.**

**ASK ABOUT BECOMING A LAY LEADER FOR YOUR FAITH COMMUNITY!**

# Chaplain – Resiliency Training/Programs

1. Applied Suicide Intervention Skills Training (ASIST) and ASIST T4T:

- First Aids (Intervention)
- 2 Days training
- Only installation in Japan (Monthly)
- 14 local trainers

LIVINGWORKS

ASIST

Applied Suicide Intervention Skills Training

2. Financial Peace University:

- David Ramsey (One of the best programs in the industry)
- 9 weeks classes
- Every Thursday
- Dinner and Child Care

# Chaplain – Resiliency Training/Programs

3. Marriage Enrichment Night
- Open to all couples
- 3 hour Marriage seminar
- Includes free dinner and childcare
- Average of 30 participants

4. Game Night (Single and Family)
- Open to all single service members
- Yujo Hall at Chapel
- Board and electronic Games
- Dinner Provided

# Chaplain - CREDO

- Supported by both CREDO Okinawa and Yokosuka
  - –Monthly Date Nights
  - –Leadership Skills Training
  - –Family Retreats
  - –Marriage Retreats

# Chaplain – Community Relations

SIAKA Toy Drive

Chapel Preschool
Toy/Candy Drive

Owl Park
Inclusivity Day

<u>Over the past 10 months</u>
175 Participants
320 Volunteer Hours
$8100 Monetary Donations
2150people directly impacted in the Community

OVER 50+ COMRELS PLANNED FOR 2023

# Chaplain - Community Pantry

Free items

Drop off/Pick up – We are open daily!

# Chaplain – Who Are We

## MCAS IWAKUNI

- **Command Chaplain**
  **LCDR Um**
  - junsub.um@usmc.mil
  - 315-253-3371

- **Deputy**
  **LT Pittman**
  – james.pittman@usmc.mil
  – 315-253-3371

## CVW-5

- **Command Chaplain**
  **LT Rousseau**
  – aaron.rousseau@fe.navy.mil
  – 315-253-2821

## MAG-12

- **MAG-12 Command Chaplain**
  CDR Tagaloa
  – michael.tagaloa@usmc.mil
  – 315-253-7556/7557

- **Deputy Chaplain**
  LT Maka
  - tomek.Maka@usmc.mil
  - 315- 253-7556/7557

- **Chaplain Eubanks**
  - grant.eubanks@usmc.mil
  - 315-253-5109
- **Chaplain Park**
  - Cjames.hicks@usmc.mil
  - 315-253-7556

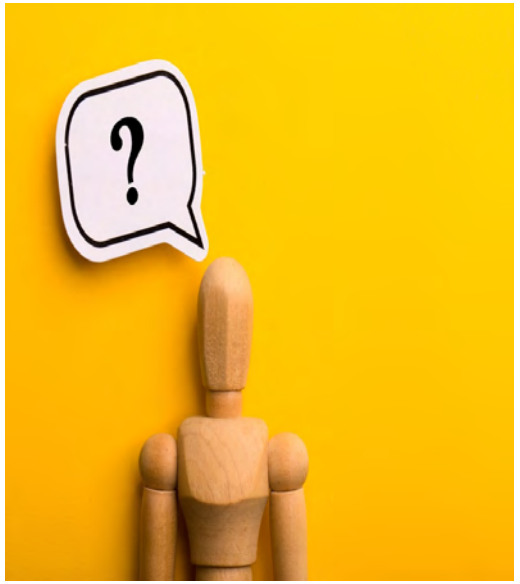
# Chaplain – Bldg 625 Tenants

- Japanese American Society
  - 1st Floor
- Navy-Marine Corps Relief Society (NMCRS)
  - 3rd Floor
- American Red Cross
  - 3rd Floor
- Women, Infants, and Children (WIC)
  - 3rd Floor
- New Parent Support Program
  - 2nd Floor

# Your Chaplain C.A.R.E.S.

**QUESTIONS?**

MCAS Base Chapel
253-3371



# Behavioral Health

Behavioral Health Services
Marine and Family Programs

# Family Advocacy Program 253-4526

The Family Advocacy Program (FAP) is a multi-faceted resource that is designed to address child abuse and domestic abuse within the MCAS community through prevention, intervention, and treatment.

FAP provides confidential supportive services including counseling, information and referral, education, prevention, and advocacy services.

*You are not required to report an incident to access our services

**Our Team consist of** Victim Advocates, Prevention Specialists, Home Visitors, and  Licensed Clinical Counselors

# Domestic Violence Reporting Options

## No Report

- Receive information and referrals without having to file a Restricted or Unrestricted Report

**Exceptions:**
- Child Abuse
- Imminent Danger

## Restricted Reporting

- No Command Notification
- No investigation initiated
- Access to support services

## Unrestricted Reporting

- Command Notification
- Investigation Initiated
- Access to support services and Protective Orders can be provided, if necessary.

**24/7 Helpline**

**090-9978-1033 or 253-SAFE**

# New Parent Support Program 253-5043

- New Parent Support (NPSP) is a prevention program designed to enhance parenting skills and support parents and children through early intervention services.
- Our staff provides home visits at no cost.
- Services are offered to expecting families, and families with children under the age of 5.
- In addition, we offer groups and activities throughout the year such as a
  - Infant Massage
  - Toddlers & Tunes and Free Play groups
  - Baby Boot camps for expecting parents
  - Pack & play and breast pumps lending program

# New Parent Support Program 253-5043

New Parent Support Program Location:
Building 625, 2nd Floor

Hours of Operation:
0730-1630

Family Advocacy Program after hours reporting:

24/7 Helpline - 090-9978-1033

# Community Counseling 253-6553

- Community Counseling Program (CCP) equips service members and families with the skills to address life's challenges before there is significant impact on performance in their duties and relationships.
- CCP provides confidential counseling services that include:
- Individual Counseling
- Couples Counseling
- Family Counseling
- Child and Teen Counseling
- Alternative Support:
- (MFLC) **M**ilitary and **F**amily **L**ife **C**ounselors
- FOCUS **F**amilies **O**ver**C**oming **U**nder **S**tress

# Marine Intercept Program

- MIP is a collaborative effort between Installation and command to provide service members with care coordination for whom have received Serious Incident Report (SRI), Personal Casualty Report (PCR), and/or Suicide Ideation/Attempt.
- Navy equivalent is the SAIL Program

MIP IS:

- Voluntary
- Caring contacts
- Care coordination
- Risk assessment and safety

MIP IS NOT:

Therapy

Treatment

You may contact Community Counseling Program for more information: DSN: 253-6553

# Substance Abuse Program 253-3733

- The Substance Abuse Program utilizes evidence-based programming and practices, including prevention education, early intervention initiatives, counseling, and drug and alcohol deterrent activities in order to promote overall health and mission readiness.

- Service can be provided through Self-referral and/or Command referral
  - Through your unit Substance Abuse Control Officer
    - (SACO) or Drug and Alcohol Program
    - Advisor (DAPA)
  - Or self-referral directly at Behavioral Health

- **Other base resources available:**
- **All Support** - (Yujo Hall) Every Tuesday @1800
- **All Recover** - (Yujo Hall) Every Friday @1800
- **Unit Chaplain**

# Military OneSource

- An anonymous 24/7/365 counseling center for service members and families.
- Service member-to-service member counseling
- To call from Iwakuni DSN: 145
- As well as…
- Military One Source- (alternate languages available)
  - MilitaryOneSource.com (email)
  - 1-800-342-9647 (Stateside)
  - 800-3429-6477 (Overseas)

MILITARY ONESOURCE

# Behavioral Health

## QUESTIONS?

Location:
Building 411, Room 219

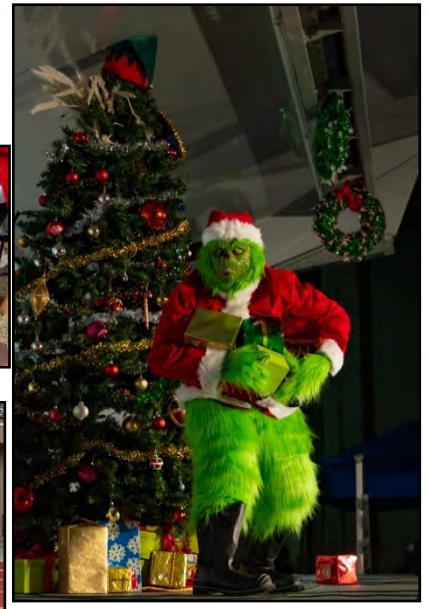
Hours of Operation:
0730-1630

Family Advocacy Program after hours reporting:

24/7 Helpline - 090-9978-1033

# Marine Corps Community Services

## Marine Corps Air Station Iwakuni



MCCS
MCAS IWAKUNI

# Customer Service Oriented

MCCS
MCAS IWAKUNI

# Quality of Life Provider

- Enrichment opportunities
- Entertainment
- Travel
- Home, Duty, and Self

MCCS
MCAS IWAKUNI

# Marine & Family Programs

| Child & Youth Programs | Personal & Professional Development | Marine Corps Family Team Building | Behavioral Health |
|---|---|---|---|
| **Child Development Center**<br>• Nationally Accredited by National Early Childhood Program Accreditation<br>**School Age Care Center**<br>• Nationally Accredited by Council on Accreditation<br>• Affiliated with Boys & Girls Clubs of America<br>**Youth & Teen Center**<br>• Affiliated with Boys & Girls Clubs of America | • CMC Professional Reading List<br>• Tuition Assistance/ College 101<br>• Accessing Higher Education Track<br>• Transition Readiness Seminar<br>• Spouse Transition & Readiness<br>• Welcome Aboard Indoc<br>• Smooth Move<br>• Sponsorship Training<br>• Command Financial Training<br>• Boots-to-Business<br>• Personal Readiness Seminar | • CREDO<br>• Family Readiness & Deployment Support<br>• Lifeskills Classes<br>• L.I.N.K.S.<br>• PREP<br>• Volunteer Management | • SACO Training<br>• FAP Incident Determination Committee Training<br>• Child Abuse & Domestic Violence Prevention<br>• DoDDS Child Abuse Training<br>• Marine Intercept Program<br>• FAC Committee Quarterly<br>• Substance Abuse Prevention Coalition Quarterly |

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# Semper Fit

## Facilities

- IronWorks Gym
- IronWorks North Gym
- IronWorks Atago Gym
- Lotus Cultural Center
- Atago Shared Sports Complex
- IronWorks Indoor Pool
- WaterWorks Outdoor Pool
- Northside Track & Field
- XtremeWorks Skate Park
- Hornet's Nest (SMP Rec Center)
- Penny Lake Sports Complex
- Indoor/Outdoor HITT Centers

## Athletics

- **Aquatics**
  - Swim Lessons
  - Scuba Diving Program
- **Intramural Sports**
  - Commander's Cup, Leagues & Tournaments
- **Competitive Events**
  - Virtual Races, Fun Runs, Competitive Races
  - Powerlifting
- **Outdoor Recreation**
  - Gear Issue, Classes, Recreation Trips
  - Paintball & Archery Tag
- **Youth Sports**
  - Seasonal Sports, Summer Camps
  - Swim Team
  - Volunteer Coaching Opportunities

## Fitness & Health Promotion

- **Fitness**
  - Group Fitness Classes & Personal Training
  - Wellbeats Virtual Fitness on Demand
  - 1,000 lb. & 500 lb. Lifting Clubs
  - Gym Pro Shops
- **Human Performance**
  - Health Education (Unit & Individual)
  - HITT, Health Promotion & Recovery
  - Martial Arts, Dance & Massage Therapy

## Single Marine Program (SMP)

- Morale Trips
- Volunteer Activities
- Recreational Events

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# Retail & Services

**Marine Corps Exchange**

- New store with 86,000 SF of retail selling space (largest in the Marine Corps)
- 150 lines of department store businesses
- Retail Inventory on hand: $8M

**MCX Micro Mart Inns of the Corps**

- 24 hrs (IOTC, BHC)

**North Side Marine Mart**

- Mon-Fri: 0500-2200
- Sat/Sun: 0600-2200
- Hybrid Troop & Family Store with Fuel

**Atago Marine Mart**

- Daily: 1100-1400/1500-1900

**Main Side Fuel Station**

- 24 hrs (unmanned, debit/credit only)

**Direct Service Business**

- Car Rental
- Kennel
- Laundromat
- Self Storage
- Service Station
- Services Plus
- Starch & Stripes
- Vending

**Direct Recreation Business**

- Information Tours & Travel
- Auto Skills Center
- Driving School

**Indirect Service Business**

- Chubb Insurance
- Americable International
- Barber Shop & Beauty Salon
- IACE Travel Agency
- Military Auto Sales
- Softbank Cellular Service
- Indirect Vending
- Dry Cleaning
- Passport Photo Booth

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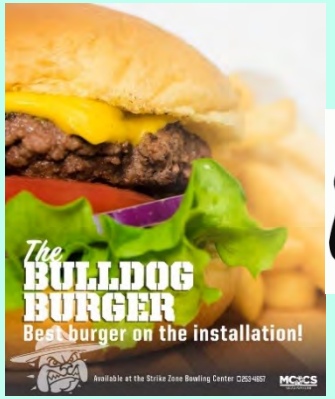
# Dining & Entertainment

Club Iwakuni

## Strike Zone



Sakura Theater
Navy First Run Movies!

## The Hangar

# Special Events

Wine Tasting

Airshow Friendship Day

Fall Festival

Holiday Tree Lighting

Jingle Bell Jog

Comedy Shows

USO Shows

Just to name a few!

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# Career Opportunities

- Links to available positions can be found at:
  - http://mccsiwakuni.com/hr
  - https://careers.usmc-mccs.org/

- <u>Is your resume ready?</u> Personal & Professional Development offers resume and interview skills classes and Family Member Employment Assistance in bldg 411, rm 101

- <u>Do you know your preference category?</u>
  - Priority 1 = Spouses
  - Priority 2 = Transitioning Military
  - Priority 3 = Dependents/Family members

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# Employment Benefits

- Tuition Reimbursement!
- Health Insurance with the option of Dental Coverage
- Health Flexible Spending Account (HFSA)
- Dependent Flexible Spending Account (DFSA)
- 401K with Employer Match up to 5%; Also Available to Flex Employees
- Pension with 1% Employee Contribution
- Life Insurance for Employee and Dependent(s)
- AFLAC/Short Term Disability Insurance
- Long Term Disability Insurance
- Paid Parental Leave
- Family Medical Leave
- Leave Donation Program
- Leave Accrual for Annual Leave and Sick Leave For FT and PT Employees
- Federal Leave Transfer for DoD Components
- Salary Advance Payment Up to Three Months
- Employee Assistance Program

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# Information on Iwakuni

## Iwakuni *Altitude* App

Download the Iwakuni Altitude app on the App Store or get it on Google Play!

Get updates instantly!

## Website

www.iwakuni.usmc-mccs.org

## Facebook

Search MCCS Iwakuni

MCCS IWAKUNI

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# Questions?

**MCCS Community Services Coordinator**
**Mr. Dave Garber**
**david.garber@usmc-mccs.org**
**253-4109**

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# Questions?

**MCCS Community Services Coordinator**
**Mr. Dave Garber**
**david.garber@usmc-mccs.org**
**253-4109**

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# Legal Services

**Building 608**

**Phone: 253-5591/5592**

Iwakuni_Legal_Assistance@usmc.mil

# Legal Services Support Team

1. **Victim Legal Counsel**
   - Individual representation of victim clients
2. **Legal Assistance**
   - Individual legal matters (i.e. wills, powers of attorney, family law issues, passports, immigration services, etc.)
3. **Defense Services Counsel (DSO)**
   - Pending legal action (i.e. pending investigation, NJP, alleged criminal charges, adsep, etc.)
4. **Office of Station Judge Advocate – Bldg. 1**
   - Command services (i.e. advice to COs and staff on military justice, ethics, etc.)

# Victims’ League Counsel (VLC) Services

- The Marine Corps Victims' Legal Counsel Organization is fully committed to provide legal advice, counseling, and representation to victims of sexual assault, domestic violence, and other crimes, and to protect victims' rights at all stages of the military justice process.
- Marine Corps VLC are judge advocates, who are highly qualified attorneys with extensive military justice backgrounds, have completed a certified victims’ advocacy course, and are required to be selected through a "sensitive screening process.“
- The VLCO chain-of-command is functionally independent of convening authorities, staff judge advocates, LSSS OICs, trial counsel, and defense counsel. VLC are under the supervision of, and report to, the OIC, VLCO, who reports directly to the Staff Judge Advocate to the Commandant of the Marine Corps.
- SAPR, FAP representative, etc. will reach out to VLC if circumstances require it. You may, but do not need to reach out to VLC directly if you are working with another organization.

- **ATTORNEY-CLIENT PRIVILEGE.**

**Contact:** **Pacific Region Victims’ Legal Counsel**

**Phone: 315-253-4398 (from DSN)**

**0827-79-4398 (from cell)**

**Emergency Line 24-hour Line: 0827-79-3322**

# Legal Assistance Services

- ✓Family Law Counseling (adoption, divorce, etc.)
- ✓Notaries, Powers of Attorney, Affidavits
- ✓Credit Counseling
- ✓Contracts and Leases
- ✓Wills, Trusts, Estate Planning
- ✓Marriage Packages
- ✓**ATTORNEY-CLIENT PRIVILEGE**

*No services for criminal matters*, claims against the government, business matters, or advice to 3rd parties. Refer to Defense Services.*

# Legal Assistance Services – OVERSEAS specific

- ✓Naturalizations
- ✓Consular Reports of Birth Abroad
- ✓Social Security Number
- ✓Passports: Personal and Official (Re-entry stamps at customs)
- ✓Immigration Visa Information and assistance
- ✓Adoption

# Defense Services Office (DSO)

- Located in building 608 – Follow sidewalk around the right side of the building to the REAR entrance, take the stairs to the 2nd floor, check in with defense clerk, Room #219
- **Walk-in basis ONLY** – Tuesday and Thursday 1300-1600.

*If you have been accused of a crime, you have the right to speak to the DSO for confidential and privileged counseling. They will explain the processes, your rights, and potential impacts of your decisions.*

# Staff Judge Advocate (SJA) Office

Photo Credit: MilitaryOneSource

**Building One**

**Room 216**

**DSN: 253-5593**

# Claims Against The Government

- Common Types of Claims:
  1. **<u>Military Claim Act (MCA)</u>** (e.g. POV damaged by GOV)
  2. **<u>Personnel Claim Act (PCA)</u>** (e.g. A/C leaking issue, clothing damages by mold, etc.)

- Your claim must be filed within 2 years after it accrues.

(Date of incident is excluded and date the claim is filed/submitted is included.)

# SOFA (Status of Forces Agreement)

- SOFA status protects your *rights* in Japan.
- SOFA personnel are still subject to Japanese laws.
- Japanese police have primary jurisdiction of certain crimes (drugs, firearms) even on-base and cases against Japanese nationals and property.
- Actions of ALL SOFA personnel impact the base and detract from our mission.
- *FAQ for SOFA are at* ***www.mcasiwakuni.marines.mil*** *> Organizations > Station > SJA*

# Jurisdiction and Detention

- You are subject to laws of Japan while stationed here
- Japanese Police may detain you for 72 hours after an arrest.
- Usually extended for 10 days by magistrate for investigation.
- Prosecutor can request additional 10 days from magistrate.

**Up to 23 days of being detained**

# Common Issues

- Knives longer than 5.5cm ON base– registered and kept with MCAS Armory
- Knives longer than 5.5cm OFF base- arrest is very likely
- Up to $3,000 fine or 2 years confinement
- Can also be charged if found in your vehicle or luggage

- Spice is prohibited by
- MCBJO 5355.1 dtd 10 Sep 08
- MARFORPACO 5355.2 dtd 1 Dec 09
- As well as by Japanese law as of 20 Nov 09

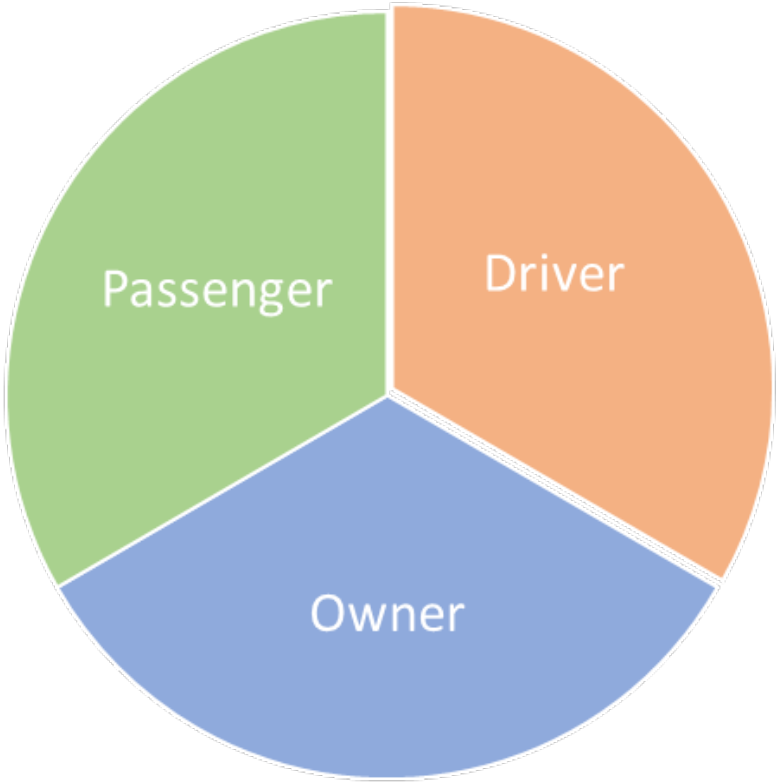
# DUI – You Cannot Afford It

- Legal Drinking Age in Japan: 20 years old
- ANY alcohol in your system can increase fines and penalties if you get in an accident.
- Refusal to submit to a breath test is treated the same as a failed breath test.

# DUI Liability

- You can be charged with DUI as a **PASSENGER**.
  - Up to $3,000 fine or 2 years confinement for riding with a person who has consumed alcohol.

- You can be charged with DUI as a CAR **OWNER**.
  - If you provide a DUI driver your car, you can also be liable for their actions even if you are not in the car with them. Up to $5,000 or 3 years confinement.

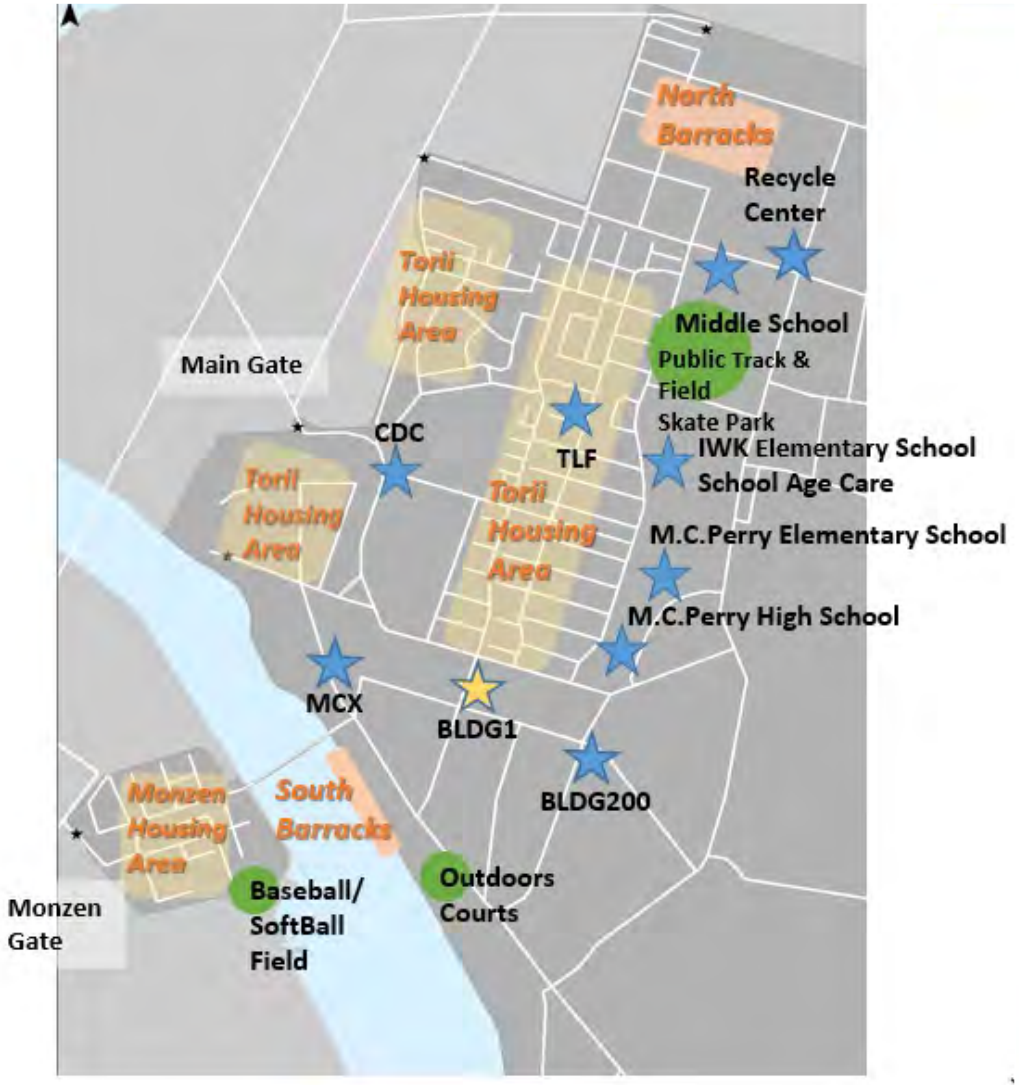


# DUI Penalties

- Japanese Court → Up to $5,000 fine or 3 years confinement
- Traffic Court → SOFA license revoked for 1-3 yrs (**MANDATORY** with 1st offense)
- Base Magistrate: → Community service or debarment
- Command: → 1) NJP: If violating Liberty Policy (No public alcohol consumption after midnight)
  2) Legal Hold (No PCS, EAS, travel)

# Facilities Welcome Aboard Brief

Family Housing & Self Help Building 200



# Unaccompanied Housing

Unaccompanied Housing Office located in B1503★

Hours of operation: Monday - Friday 07:30 - 16:30

DSN: 253-5803

Call from the US: 011-81-82779-5803

Local (Japan) call: 0827-79-5803

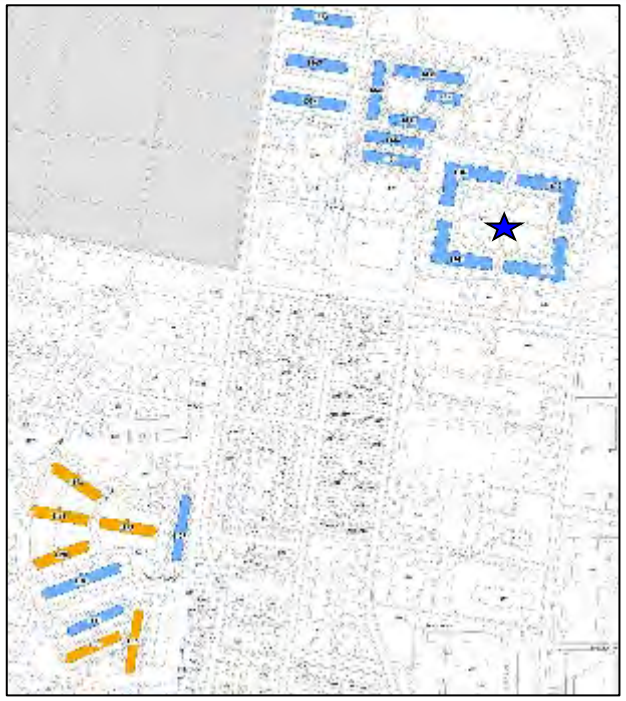
After hours duty phone: 080-1642-9751

**BEQs – 18 Buildings North Side & South Side**

- Rooms assigned by Unit Barracks Manager
- Unit manages assigned buildings

**BOQ (Officers & SNCO) – 9 Buildings**

- Rooms assigned by Unaccompanied Housing Manager
- Unaccompanied Housing Office manages buildings



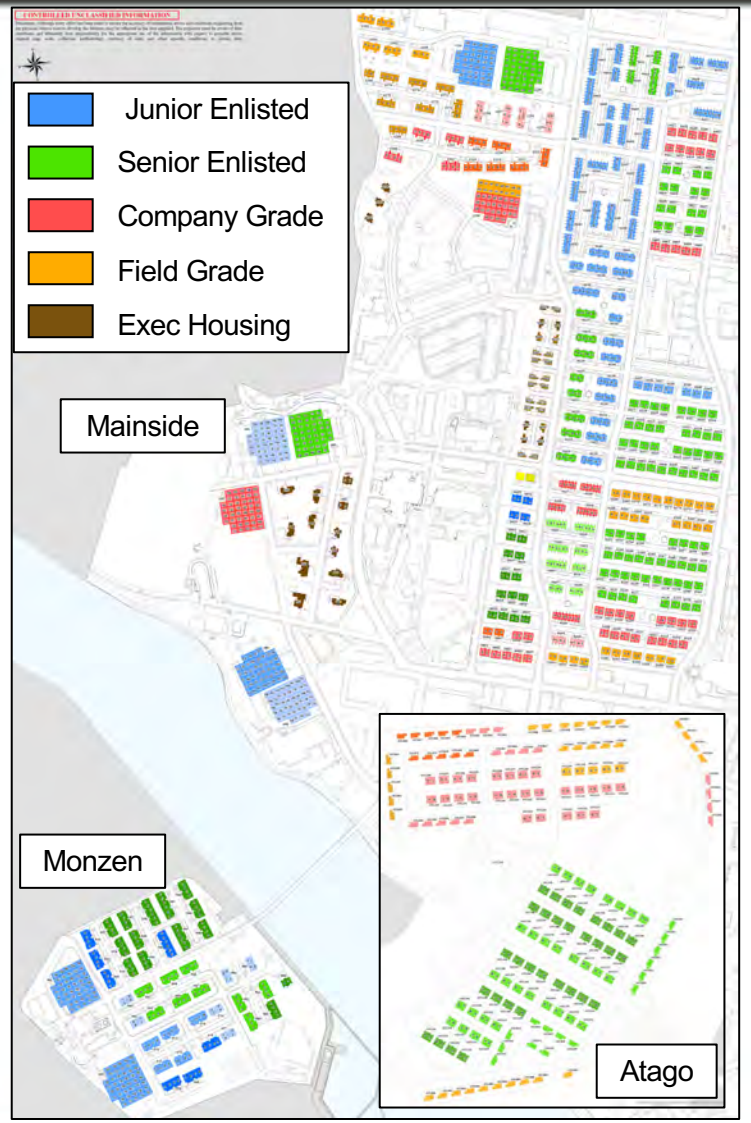
North Side and SNCO/Officers

South Side

# Off Base Housing Information

- Eligible civilians unaccompanied & accompanied.
- Orientation held at bldg. 200
- Search for inventory of pre-approved homes on Homes.mil.
- AFN Satellite dish and decoder box available for all off-base personnel.
- Active duty may be eligible if occupancy rate for their respective grade/rank above 90% Accompanied. Occupancy rate above 95% Unaccompanied.
- Loaner appliances (refrigerator, washer/dryer combos) available for accompanied personnel.
- Temporary loaner furniture up to 60 days available to accompanied personnel.

# Family Housing




**Total Inventory – 1,788**

**Mainside (1,268 units)**

**Monzen (258 units)**

**Atago Hills (262 units)**

- 10 minutes drive from main base
- Officer and Senior Enlisted only
- MCCS gym and 7-day available

**Temporary loaner furnishings for <60 days pending inbound/outbound transit of personally owned furnishings.**

**Self Help has various items available for checkout. Lawn equipment, ladders, dehumidifiers, etc**

# 3-Step Resolution Process

STEP 1:

- On-base Family Housing call 24-hour Trouble Desk select Option 1. DSN 253-3131, 0827-79-3131 (Japan) or 011-81-82779-3131 (USA).
- Off-base housing call property manager.
- BEQ/BOQ contact Unit Barracks Manager or building manager.

# Energy Conservation

**HVAC Seasonal Start-Up and Shutdown**

**Heating Season**

- November through March
- Thermostat setting is 68° F/20° C

**Cooling Season**

- April through October
- Thermostat setting is 78° F/26 ° C.

- ✓ Close doors/windows while heating or A/C is on.
- ✓ Turn off lights in unoccupied buildings.

- STATION ORDER 11300.SF ENERGY MANAGEMENT POLICY

# Mold

RESPONSIBILITIES: **Housing and Barracks residents, are responsible** for housekeeping, preventive measures to avoid mold growth and **to clean mold areas that are:**

- **Less than 10 square feet and**
- **Under 9 feet above the walking surface.**

**If mold is more than 10 square feet or inside HVAC units, please call the Trouble Desk at 253-3131 (option 1 for family housing) to request a work order.**

*Web resources are available at the following links:*

- *Centers for Disease Control and Prevention: http://www.cdc.gov/mold/default.htm*
- *U. S. Environmental Protection Agency: http://www.epa.gov/mold/index.html*
- *Occupational Safety and Health Administration: http://www.osha.gov/dts/shib/shib101003.html*

# Trash Separation Rules

## Solid Waste Segregation Categories Main Base

1. Combustibles: kitchen garbage, paper, garden waste, cloths etc.
2. Non-Combustibles: ceramics, glass, metal items, fragment, plastics etc.
3. Recyclables: newspapers, magazines, cardboards, cans, PET bottles, clothing/textiles, etc.

## Recycle Center located at Building 7725

Information on segregation are located at
MCAS Iwakuni Environmental Division Website: Garbage Separation Rules

# Environmental Stewardship

Do's:

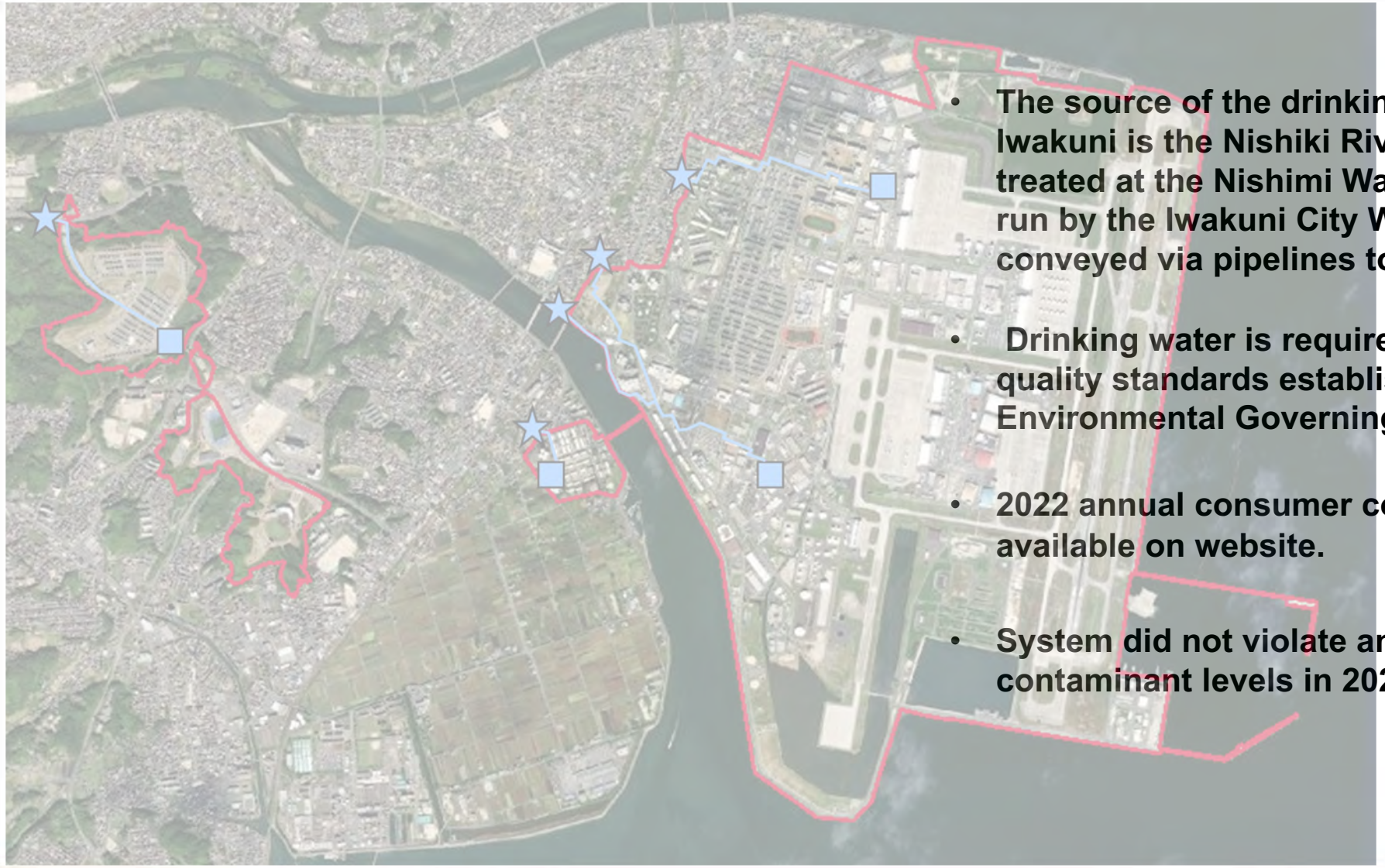
- Always recycle & separate your trash and use clear trash bags.
- Always wash your vehicles at the car wash.
- Never throw away hazardous materials – batteries, cooking oil, paint, cleaning products, etc.

ONLY RAIN DOWN THE STORM DRAIN!

# MCAS Iwakuni Environmental Programs

Drinking Water
Wastewater & Storm-water
Air Emissions
Radon Monitoring & Mitigation
Storage Tanks (above and below ground)
Hazardous Waste
Polychlorinated Biphenyl (PCB) waste management
Solid Waste management
Qualified Recycling Program (QRP)
Spill Response
Environmental Management Systems (EMS)
Environmental Training
Natural & Cultural Resources
Pest Management
Bird Aircraft Strike Hazard (BASH)
Environmental Compliance Monitoring
Environmental Impact Reviews

# Drinking Water



- The source of the drinking water at MCAS Iwakuni is the Nishiki River. The raw water is treated at the Nishimi Water Purification Plant, run by the Iwakuni City Waterworks, and then conveyed via pipelines to MCAS Iwakuni.
- Drinking water is required to meet the water quality standards established in the Japan Environmental Governing Standards (JEGS).
- 2022 annual consumer confidence report on available on website.
- System did not violate any maximum contaminant levels in 2022.

# Contact Information

**Family Housing Information** E-mail: iwknfamilyhousing@usmc.mil
B200 Hours of Operation: M-T-TH-F: 0800-1200 / 1300-1630, Wed: 0800-1200;
DSN 253-5541, 0827-79-5541 (Japan) or 011-81-82779-5541 (USA)

**Unaccompanied Housing Office** B1503, Hours of operation: M – F 07:30 - 16:30
DSN: 253-5803; Call from the US: 011-81-82779-5803; local (Japan) call: 0827-79-5803
After hours duty phone: 080-1642-9751

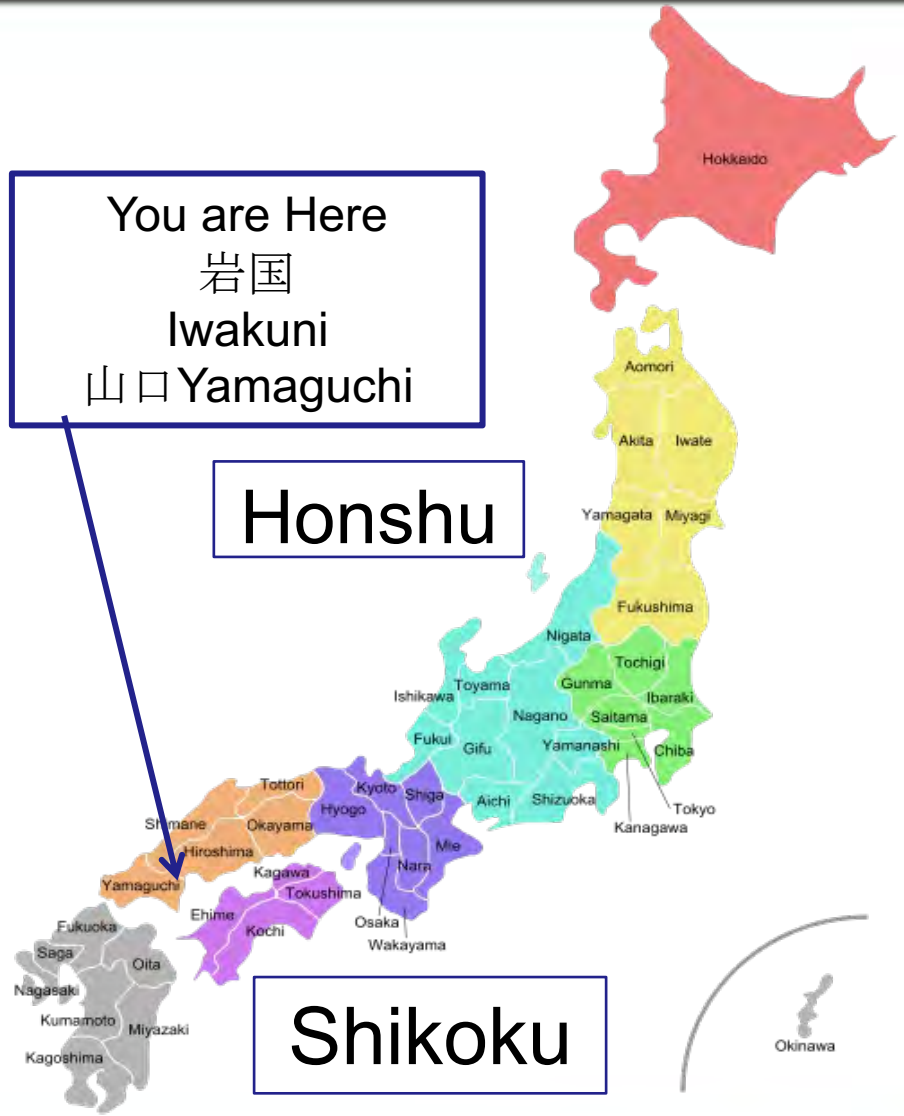
- Visit Military Housing website for more information, floor plans and application forms.
https://www.mcasiwakuni.marines.mil/Organizations/Station/Facilities/Military-Housing-Division/

Environmental Information:
https://www.mcasiwakuni.marines.mil/Organizations/Station/Facilities/Environmental/

# Welcome to Iwakuni

MCCS
MCAS IWAKUNI

# You Are in Japan!



# About Japan

1. Current emperor: Naruhito
2. Current era: Reiwa  (R6)
3. Government: Parliamentary with constitutional monarchy
4. Prime Minister: Fumio Kishida
5. Capital: Tokyo
6. Population: 127 million people
7. Religions
   – Buddhism, Shintoism, other

# You Are in Iwakuni!

Ice Cream Stand

Cormorant Fishing

Sanzoku

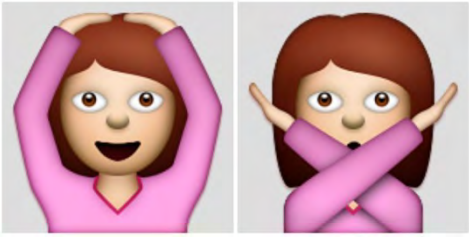
Fireworks Festival

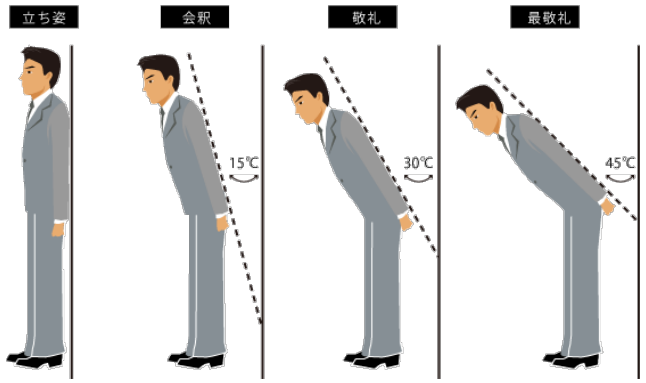
# You are in Iwakuni!

Iwakuni Castle

# Cultural Differences

- Gestures
  - Bowing
  - Yes / No
- Eye Contact
- Sorting Garbage
- Tattoo
- Masks
- Clothing - kimono
- Footwear
  - No shoes in homes, temples or shrines



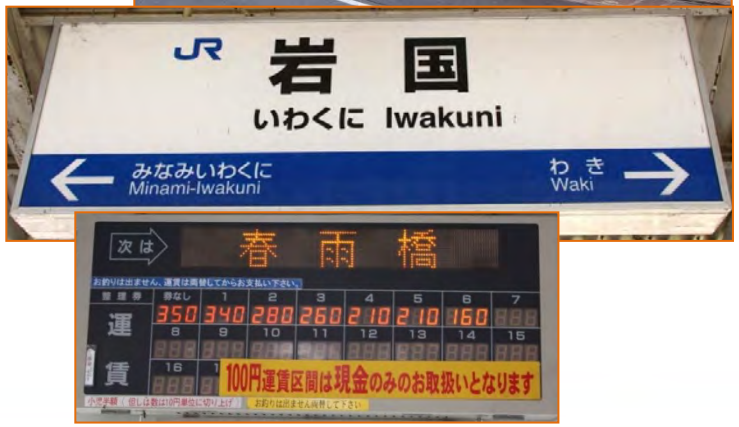


# Let’s Be Courteous

- Spitting in Public
  - Please use bottle if you chew tobacco
- Smoking
  - Designated smoking areas
- Graveyards and Temples
  - Respect privacy – no pictures
- Cell phone use on public transportation

# Transportation

- Airport
- Train
- Bus
- Taxi
- Bicycle
- Feet



# Welcome to … Hiroshima!

**Local Specialties**

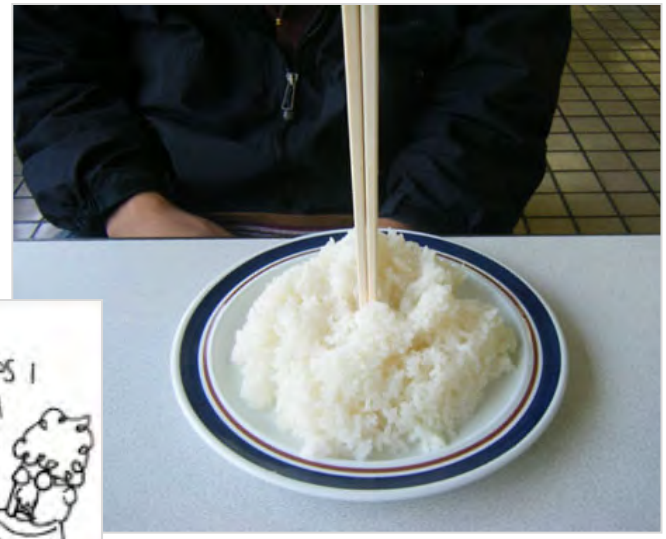
**Oysters**
**Lemons**
**Momiji Manju**
**Brushes**

# Currency / Shopping

- No Personal Checks
- Always carry enough Yen
- Credit Cards
- Consumption Tax = 8-10%
- Exchange Yen
  - Community Bank
  - Cash Cages: MCX, Club Iwakuni, Northside Marine Mart
  - Convenience Store ATM
- Eco bag at Grocery Stores
- Japanese Holidays

# Dining – レストラン

- Reservations
- No tipping
  - Service fee included
- Oshibori – wet cloth
- Hashi – chopsticks
- Slurping noodles



# Restrooms – トイレ

**Look for the Signs**

男　女

# Learning Japanese

- Library
- Education Office (253-3855)
- Survival Japanese Class
- JAS (253-4744)
- Information & Referral (253-3357)

# Cultural Adaptation Program

Bldg. 411 Rm 101, 253-6165

- Cultural Tours
- Japanese Cooking Class
- Cultural Activity Classes
- Survival Japanese Class

# Cultural Awareness

**QUESTIONS?**

Mikie Watanabe
Cultural Adaptation Specialist
253-6165

# Naval Family Branch Clinic
# US Navy Medicine Readiness and Training Unit
# Iwakuni

**OFFICER IN CHARGE - CAPT James Demitrack, MC, USN**
**SENIOR ENLISTED LEADER - HMCS Ben Deza, USN**

# Primary Care

- Active Duty, TRICARE PRIME Family Members, Retiree TRICARE PLUS:
  - Enrolled to a Primary Care Manager

- TRICARE SELECT, GS Civilian, and Contractor:
  - DEERS Eligible receive services on space available basis

- **2nd Deck:**
  - Family Centered Medical Home Port: Mon-Fri 0730-1600 (Except Holidays)
    - Active-Duty other than CAG/MAG, AD Family Members, Space Available (after 1000 hrs)
  - Military Centered Medical Home Port: Mon-Fri 0730-1600 (Except Holidays)
    - Active-Duty CAG/MAG

- **1st Deck:**
  - Med Home Port Extended: Mon-Fri 1600-2200 (Except Holidays)
    - 1st Deck (enter through ambulance bay)
    - By appointment with exception of Urgent and Emergent care needs

*Do not walk into host nation ER without contacting NFBC first.
*For off-base emergencies, call base emergency dispatch (082-779-3322), who will arrange Japanese EMS response.
*Direct transport by NFBC EMTs to host nation ER can be arranged by NFBC if medically necessary.

**EMERGENCY THREAT TO LIFE, LIMB, or EYESIGHT**

YES →
- CALL: 911 (on base landline)
- 011-81-82-779-3322 (US cell phone)
- 082-779-3322 (Japanese landline or cell phone)

NO ↓

**ARE YOU PREGNANT WITH GESTATIONAL AGE GREATER THAN 20 WEEKS**

YES → **CALL MOTHER INFANT CARE CENTER**

NO ↓

**DO YOU HAVE ONE OF THE FOLLOWING CONDITIONS?**
- Victim of sexual assault
- Possible fracture or dislocation
- Open wound/cut that may need stitches
- Allergic reaction with mouth or airway involvement
- Having thoughts of suicide or other urgent mental health concern
- Urgent dental concern
- Exposure to severe allergen either before or after Epi-pen dose

YES → **CALL THE CLINIC QUARTERDECK**

NO ↓

| DAY/TIME | WHO DO I CALL? | WHERE DO I GO? |
|---|---|---|
| 0740-1600 M-F (Excluding Federal Holidays) | Clinic Appt Line | **Medical Home Port: 2nd deck front desk** *Appts, with walk-ins accommodated. Wait times for face-to-face appt booking may be prolonged |
| 1600-2200 M-F (Excluding Federal Holidays) | Clinic Quarterdeck | **Medical Home Port Extended: 1st deck through the ambulance bay.** *Appts, with walk-ins accommodated. Wait times for face-to-face appt booking may be prolonged |
| All OTHER TIMES | Clinic Quarterdeck | **CALL FIRST.** If instructed by Clinic to report to ACC, go through the ambulance bay. |

**The National Suicide Prevention Hotline can now be reached directly by dialing 988 from a DSN.

Alternatively, individuals can dial 0827-79-9880 or 1-800-273-8255 (cell phone)

**PHONE DIRECTORY**

**From landline:**
Mother-Infant Care Center: 255-8251
Clinic Quarterdeck: 255-8100
Clinic Appointment Line: 255-8000

**From Japanese Cell:** 082-794-xxxx (last 4 digits)

**From US Cell:** 011-81-82-794-xxxx (last 4 digits)

**Visit www.tricareonline.com to:**
- Schedule appointments
- Send us a secure message
- Request prescription refills,
- Review test results, and more!

NAVY MEDICINE READINESS AND TRAINING UNIT IWAKUNI

5 May 23

# Ancillary and Specialty Services

## Services provided at NFBC Monday – Friday 0800-1600

- 1st Floor:
  - Lab
  - Pharmacy
  - Radiology
  - Optometry
- 2nd Floor:
  - Physical Therapy
  - Mental Health
- 3rd Floor:
  - Occupational Health
  - Preventive Medicine
  - Industrial Hygiene
  - Audiology

## "Circuit Rider" Program from Naval Hospital Yokosuka

- Quarterly travel to NFBC Iwakuni
- Monthly Virtual Health Appointments
- Specialties provided:
  - Orthopedics
  - Dermatology
  - ENT
  - Urology
  - Podiatry
  - Psychiatry (Adult and Child)
  - Dietician/Health Promotions Team

# Mother-Infant Care Center

- 6 labor and delivery rooms with newborn stabilization capabilities
- Women with low-risk, single gestation pregnancies
- Provides:
  - C-sections
  - Epidurals
  - Lactation support
  - Classes and trainings
  - Newborn follow-up appointments for the first two weeks

- For any pregnancy related concerns if >20 weeks, Please call:
  - 255-8251
  - US Cell: 011-81-827-94-8251
  - Japan Cell: 0827-94-8251

# Obtaining Specialty Care

- When needed, the **Primary Care Manager/Provider** will place a referral for specialty care to one of the following:
  - **Host Nation facility (Iwakuni, Hiroshima):** NFBC Iwakuni utilizes a network of host nation facilities to meet the demand for specialty care not offered at the MTF.
    - » Referral Management processes the request for specialty services
    - » Tracks for TRICARE authorization
    - » Obtains appointment availability with specialty provider
    - » Coordinates with patient to schedule appointment
    - » Provide interpreter and transportation as needed
  - **Directly to the Military Treatment Facility (MTF), if the service is available.**
  - **Patient Movement/Medical Evacuation (MEDEVAC) to the nearest MTF that can manage the case; Yokosuka, Okinawa, Tripler (Hawaii), NMCSD (San Diego), etc.**

**Referral Management: DSN 255-8309/8289 or 0827-94-8309/8289**

# Dental Department

**4th Deck of Bldg. 110**

- General Dentistry and Dental Hygienists:
  - Routine dental exams, fillings, crowns, cleanings.
- Specialty care available as personnel/manpower allows:
  - *Orthodontics*
  - *Endodontics*
  - *Pediatric dentistry*
  - *Periodontist*
  - *Prosthodontist*
  - *Exodontist*

- Who is eligible for services?
  - Active-Duty Marines and Sailors
  - Command sponsored dependents
  - Flight and combat operational readiness prioritized
- Hours of Operation: Mon-Friday 0730-1600

Contact: **Dental Appointment Line**: 255-8500/0827-94-8500 **After Hours Emergency Line**: 255-8100/0827-94-8100

# Tricare Dental Program Overseas

- AD Family Members have option to seek dental care from host nation dental providers due to limited availability at MTF
  - Ensure you and your family have active dental insurance:
    - Calling United Concordia at 844-653-4060
    - AD sponsor can check their LES
  - To find available local dental providers:
    - Use QR code (*flyers available at dental clinic front desk*)
    - Visit **https://www.uccitdp.com/tp2opd**
  - No referral needed. Make an appointment directly with practice.
  - Forms and more information, including orthodontics can be found on United Concordia website: **https://www.uccitdp.com/dtwdws/member/landing.xhtml**

# *Emergency Evacuation Program (EEP)*

***Packet Preparation Training***

# Agenda

- Why is the EEP important?
- EEP Packet Overview
- Evacuation Information Flow
- EEP Checklist / Data Card
- Evacuation Control Center (ECC)
- Stations 1-12
- Website
- Questions

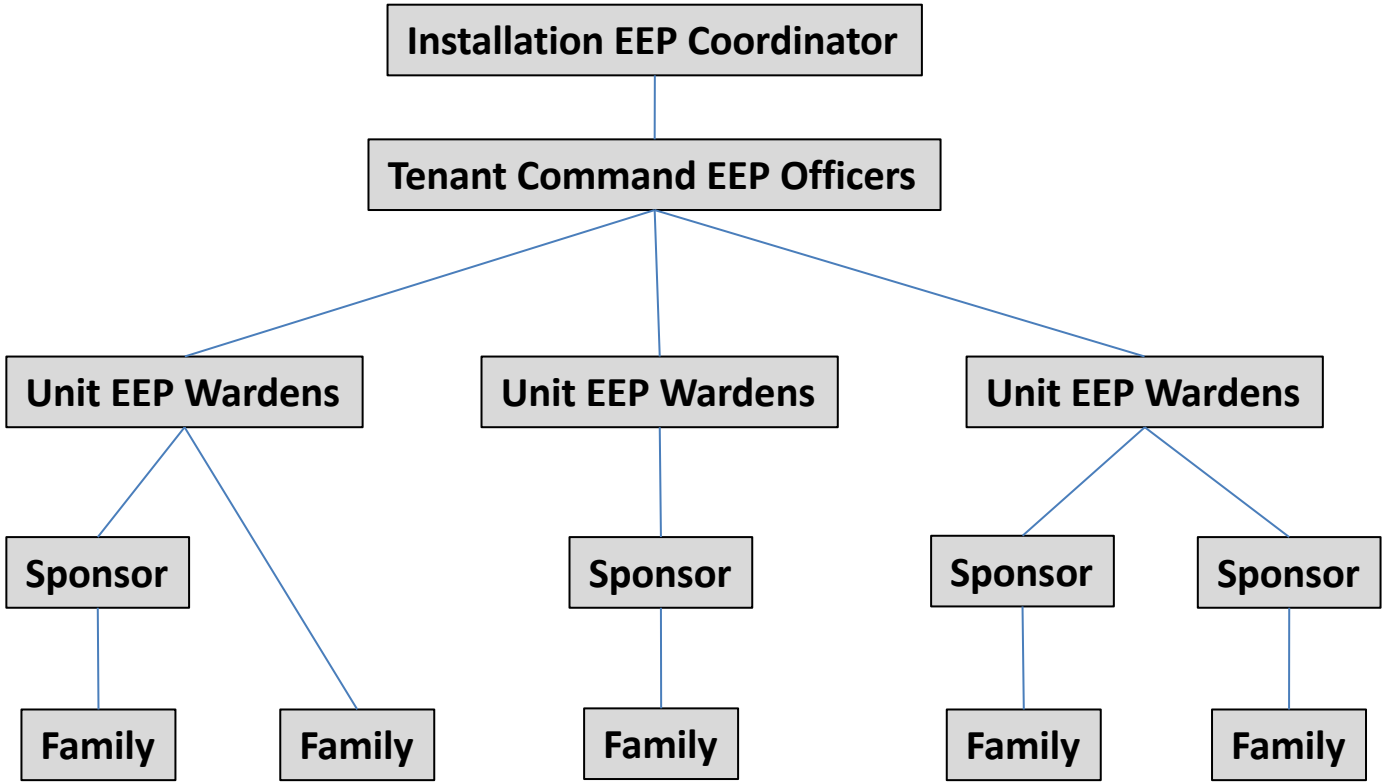
# Why is EEP Important?

- Evacuations can happen in response to or in anticipation of emergencies – natural or man-made
- Helps families to be prepared in the event an evacuation is required
- Non-essential personnel and family members will be directed to process through the Evacuation Control Center (ECC)
- Upon arrival at the ECC, families will be required to have certain documents filled out in advance to ensure smooth processing; benefits families

# *EEP Packet Overview*

- Standardized and required by US Forces Japan
- 16 forms and a checklist
- Some forms are not completed until you evacuate
- Maintained by the family, not the unit or organization
- Enable evacuating families to be compensated for items left behind and for expenses that incur during an evacuation

# *Evacuation Information Flow*



Marine Corps Air Station Iwakuni, Japan

# EEP Checklist

MCAS IWAKUNI JAPAN

## EMERGENCY EVACUATION PROGRAM (EEP) Checklist

| SPONSOR'S NAME: | RANK: | SPONSOR'S UNIT: | UNIT PHONE NO.: | APO AE: |
|---|---|---|---|---|
| | | | | |

| | Required Documents (Must be maintained by EEP Warden for every Evacuee) | YES | NO | N/A |
|---|---|---|---|---|
| 1 | USFJ Form 178-R Emergency Evacuation Operations Data Card | | | |
| 2 | Map from Residence to Rally Point/Evacuation Control Center | | | |
| | **Required Documents for EEP Packet** | | | |
| | **SECTION 1: Administration and Reference** | YES | NO | N/A |
| 1 | EEP/NEO Packet Checklist | | | |
| 2 | Emergency Bag/Kit Checklist | | | |
| 3 | USFJ Command Policy Memo | | | |
| 4 | Unit, Wardens, and Community Contact Information | | | |
| 5 | Map from Residence to Rally Point/Evacuation Control Center | | | |
| | **SECTION 2: Identification** | | | |
| 1 | USFJ Form 178-R: EEP/NEO Data Card (Complete and turn in to Warden) | | | |
| 2 | DoD ID (No copy, have on person) | | | |
| 3 | US Passport w/SOFA Stamp (copy and have on person) | | | |
| | **SECTION 3: Evacuation and Finance Orders/Forms** | | | |
| 1 | Orders or SOW assigning SOFA sponsor/family members to Japan | | | |
| 2 | DD Form 1610: Evacuation Orders | | | |
| 3 | DD Form 2585: Repatriation Processing Form | | | |
| 4 | *DD Form 2461: (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments | | | |
| 5 | *DD Form 1337: (Military Personnel) Authorization/Designation for Emergency Pay & Allowances | | | |
| 6 | Change of Address form (local post office form) | | | |
| 7 | DS-3072 Repatriation Emergency Medical and Dietary Assistance Loan Application | | | |
| 8 | DS-5528 Evacuee Manifest and Promissory Note | | | |
| | **SECTION 4: Vehicle, Residence and Household Goods Forms** | YES | NO | N/A |
| 1 | DD Form 1701: Inventory of Household Goods | | | |
| 2 | DD Form 1299: Application for Shipment/Storage (2 copies) | | | |
| 3 | Residence Key Envelope | | | |
| 4 | Vehicle Key Envelope | | | |
| 5 | Military Vehicle Registration/Certificate of Title (copy) | | | |
| 6 | DD form 788: Vehicle inspection document | | | |
| 7 | *DD 2506: Vehicle impound document (2 copies) | | | |

* if applicable

## EMERGENCY EVACUATION PROGRAM (EEP) Checklist

| | SECTION 5: Family and Pets | YES | NO | N/A |
|---|---|---|---|---|
| 1 | Family Care Certification (Service Specific) | | | |
| 2 | DD Form 2208 Rabies Vaccination Certificate | | | |
| 3 | DD Form 2209 Pet Health Certificate | | | |
| 4 | Pet NEO Card (2 copies, attached 1 copy to pet carrier) | | | |
| | **SECTION 6: (Not required) Copies of Other Important Personal Documents** | YES | NO | N/A |
| 1 | *Power of attorneys that apply to any of the above sections | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* if applicable
Notes:

| DATE OF INSPECTION: | INSPECTOR'S NAME (PRINTED): | INSPECTOR'S SIGNATURE: | SPONSORS SIGNATURE: |
|---|---|---|---|
| | | | |

Marine Corps Air Station Iwakuni, Japan

# EEP Checklist

MCAS IWAKUNI JAPAN

**EMERGENCY EVACUATION PROGRAM (EEP) Packet**

| SECTION 1 Administration and Reference | | |
|---|---|---|
| | DOCUMENT NAME | PURPOSE/NOTES |
| 1. ☐ | EEP/NEO Packet Checklist | This document will help you to properly prepare for an emergency evacuation. Follow the checklist to prepare NOW for potential emergency evacuations. You will not have time to prepare amidst an emergency situation as most services will be closed, gates secured, etc. |
| 2. ☐ | Emergency Bag/Kit Checklist | Suggested items needed during crisis and or evacuation. |
| 3. ☐ | EEP/NEO Appointment Memo | These are the appointment memos for your EEP/NEO Wardens for your unit or organization. They are your first line of contact during evacuation. |
| 4. ☐ | USFJ Command Policy Memo | |
| 5. ☐ | Unit, Wardens, and Community Contact Information | Important contact information needed during a crisis. Identifies who your Warden is and contact information |
| 6. ☐ | Map from Residence to Rally Point/Evacuation Control Center | The purpose of the map is to send a representative to your residence in case you are unaccounted for. If you live on post, use the post map with your residence clearly marked. If you live off post, use a clearly marked strip map to/from your residence. |

**EMERGENCY EVACUATION PROGRAM (EEP) Packet**

| SECTION 2 Identification | | |
|---|---|---|
| | DOCUMENT NAME | PURPOSE/NOTES |
| 1. ☐ | **USFJ Form 178-R:** EEP/NEO Data Card | Complete this form and turn in to your organization EEP Warden |
| 2. ☐ | **DoD ID** | ID/CAC Cards with passports will be the first ID requested at processing centers. (do not copy, have on person) |
| 3. ☐ | **US Passport w/SOFA** Stamp | ID/CAC Cards with passports will be the first ID requested at processing centers. (1 copy) |

*if applicable

If identification documents are unavailable you may need one or more of the following: VISAs, Birth Certificates, Citizenship Documents, Adoption paperwork, Marriage/Divorce Cert, etc

**Privacy and Security.** EEP packet consists of required, critical, and recommended documents which contain some very personal and private information. For that reason, evacuees or their sponsors should NEVER allow anyone to take sole custody of it (i.e., turning it in to a EEP warden to inspect without being present). EEP wardens should inspect the contents of the EEP packet in the presence of either the sponsor or the adult evacuee.

Marine Corps Air Station Iwakuni, Japan

# EEP Checklist

MCAS IWAKUNI JAPAN

**EMERGENCY EVACUATION PROGRAM (EEP) Packet**

| SECTION 3<br>Evacuation and Finance Orders/Forms | | |
|---|---|---|
| | DOCUMENT NAME | PURPOSE/NOTES |
| 1. ☐ | Orders/SOW that assigning SOFA sponsor/family members to Japan | Orders or Statement of Work (SOW) assigning S O F A sponsor and family members to Japan. Command Sponsorship paperwork if not on original PCS orders. |
| 2. ☐ | **DD Form 1610**: Evacuation Orders | Fill in these forms as much as possible. They might be required during the evacuation process as Evacuation Orders. Lines of Accounting and approval signatures will be provided at processing centers if this document is used. |
| 3. ☐ | **DD Form 2585:** Repatriation Processing Form | This is an important document. To speed up the evacuation process, fill in as much of the document as you can NOW. Complete it after boarding your evacuation flight/vessel. |
| 4. ☐ | ***DD Form 2461:** (Civilian Personnel) Authorization for Emergency Evacuation Advance & Allotment Payments | (DoD Civilian Employees & family members) This form will help you expedite emergency pay and allowances if needed. |
| 5. ☐ | ***DD Form 1337:** (Military Personnel) Authorization/Designation for Emergency Pay & Allowances | This form will help you expedite emergency pay and allowances if needed. |
| 6. ☐ | Change of Address form | This form can redirect mail from your local address to your new address. (Use your local post office form) |
| 7. ☐ | **DS-3072** Repatriation Emergency Medical and Dietary Assistance Loan Application | |
| 8. ☐ | **DS-5528** Evacuee Manifest and Promissory Note | |

*if applicable

**Privacy and Security.** EEP packet consists of required, critical, and recommended documents which contain some very personal and private information. For that reason, evacuees or their sponsors should NEVER allow anyone to take sole custody of it (i.e., turning it in to a EEP warden to inspect without being present). EEP wardens should inspect the contents of the EEP packet in the presence of either the sponsor or the adult evacuee.

**EMERGENCY EVACUATION PROGRAM (EEP) Packet**

| SECTION 4<br>Vehicle, Residence and Household Goods Forms | | |
|---|---|---|
| | DOCUMENT NAME | PURPOSE/NOTES |
| 1. ☐ | **DD Form 1701:** Inventory of Household Goods | Your inventory and photos will help you file a claim if your goods cannot be recovered. Be sure to document all valuable property. Recommend you email a copy to your home of record. (2 copies) |
| 2. ☐ | **DD Form 1299**: Application for Shipment/Storage | (1 per shipment) In the event household goods need to be shipped or placed in storage. |
| 3. ☐ | Residence Key Envelope | This envelope provides authorities who remain, a means to access your residence for security reasons or to ship your household goods if required. |
| 4. ☐ | Vehicle Key Envelope | This envelope provides authorities who remain, a means to safely relocate vehicles or move them to shipping ports if required. |
| 5. ☐ | Military Vehicle Registration/Certificate of Title | This document would be used to help you file a claim if your vehicles cannot be recovered. |
| 6. ☐ | ***DD form 788 series:** Private Vehicle shipping document | Facilitates VPC processing of POV shipment, if it is possible, (5 per POV, 1 with family, 4 turned in to ECC). Use appropriate 788 series for Sedans, Vans, and Motorcycles. |
| 7. ☐ | ***DD 2506:** Vehicle impound document | This form will provide a disposition of vehicle if no other family members are Emergency Essential or a service member |

*if applicable

Marine Corps Air Station Iwakuni, Japan

# EEP Checklist

MCAS IWAKUNI JAPAN

EMERGENCY EVACUATION PROGRAM (EEP) Packet

| SECTION 5<br>Family and Pets | | |
|---|---|---|
| | DOCUMENT NAME | PURPOSE/NOTES |
| 1. ☐ | *Family Care Plan/ Certification (Service Specific) | Contact your Legal Office for Powers of Attorney if needed. Military and Emergency Essential sponsors who will rely on others to escort their children must provide powers of attorney and Family Care Plans to alleviate complications. Family Care Plans are required under normal circumstances for sole/dual-military parents or Emergency Essential Civilians. Ensure a copy is filed in your Evacuation Information Packet |
| 2. ☐ | **DD Form 2208:** Rabies Vaccination Certificate | (2 copies in waterproof pouch for your airline-approved pet carrier) |
| 3. ☐ | **DD Form 2209:** Pet Health Certificate | (2 copies in waterproof pouch for your airline-approved pet carrier) |
| 4. ☐ | Pet NEO Card | (2 copies, attach 1 copy to your airline-approved pet carrier) |

*if applicable

**Pets.** If the government is able to evacuate your pets, you will be responsible for transportation costs from the Repatriation site to your Home of Record.

EMERGENCY EVACUATION PROGRAM (EEP) Packet

| SECTION 6<br>(Not required) Copies of Other Important Personal Documents | | |
|---|---|---|
| | DOCUMENT NAME | PURPOSE/NOTES |
| 1. ☐ | *Marriage License/Divorce Decree | Marriage Licenses, Divorce Papers, Birth Certificates, Adoption Papers will help establish sponsorship/relations, especially if your family changed since you arrived in Japan. |
| 2. ☐ | *Immunization Records | For school aged children |
| 3. ☐ | *Valid U.S. driver's license | |
| 4. ☐ | | |
| 5. ☐ | | |
| 6. ☐ | | |
| 7. ☐ | | |
| 8. ☐ | | |
| 9. ☐ | | |

| Recommended Documentation | |
|---|---|
| 1. ☐ | Copies of Medical & Dental Information |
| 2. ☐ | Immunizations Records |
| 3. ☐ | Insurance (health, life, etc) |
| 4. ☐ | Financial Records (checkbook/bank books/credit cards/tax records/current bills, etc) |
| 5. ☐ | School Records (transcripts, test scores, etc) |
| 6. ☐ | Employment Records (resume, latest pay voucher, SF50: Notification of Personal Action, latest performance evaluation, latest Performance Appraisal) |
| 7. ☐ | Prescriptions for important medications |
| 8. ☐ | Last Will and Testament |
| 9. ☐ | Important Contacts (tailor your contact list to meet your needs) and/or a duplicate of your Personal Address Book |
| 10. ☐ | Estimate: $100 cash per person (dollars and yen) |

*if applicable

Marine Corps Air Station Iwakuni, Japan

# EEP Data Card

MCAS IWAKUNI JAPAN

## NONCOMBATANT EVACUATION OPERATIONS (NEO) CARD

USFJ FORM 178-R

Mark with an "X": ☐ USA ☐ USAF ☐ USN ☐ USMC ☐ DoD Civilian ☐ Other:

| SPONSOR'S NAME *(Last, First, MI)* | SPONSOR'S SEX | SPONSOR'S GRADE | SPONSOR'S SSN (Last 4) |
|---|---|---|---|
| | | | |

| SPONSOR'S DEROS (DD Month YY) | SPONSOR'S DUTY TELEPHONE NUMBER | SPONSOR'S CONTACT TELEPHONE NUMBER |
|---|---|---|
| | | |

| SPONSOR'S UNIT | SPONSOR'S DUTY STATION (Zama, Yokota, Atsugi) |
|---|---|
| | |

| NONCOMBATANT NAMES *(Last, First, MI)* | SEX | SSN | DATE OF BIRTH (YYYY MM DD) | CITIZENSHIP | RELATIONSHIP | PASSPORT NUMBER |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NONCOMBATANT LOCAL ADDRESS | NONCOMBATANT MAILING ADDRESS |
|---|---|
| | |

EMERGENCY CONTACT AT DESINATION *(Name, address, telephone number and/or email address)*

NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY *(Only sole parent/EEC or dual military/EEC)*

NAME OF SCHOOL ATTENDED BY CHILD – NOTE: If child is NOT DoD ENROLLED, please provide NAME, ADDRESS & TELEPHONE NUMBER to school.

| AUTOMOBILE *(If applicable)* | MAKE | | MODEL | | YEAR | | LICENSE | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| PETS *(If applicable)* | TYPE OF PET | WEIGHT OF PET *(In pounds)* | ADMIN USE ONLY |
|---|---|---|---|
| *(Name)* | | | |
| *(Name)* | | | |

MEDICAL NEEDS

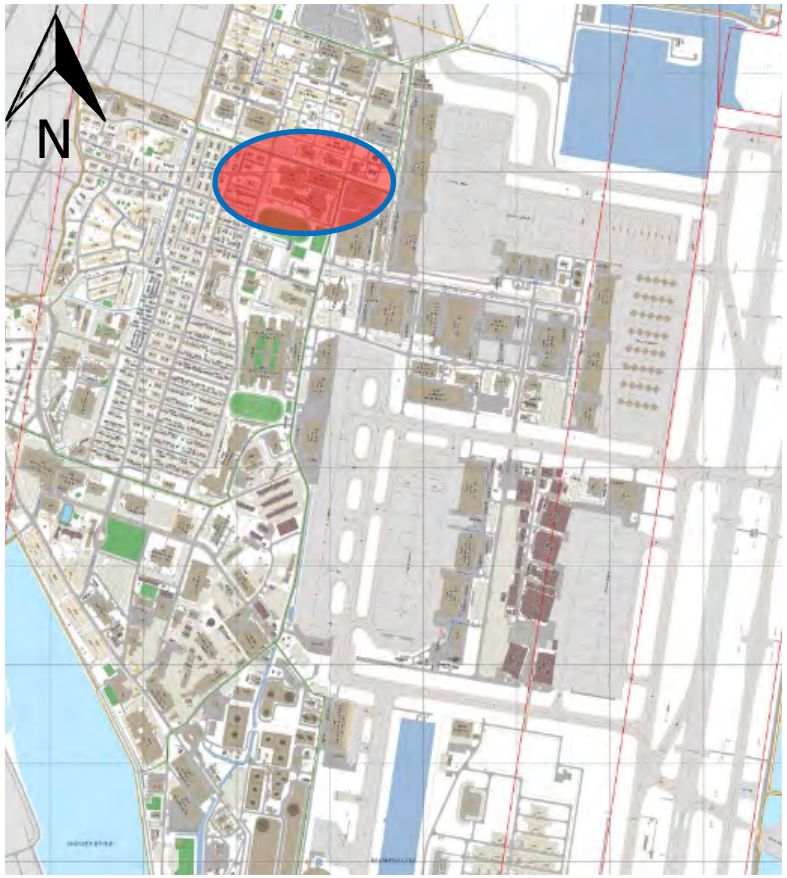
REMARKS *(Non-combatant's email address).*

| SPONSOR'S SIGNATURE | DATE (YYYY MM DD) |
|---|---|
| | |

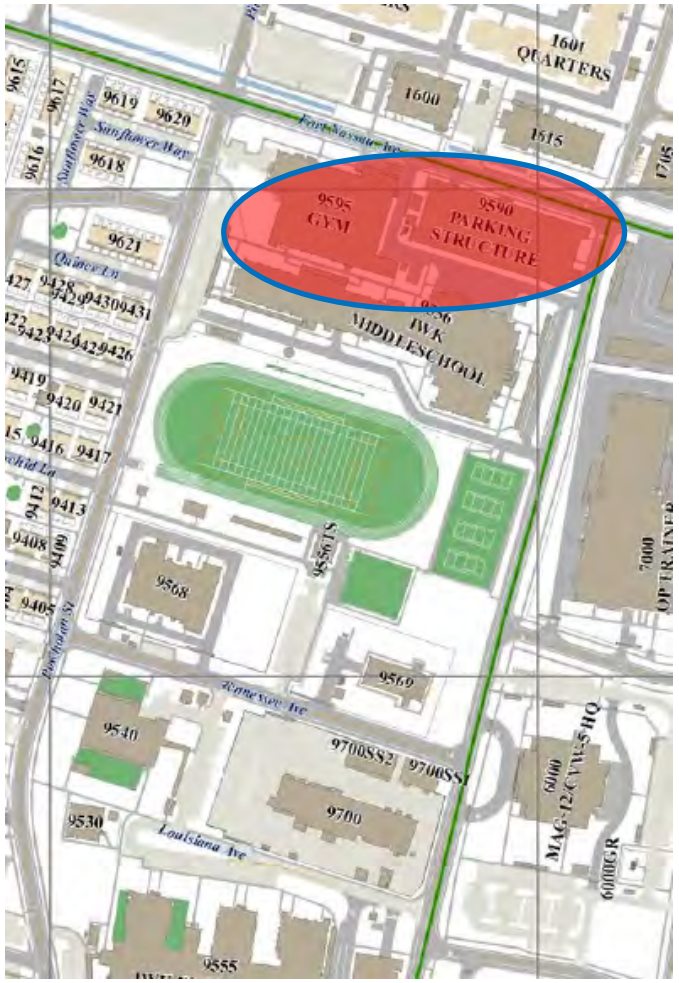
### PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. **PRINCIPAL PURPOSE:** To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. **ROUTINE USES:** Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. **MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.

# *Evacuation Control Center*



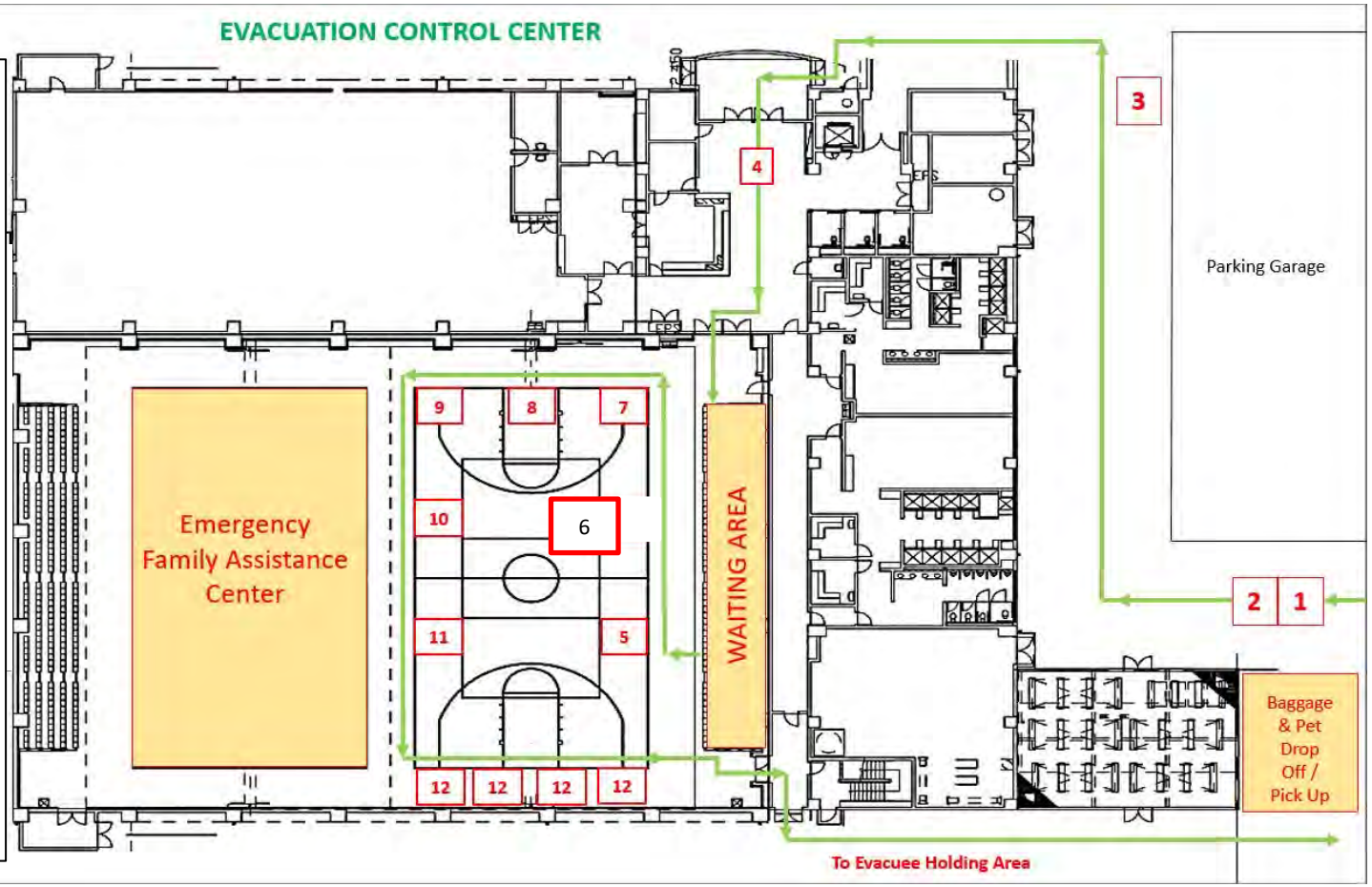
# *Evacuation Control Center*



# *Evacuation Control Center*

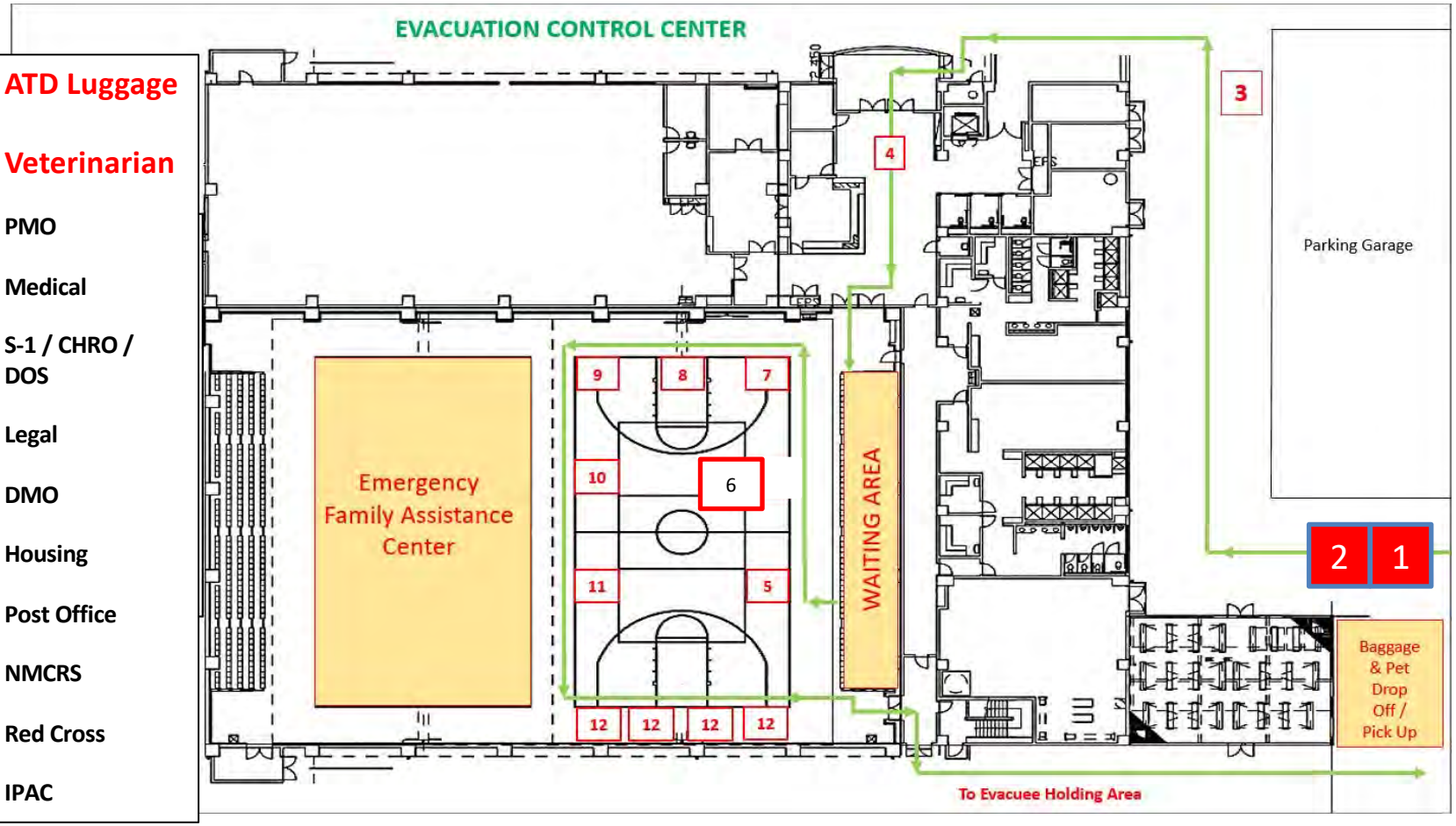
# Evacuation Control Center

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC



# Stations 1 & 2

1. **ATD Luggage**
2. **Veterinarian**
3. **PMO**
4. **Medical**
5. **S-1 / CHRO / DOS**
6. **Legal**
7. **DMO**
8. **Housing**
9. **Post Office**
10. **NMCRS**
11. **Red Cross**
12. **IPAC**



# *Station 1*
# *ATD Luggage Drop-off*

**Movements aboard civilian aircraft:**

- You are authorized two pieces of baggage:
  - One carry-on bag (up to 20 pounds)
  - One traditional suitcase or duffel bag (50 pounds).
  - Both bags combined cannot exceed the maximum allowable weight of 70 pounds.
- Pet crate: the crate, not the pet, will count as one bag against your weight limitation.
  - Food and supplies in crates will count against your weight
- You may combine family items into fewer bags if the weight does not exceed your family's aggregate weight limit of 70 pounds per individual.

**BRING EMPTY LUGGAGE TO SIMULATE DURING ECC DRILL**

# *Station 1*
# *ATD Luggage Drop-off*

**Movements Aboard DOD Aircraft:**

- Each passenger authorized two pieces of checked baggage:
  - Traditional suitcase or duffel bag (70 pounds each)
- Each family is authorized two pets:
  - Pet and crate cannot exceed 150 pounds
  - Crate should be of sufficient size to allow the animal to standup, turn around and lie down w/normal posture & body movements
  - Owner of pet is responsible for the preparation and care of the animal including all documentation/immunizations

# *Station 2*
# *Veterinarian*

- Every family will check at the Vet booth
- Pet owners are required to bring the following to the Vet station:
  - A rigid kennel (no soft-sided kennels) for each pet
  - 2 bowls
  - EEP packet (from vet office – “NEO Packet”)
    - ✓ Animal Identification Form
    - ✓ Immunization Record
    - ✓ Rabies Certificate
    - ✓ Health Certificate
  - 7 days of food and medications (as required) for each pet
- Only the items above are required, do NOT bring your pet to the Vet station for the ECC drill.

# *Station 2*
# *Veterinarian*

- Pets will never displace people from a vehicle or seat allocation
  - Ideally pets travel with their families but may travel separately
- Pets will be registered and tracked in NTS. However, evacuation will not be delayed if it is determined pets cannot be accommodated
- Pets will only be transported in airline approved pet carriers and must have a 7-day supply of food
  - If commercial aviation is used, evacuees must follow air carrier restrictions
- Avoid the “What If” by taking advantage of the Authorized & Ordered Departure windows, but be prepared for NEO

# *Station 2*
# *Veterinarian*

- Per JTR, a pet is defined as a domestic dog or cat
- Evacuation of two pets per household is authorized, but not guaranteed
- Families must make plans for their pets to stay behind or be transported commercially
- Service members are authorized transportation or reimbursement up to the cost allowed by the government for transporting pets
- Iwakuni vet estimates as many as 2,000 dogs & cats

**BRING EMPTY CRATE TO SIMULATE DURING ECC DRILL; DO NOT BRING ANIMALS**

# Station 2
# Animal Evacuation Card

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME Sorrels ANIMAL NAME Willow

UNIT ASSIGNED PHA-5 HOME OF RECORD ADDRESS 226 Doe Run Blvd. Clinton, TN 37716

HOME OF RECORD CONTACT INFO: Synthia Boyles 865-776-1266

ANIMAL DESCRIPTION: CANINE ✓ FELINE ____ OTHER ____ BREED GSD mix

MALE ____ FEMALE ✓ COLOR(S) blk/tan MARKINGS none

MICROCHIP # 991001003243980 DISPOSITION (circle one): TAME QUESTIONABLE AGGRESSIVE

MEDICATION ____ Times a day 1 2 3 4

MEDICATION ____ Times a day 1 2 3 4

MEDICATION ____ Times a day 1 2 3 4

| CAGE NUMBER | ANIMAL & CAGE WEIGHT | NTS TRACKING # |
|---|---|---|
| | | |

# Station 2
# Vaccination Certificate

## DD Form 2208

### RABIES VACCINATION CERTIFICATE

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** The personal information will facilitate and document your animal's rabies vaccination status.

**ROUTINE USE(S):** Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

**DISCLOSURE:** Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

| 1. OWNER'S NAME (Last, First, Middle Initial) | 2. TELEPHONE NUMBER (Include Area Code) |
|---|---|
| SORRELS,AUSTIN (DUSTIN SORRELS) | H:865-617-8474 W: |

**3. ADDRESS** (Number, Street, City, State, ZIP Code)
PSC 561 BOX 2487
FPO AP 96310

**4. ANIMAL**

| a. NAME | b. MICROCHIP NUMBER(S) | c. SPECIES | d. SEX |
|---|---|---|---|
| WILLOW | 991001003243980 | CANINE | Female Spayed |

| e. AGE | f. WEIGHT | g. PREDOMINANT BREED | h. COLOR(S) |
|---|---|---|---|
| 10 Y | 54.3 | SHEPHERD MIX | BLACK/TAN |

**5. VACCINE**

| a. PRODUCER (First 3 letters) | b. LOT NUMBER | c. EXPIRATION DATE | d. VIRUS TYPE | e. ADMINISTRATION SITE |
|---|---|---|---|---|
| ZOE | 464480 | 10 May 2022 | Nobivac 3-Rabies (killed) | Sub Q RHIP |

| 6. VACCINATION | | 7. VETERINARIAN | |
|---|---|---|---|
| a. RABIES TAG NUMBER | b. DATE VACCINATED | a. NAME | b. LICENSE NUMBER |
| | 14 Jul 2021 | PENDLEY,PAMELA BLAIR | NC 6046 |
| c. VACCINATION DURATION | d. VACCINATION DUE | c. SIGNATURE | |
| 3 Y | 14 Jul 2024 | Pamela Blair VMD | |

**8. FACILITY ADDRESS** (Street, City, State, ZIP Code)
Marine Corps Air Station Iwakuni Veterinary Service
Bldg 1052
Iwakuni 96310 JAP

# Station 2
# Pet Health Certificate

## DD Form 2209

### VETERINARY HEALTH CERTIFICATE

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

**ROUTINE USE(S):** Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

**DISCLOSURE:** Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

| | |
|---|---|
| **1. OWNER'S NAME** *(Last, First, Middle Initial)*<br>SORRELS,AUSTIN (DUSTIN SORRELS) | **2. TELEPHONE NUMBER** *(Include Area Code)*<br>H: 865-617-8474<br>W: |
| **3. ADDRESS** *(Number, Street, City, State, ZIP Code)*<br>PSC 561 BOX 2487<br>FPO AP 96310 UNITED STATES | |

**4. ANIMAL**

| a. NAME | b. SPECIES | c. SEX | d. AGE | e. WEIGHT |
|---|---|---|---|---|
| WILLOW | CANINE | Female Spayed | 10 Y | 54.3 lbs |

| f. MICROCHIP NUMBER(S) | g. PREDOMINANT BREED | h. COLOR(S) |
|---|---|---|
| 991001003243980 | SHEPHERD MIX | BLACK/TAN |

**5. RABIES IMMUNIZATION DATA**

| a. PRODUCER *(First 3 letters)* | b. LOT NUMBER | c. VIRUS TYPE | d. DATE VACCINATED | e. VACCINATION DURATION |
|---|---|---|---|---|
| ZOE | 464480 | Nobivac 3-Rabies (killed) | 14 Jul 2021 | 3 Y |

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

| | | |
|---|---|---|
| **6. FACILITY ADDRESS** *(Street, City, State, ZIP Code)*<br>Marine Corps Air Station Iwakuni<br>Veterinary Service<br>Bldg 1052<br>Iwakuni 96310 JAP | **7. VETERINARIAN**<br>a. NAME | b. LICENSE NUMBER |
| | c. SIGNATURE | d. DATE (YYYYMMDD) |

Marine Corps Air Station Iwakuni, Japan

# Station 2
# Immunization Record

MCAS IWAKUNI JAPAN

## DD Form 1741

**Immunization Record for Canines**

**Name:** WILLOW
**Owner:** SORRELS,AUSTIN (DUSTIN SORRELS)
**Breed:** SHEPHERD MIX (POA)
**Microchip:** 991001003243980
**DOB/Age:** 01 Dec 2010 10 Y **Gender:** FS

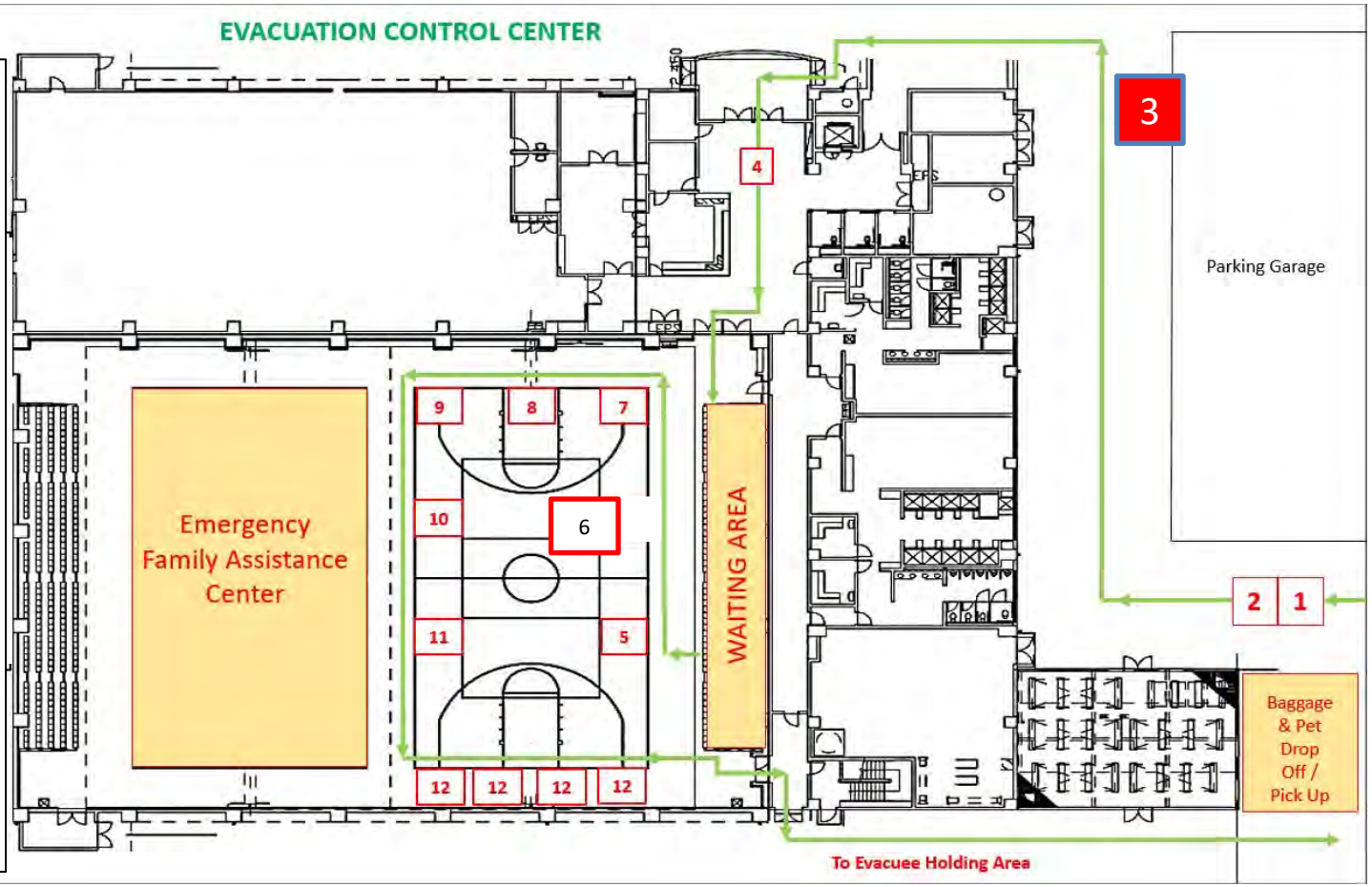
**Facility Address**

Marine Corps Air Station Iwakuni Veterinary Service
Bldg 1052
Iwakuni 96310 JAP
Phone: 81-8277-96471 Fax: 81-8277-96981

| | Vaccine | Date Given | Due Date | Product | Mfr. | Lot# | Exp. Date | Site | Treating Organization | Veterinarian |
|---|---|---|---|---|---|---|---|---|---|---|
| Rabies | Rabies | 14 Jul 2021 | 14 Jul 2024 | Nobivac 3-Rabies (killed) | ZOE | 464480 | 10 May 2022 | RHIP | MCAS IWAKUNI | PENDLEY |
| | Rabies | 01 Dec 2020 | | Nobivac 3-Rabies (killed) | ZOE | 407670A | 27 Jul 2021 | RHIP | MCAS IWAKUNI | SORRELS |
| | Rabies | 10 Dec 2019 | | ELA Rabvac 3 (killed) | | D020247A | 16 Jan 2021 | RHIP | MCB CAMP PENDLETON | SORRELS |
| | Rabies | 21 Jul 2017 | | | | | | | | |
| | Rabies | 21 Jul 2017 | | Nobivac 3-Rabies (killed) | ZOE | 193980A | 29 May 2018 | RHIP | JBLM-MCCHORD AFB | SORRELS |
| | Rabies | 02 Aug 2016 | | | | | | | | |
| | Rabies | 02 Aug 2016 | | Nobivac 3-Rabies (killed) | ZOE | 120626B | 25 Apr 2017 | RHIP | JBSA-FORT SAM HOUSTON | BASKERVILLE |
| Distemper, Parvovirus, Hepatitis, and Respiratory Disease | DAPv | 14 Jul 2021 | 14 Jul 2024 | Nobivac K9 3-DAPv | MAH | 90060086 | 01 May 2022 | RSH | MCAS IWAKUNI | PENDLEY |
| | DA2PP | 29 Jul 2020 | | Nobivac K9-1 DA2PP | MAH | 02121856B | 18 Aug 2021 | RSH | MCAS MIRAMAR | BAIN |
| | DA2PP | 21 Jul 2017 | | | | | | | | |
| | DA2PP | 21 Jul 2017 | | Nobivac K9-1 DA2PP | MAH | 90060047 | 19 Jul 2018 | RSH | JBLM-MCCHORD AFB | SORRELS |
| | DAPv | 02 Aug 2016 | | | | | | | | |
| | DAPv | 02 Aug 2016 | | Nobivac K9 3-DAPv | MAH | 90060037 | 16 Feb 2017 | RSH | JBSA-FORT SAM HOUSTON | BASKERVILLE |
| Parainfluenza | DA2PP | 29 Jul 2020 | | Nobivac K9-1 DA2PP | MAH | 02121856B | 18 Aug 2021 | RSH | MCAS MIRAMAR | BAIN |
| | DA2PP | 21 Jul 2017 | | | | | | | | |
| | DA2PP | 21 Jul 2017 | | Nobivac K9-1 DA2PP | MAH | 90060047 | 19 Jul 2018 | RSH | JBLM-MCCHORD AFB | SORRELS |
| | Bordetella-PI | 02 Aug 2016 | | | | | | | | |
| | Bordetella-PI | 02 Aug 2016 | | Nobivac Intra Trac3-ADT | MAH | 00541354B | 12 Jan 2018 | IN | JBSA-FORT SAM HOUSTON | BASKERVILLE |
| Bordetella | Bordetella-IN | 14 Jul 2021 | | Nobivac Intra Trac | MAH | 00541445B | 29 Sep 2022 | IN | MCAS IWAKUNI | PENDLEY |
| | Bordetella-IN | 29 Jul 2020 | | Nobivac Intra Trac | MAH | 00541428A | 15 Oct 2021 | IN | MCAS MIRAMAR | BAIN |
| | Bordetella-Inj | 21 Jul 2017 | | | | | | | | |
| | Bordetella-Inj | 21 Jul 2017 | | Bronchicine | ZOE | 226860A | 22 Apr 2020 | LSH | JBLM-MCCHORD AFB | SORRELS |
| | Bordetella-PI | 02 Aug 2016 | | | | | | | | |
| | Bordetella-PI | 02 Aug 2016 | | Nobivac Intra Trac3-ADT | MAH | 00541354B | 12 Jan 2018 | IN | JBSA-FORT SAM HOUSTON | BASKERVILLE |
| Leptospirosis | Leptospirosis | 14 Jul 2021 | 14 Jul 2022 | Nobivac Lepto-4 | MAH | 02171243 | 20 Oct 2022 | LFL | MCAS IWAKUNI | PENDLEY |
| | Leptospirosis | 29 Jul 2020 | | Nobivac Lepto-4 | MAH | 02171226 | 13 Dec 2021 | LFL | MCAS MIRAMAR | BAIN |
| | Leptospirosis | 21 Jul 2017 | | | | | | | | |
| | Leptospirosis | 21 Jul 2017 | | Nobivac Lepto-4 | MAH | 02171172 | 04 Oct 2018 | LFL | JBLM-MCCHORD AFB | SORRELS |
| | Leptospirosis | 02 Aug 2016 | | | | | | | | |
| | Leptospirosis | 02 Aug 2016 | | Nobivac Lepto-4 | MAH | 02171167 | 01 Mar 2018 | LFL | JBSA-FORT SAM HOUSTON | BASKERVILLE |
| Coronavirus | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Lyme | | | | | | | | | | |
| | | | | | | | | | | |

# Station 3
# PMO

1. ATD Luggage
2. Veterinarian
3. **PMO**
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC



# *Station 3*
# *Vehicle Control Form*

PROVOST MARSHAL'S OFFICE
MCAS IWAKUNI, JAPAN
PSC 561 BOX 21
FPO AP 96310-0009

**VEHICLE CONTROL FORM**

SPONSOR INFORMATION:

Rank: _____ Name: _____ SSN# ____-___-_____
Last First MI

Command: _____

EVACUEE INFORMATION:
Name: _____ SSN# ____-___-_____

VEHICLE INFORMATION: (Please fill out a separate form for each vehicle.)

MAKE: _____ (Ex. Toyota, etc.)

MODEL: _____ (Ex. Hi-Ace, etc.)

TYPE: _____ (Ex. Van, Truck, Sedan, etc.)

COLOR: _____ (Ex. Black, Red, etc.)

# OF DOORS: _____ (4, 5, etc.)

VIN/SERIAL # _____

LICENSE PLATE # _____

PASSENGER CAPACITY: _____ (2, 5, 8, etc.)

VEHICLE LOCATION (Penny Lake or address (Bldg#): _____
_____
_____
_____
_____

Parking structure floors will be labeled:

1A / 1B
2A / 2B
3A / 3B
4A / 4B

# Station 3
# Vehicle Impound

## DD Form 2506

**VEHICLE IMPOUNDMENT REPORT**

**PART I - IDENTIFICATION**

1. VEHICLE IDENTIFICATION

| a. MAKE | b. MODEL | c. YEAR | d. COLOR | e. VEHICLE IDENTIFICATION NO. |
|---|---|---|---|---|
| f. VEHICLE LICENSE (1) NUMBER | (2) STATE | (3) YEAR | g. MILEAGE | h. DECAL NO. |

| 2. REGISTERED OWNER | | 3. VEHICLE OPERATOR | |
|---|---|---|---|
| a. NAME *(Last, First, Middle Initial)* | | a. NAME *(Last, First, Middle Initial)* | |
| b. ADDRESS *(Street, Apartment Number, City, State and ZIP Code)* | | b. ADDRESS *(Street, Apartment Number, City, State and ZIP Code)* | |
| c. ORGANIZATION | d. TELEPHONE NUMBER *(Include Area Code)* | c. ORGANIZATION | d. TELEPHONE NUMBER *(Include Area Code)* |

**PART II - DESCRIPTION**

4. REASON FOR IMPOUNDMENT *(X all that apply)*

| | | | |
|---|---|---|---|
| | ACCIDENT | | ABANDONED |
| | BURNED | | ILLEGALLY PARKED |
| | DWI | | STOLEN |
| | OTHER *(Specify)* | | |

5. DAMAGE TO VEHICLE

EXAMPLE

a. SHADE DAMAGED AREA OF VEHICLE

FRONT

b. X ALL THAT APPLY

| Intact | Missing | | Intact | Missing | |
|---|---|---|---|---|---|
| | | ENGINE | | | BATTERY |
| | | MIRROR(S) | | | JACK |
| | | LUG WRENCH | | | RADIO |
| | | TAPE DECK | | | SPARE WHEEL/TIRE |
| | | LR WHEEL/TIRE | | | RR WHEEL/TIRE |
| | | RFWHEEL/TIRE | | | LF WHEEL/TIRE |
| | | WHEEL COVERS | | | CB RADIO |

6. CONDITION OF VEHICLE WHEN IMPOUNDED *(X all that apply)*

| | | | |
|---|---|---|---|
| | DOOR LOCKED | | DOOR UNLOCKED |
| | TRUNK LOCKED | | TRUNK UNLOCKED |
| | KEYS IN CAR | | KEYS MISSING |
| | OTHER *(Specify)* | | |

7. LOCATION OF VEHICLE

8. CONDITION OF VEHICLE *(Attach additional pages if more space is needed.)*

9. PERSONAL PROPERTY CONTAINED IN VEHICLE *(Attach additional pages if more space is needed.)*

10. REMARKS *(Attach additional pages if more space is needed.)*

**PART III - DISPOSITION**

| 11. DATE IMPOUNDED *(YYYYMMDD)* | 12. TIME IMPOUNDED | 13. REPORTED BY | | |
|---|---|---|---|---|
| | | a. NAME *(Last, First, Middle Initial)* | b. RANK | c. DATE |
| 14. TOWED AT | | d. ORGANIZATION | e. SIGNATURE | |
| 15. STORED AT | | | | |

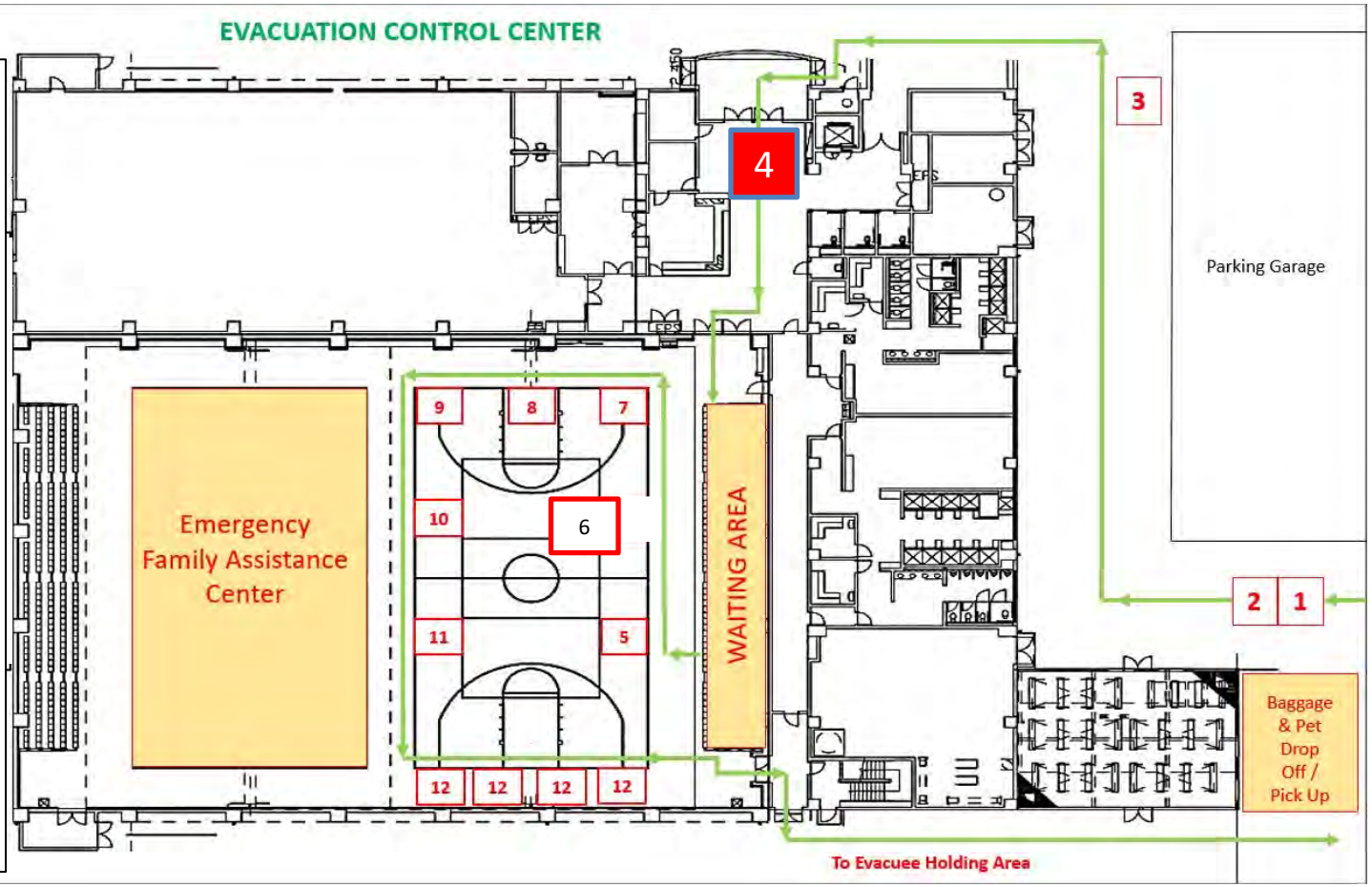
| 16. WITNESSED BY | | | 17. RELEASED BY | | |
|---|---|---|---|---|---|
| a. NAME *(Last, First, Middle Initial)* | b. RANK | c. DATE | a. NAME *(Last, First, Middle Initial)* | b. RANK | c. DATE |
| d. ORGANIZATION | e. SIGNATURE | | d. ORGANIZATION | e. SIGNATURE | |

DD FORM 2506, MAY 2000 PREVIOUS EDITION IS OBSOLETE. Adobe Professional 7.0

Fill out sections 1 / 2 / 3

# Station 4
# Medical

1. ATD Luggage
2. Veterinarian
3. PMO
4. **Medical**
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC

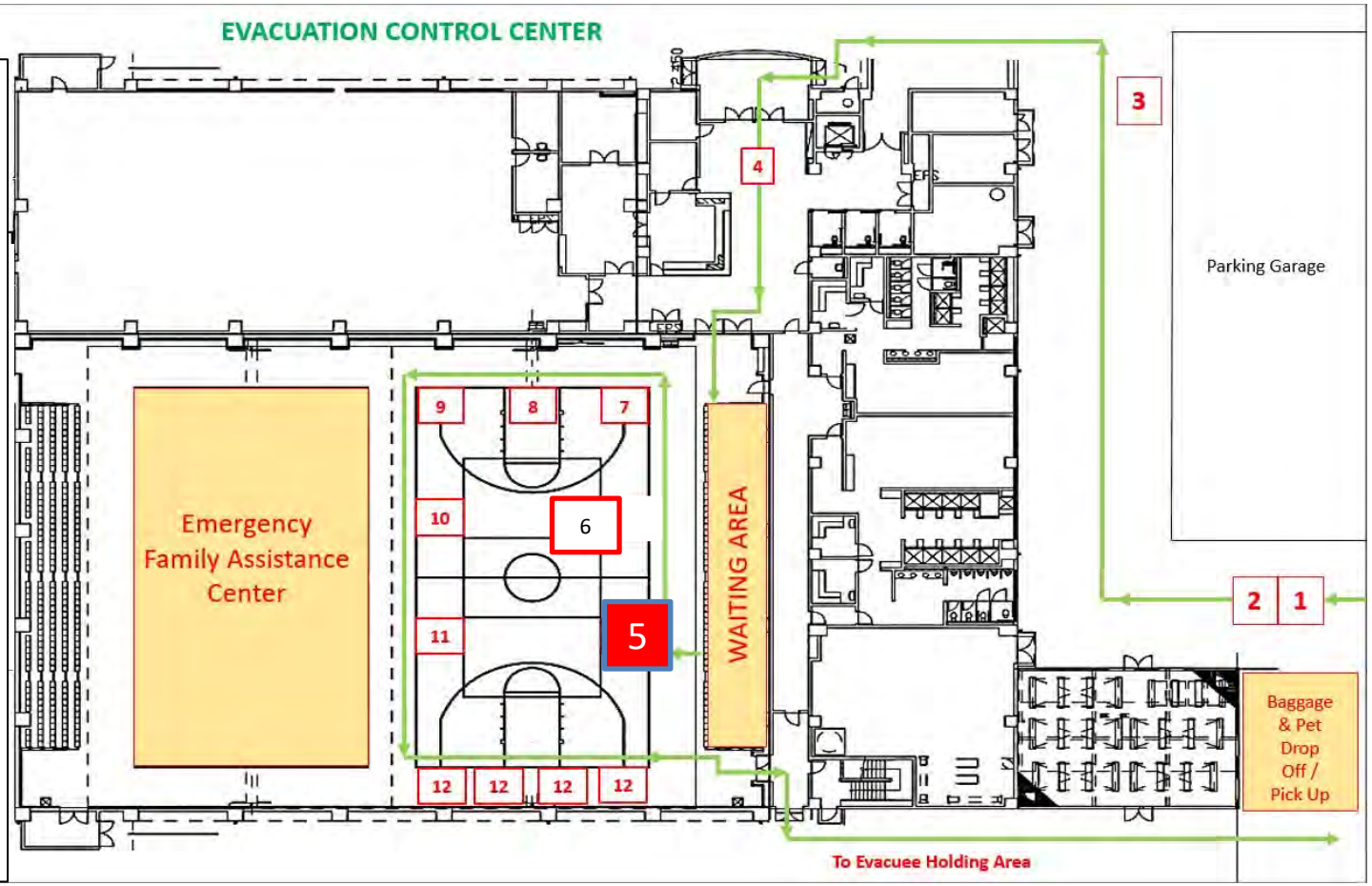


# *Station 4*
# *Medical*

- Medical triage for any injuries
- Refilling of prescriptions (if needed)
- Assess any urgent medical needs prior to evacuation from MCAS Iwakuni.

# Station 5
# S-1 / CHRO / DOS / Customs

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. **S-1 / CHRO / DOS**
6. Legal
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC



# Station 5
# Evacuation Orders

## DD Form 1610

**REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL**
*(Reference: Joint Travel Regulations (JTR), Chapter 3)*
*(Read Privacy Act Statement on back before completing form.)*

1. DATE OF REQUEST *(YYYYMMDD)*

**REQUEST FOR OFFICIAL TRAVEL**

2. NAME *(Last, First, Middle Initial)*
3. SOCIAL SECURITY NUMBER
4. POSITION TITLE AND GRADE/RATING
5. LOCATION OF PERMANENT DUTY STATION (PDS)
6. ORGANIZATIONAL ELEMENT
7. DUTY PHONE NUMBER *(Include Area Code)*
8. TYPE OF AUTHORIZATION
9. TDY PURPOSE *(See JTR, Appendix H)*
10a. APPROX. NO. OF TDY DAYS *(Including travel time)*
b. PROCEED DATE *(YYYYMMDD)*
11. ITINERARY
☐ VARIATION AUTHORIZED
12. TRANSPORTATION MODE
a. COMMERCIAL: RAIL | AIR | BUS | SHIP
b. GOVERNMENT: AIR | VEHICLE | SHIP
c. LOCAL TRANSPORTATION: GOV RENTAL | TAXI | OTHER
PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE: _____
☐ ADVANTAGEOUS TO THE GOVERNMENT
☐ MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTED COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR
☐ AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*
13. ☐ a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR. ☐ b. OTHER RATE OF PER DIEM *(Specify)*
14. ESTIMATED COST
a. PER DIEM $
b. TRAVEL $
c. OTHER $
d. TOTAL $ 0.00
15. ADVANCE AUTHORIZED $
16. REMARKS *(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*
17. TRAVEL-REQUESTING OFFICIAL *(Title and signature)*
18. TRAVEL-APPROVING/DIRECTING OFFICIAL *(Title and signature)*

**AUTHORIZATION**

19. ACCOUNTING CITATION
20. AUTHORIZING/ORDER-ISSUING OFFICIAL *(Title and signature)*
21. DATE ISSUED *(YYYYMMDD)*
22. TRAVEL AUTHORIZATION NUMBER

DD FORM 1610, MAY 2003 PREVIOUS EDITION IS OBSOLETE. Adobe Professional 6.0

**PRIVACY ACT STATEMENT**
*(5 U.S.C. 552a)*

**AUTHORITY:** 5 U.S.C. §§5701, 5702, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** Used for reviewing, approving, and accounting for official travel. SSN is used to maintain a numerical identification system for individual travelers.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may delay or preclude timely authorization of travel request.

16. REMARKS *(Continued) (Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*

DD FORM 1610 (BACK), MAY 2003

# Station 5
# Repatriation Processing

## DD Form 2585

**SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"**

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? *(X one)* ☐ YES ☐ NO

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

**SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"**

| | |
|---|---|
| 1. AIRLINE AND FLIGHT NUMBER | 2. DATE OF ARRIVAL *(YYYYMMDD)* |
| 3. REPATRIATION CENTER | |
| 4. PROCESSING DATE *(YYYYMMDD)* | 5. PROCESSING TIME *(Military)* |

**SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"**

| | |
|---|---|
| 6. NAME OF EVACUEE *(Last, First, Middle Initial)* | |
| 7. COUNTRY EVACUATED FROM | |
| 8. DATE OF BIRTH *(YYYYMMDD)* | 9. PLACE OF BIRTH *(City, State, and Country)* |
| 10. COUNTRY OF CITIZENSHIP | |
| 11. GENDER *(X one)* ☐ MALE ☐ FEMALE | 12. SOCIAL SECURITY NUMBER |
| 13. MARITAL STATUS *(X one)* ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ SEPARATED ☐ DIVORCED | |
| 14.a. PASSPORT NUMBER | b. COUNTRY OF ISSUE |
| 15.a. ALIEN NUMBER | b. COUNTRY OF ISSUE |

DD FORM 2585, DEC 2007 — Page 5 of 10 Pages

**SECTION III - EVACUEE IDENTIFYING INFORMATION** *(Continued) (Read before completing Items 16 and 23)*

*(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)*

| TABLE 1a - U.S. CITIZEN | TABLE 1b - FOREIGN NATIONAL | TABLE 2 |
|---|---|---|
| CLASSIFICATION NUMBER | CLASSIFICATION NUMBER | AGENCY CODE |
| 1a DoD: Service Member | 8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen) | A Army |
| b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent) | 9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date) | N Navy |
| c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent) | 10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.) | F Air Force |
| 2a DoD: Civilian Employee WITH Transportation Agreement | 11 Non-U.S. Civilian Employee (Works for U.S. Government) | M Marine Corps |
| b DoD: Dependent of Civilian Employee WITH Transportation Agreement | 12 Citizen of Country Other Than U.S. | G Coast Guard |
| c DoD: Civilian Employee WITHOUT Transportation Agreement | 13 Other, None of the Above *(Specify)* | D DoD Agency |
| d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement | | O Other U.S. Government Agency |
| 3a Non-DoD U.S. Government (USG): Employee | | X Not Applicable |
| b Non-DoD USG: Employee Dependent and/or Family Member | | |
| 4 Citizen Residing Abroad (Child, Student, Private Business) | | |
| 5 Tourist | | |
| 6 Citizen on Business-Related Travel | | |
| 7 U.S. Government Contractor | | |

| | |
|---|---|
| 16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)* | 17. NUMBER OF FAMILY MEMBERS WITH YOU ☐ ADULTS *(Include yourself)* ☐ CHILDREN *(Include all children)* |
| a. CLASSIFICATION NUMBER / b. AGENCY CODE | 18. NUMBER OF ANIMALS WITH YOU *(If applicable)* |
| c. CLASSIFICATION NUMBER / d. AGENCY CODE | ☐ DOGS ☐ CATS |
| e. CLASSIFICATION NUMBER / f. AGENCY CODE | ☐ BIRDS ☐ OTHER |

**19. EMERGENCY CONTACT IN U.S.**
*(For person named in Item 6 above)*

| | | | |
|---|---|---|---|
| a. NAME *(Last, First, Middle Initial)* | | | b. ADDRESS *(Street, City, State/Country, ZIP Code)* |
| c. HOME TELEPHONE NO. *(Include Area Code)* | d. WORK TELEPHONE NO. *(Include Area Code)* | e. CELL TELEPHONE NO. *(Include Area Code)* | |

**20. FINAL DESTINATION AND NAME OF POINT OF CONTACT** *(If applicable)*
*(If same as Item 19, enter "SAME")*

| | | | |
|---|---|---|---|
| a. NAME *(Last, First, Middle Initial)* | | | b. ADDRESS *(Street, City, State/Country, ZIP Code)* |
| c. HOME TELEPHONE NO. *(Include Area Code)* | d. WORK TELEPHONE NO. *(Include Area Code)* | e. CELL TELEPHONE NO. *(Include Area Code)* | |

**21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS**
*(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)*

a. BRANCH OF SERVICE/DOD AGENCY *(X one)*
☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ DOD AGENCY

| | | |
|---|---|---|
| b. NAME OF SPONSOR *(Remaining in Country) (Last, First, Middle Initial)* | c. SSN | d. RANK/GRADE |
| e. ORGANIZATION/ADDRESS AND MAJOR COMMAND *(Include APO#/FPO#)* | | |

**22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)**
*(Complete if applicable)*

| | | | |
|---|---|---|---|
| a. NAME OF ESCORT *(Last, First, Middle Initial)* | | | b. ADDRESS *(Final Destination of Escort) (Street, City, State/Country, ZIP Code)* |
| c. HOME TELEPHONE NO. *(Final Destination of Escort) (Include Area Code)* | d. WORK TELEPHONE NO. *(Final Destination of Escort) (Include Area Code)* | e. CELL TELEPHONE NO. *(Final Destination of Escort) (Include Area Code)* | |

DD FORM 2585, DEC 2007 — Page 6 of 10 Pages

# Station 5
# Repatriation Processing

## DD Form 2585

**SECTION III - EVACUEE IDENTIFYING INFORMATION** *(Continued)*

**23. ACCOMPANYING EVACUEES**
*(Fill out for each accompanying person.)*

| | | |
|---|---|---|
| a.(1) NAME *(Last, First, Middle Initial)* | (2) SSN | (3) DATE OF BIRTH *(YYYYMMDD)* |
| (4) GENDER *(X one)* ☐ MALE ☐ FEMALE | (5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER | |
| (6) PLACE OF BIRTH *(City, State, and Country)* | (10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)* | |
| (7) COUNTRY OF CITIZENSHIP | (a) CLASSIFICATION NUMBER | (b) AGENCY CODE |
| (8) PASSPORT NUMBER / COUNTRY OF ISSUE | (c) CLASSIFICATION NUMBER | (d) AGENCY CODE |
| (9) ALIEN NUMBER / COUNTRY OF ISSUE | (e) CLASSIFICATION NUMBER | (f) AGENCY CODE |
| b.(1) NAME *(Last, First, Middle Initial)* | (2) SSN | (3) DATE OF BIRTH *(YYYYMMDD)* |
| (4) GENDER *(X one)* ☐ MALE ☐ FEMALE | (5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER | |
| (6) PLACE OF BIRTH *(City, State, and Country)* | (10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)* | |
| (7) COUNTRY OF CITIZENSHIP | (a) CLASSIFICATION NUMBER | (b) AGENCY CODE |
| (8) PASSPORT NUMBER / COUNTRY OF ISSUE | (c) CLASSIFICATION NUMBER | (d) AGENCY CODE |
| (9) ALIEN NUMBER / COUNTRY OF ISSUE | (e) CLASSIFICATION NUMBER | (f) AGENCY CODE |
| c.(1) NAME *(Last, First, Middle Initial)* | (2) SSN | (3) DATE OF BIRTH *(YYYYMMDD)* |
| (4) GENDER *(X one)* ☐ MALE ☐ FEMALE | (5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER | |
| (6) PLACE OF BIRTH *(City, State, and Country)* | (10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)* | |
| (7) COUNTRY OF CITIZENSHIP | (a) CLASSIFICATION NUMBER | (b) AGENCY CODE |
| (8) PASSPORT NUMBER / COUNTRY OF ISSUE | (c) CLASSIFICATION NUMBER | (d) AGENCY CODE |
| (9) ALIEN NUMBER / COUNTRY OF ISSUE | (e) CLASSIFICATION NUMBER | (f) AGENCY CODE |
| d.(1) NAME *(Last, First, Middle Initial)* | (2) SSN | (3) DATE OF BIRTH *(YYYYMMDD)* |
| (4) GENDER *(X one)* ☐ MALE ☐ FEMALE | (5) RELATIONSHIP TO PERSON COMPLETING FORM *(X one)* ☐ SPOUSE ☐ SON/DAUGHTER ☐ PARENT ☐ OTHER | |
| (6) PLACE OF BIRTH *(City, State, and Country)* | (10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) *(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)* | |
| (7) COUNTRY OF CITIZENSHIP | (a) CLASSIFICATION NUMBER | (b) AGENCY CODE |
| (8) PASSPORT NUMBER / COUNTRY OF ISSUE | (c) CLASSIFICATION NUMBER | (d) AGENCY CODE |
| (9) ALIEN NUMBER / COUNTRY OF ISSUE | (e) CLASSIFICATION NUMBER | (f) AGENCY CODE |

**NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.**

DD FORM 2585, DEC 2007 — Page 7 of 10 Pages

**SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES)** *(Continued)*

**24. IF NO SERVICES ARE NEEDED, X THIS BLOCK** → ☐

**25. SERVICES NEEDED** *(X all that apply)*

- ☐ CLOTHING
- ☐ HOUSING ☐ PERMANENT ☐ TEMPORARY
- ☐ MEDICAL
- ☐ DOD INFORMATION
- ☐ DOD LEGAL SERVICES
- ☐ CHILD CARE
- ☐ FEDERAL CIVILIAN PERSONNEL ASSISTANCE
- ☐ LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS
- ☐ TRANSPORTATION TO ONWARD DESTINATION
- ☐ FINANCIAL ASSISTANCE
- ☐ MENTAL HEALTH
- ☐ GENERAL INFORMATION
- ☐ CHAPLAIN ASSISTANCE
- ☐ FUNERAL ASSISTANCE
- ☐ DOD RELOCATION INFORMATION
- ☐ TRANSLATOR *(Indicate language)*
- ☐ OTHER *(Specify)*

**26. ADDITIONAL REMARKS**

**STOP HERE.**

DD FORM 2585, DEC 2007 — Page 8 of 10 Pages

Marine Corps Air Station Iwakuni, Japan

# Station 5
# Emergency Pay

MCAS IWAKUNI JAPAN

## DD Form 1337

**AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES**
*(Read Privacy Act Statement on back before completing form)*

| 1. MEMBER *(Last Name, First Name, Middle Initial)* | 2. GRADE, RATE OR RANK | 3. SOCIAL SECURITY NUMBER |
|---|---|---|
| | | |

**4. MEMBER'S STATION OR ORGANIZATION**

| 5.a. PRIMARY DEPENDENT'S NAME *(or designated representative for minor dependents) (First Name, Middle Initial,Last Name)* | b. RELATIONSHIP |
|---|---|
| | |

**6. DEPENDENTS OTHER THAN PRIMARY**

| a. NAME *(Last Name, First Name, Middle Initial)* | b. DATE OF BIRTH *(YYYYMMDD)* | a. NAME *(Last Name, First Name, Middle Initial)* | b. DATE OF BIRTH *(YYYYMMDD)* |
|---|---|---|---|
| (1) | | (5) | |
| (2) | | (6) | |
| (3) | | (7) | |
| (4) | | (8) | |

**7. PAYMENT DESIGNATION**

☐ a. ADVANCE OF PAY - MAXIMUM AMOUNT $ _____ *(Not to exceed 2 months basic pay)*

I hereby authorize an advance of basic pay, as indicated above, to be paid to my above named dependent or representative, in the event of an emergency declared by proper authority. I understand that any amount of my basic pay paid to my dependent or representative will be deducted from pay and allowances due me.

☐ b. EVACUATION ALLOWANCE *(Designated dependent or representative)*

☐ c. EVACUATION DISLOCATION ALLOWANCE *(Designated dependent or representative)*

I hereby designate the above named individual to receive the payment checked in the event of an evacuation ordered or approved by competent authority.

| d. DATE | e. SIGNATURE OF MEMBER |
|---|---|
| | |

f. SIGNATURE OF PRIMARY DEPENDENT *(or designated representative for minor dependent)*

| g. DATE | h. NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIAL(S) |
|---|---|
| | |

**8. RECORD OF PAYMENTS**

| a. DATE *(YYYYMMDD)* | b. DISBURSING OFFICER | c. SYMBOL NUMBER | d. PAYROLL NO. OR VOUCHER NO. | e. TYPE OF PAYMENT *(Advance of Pay - Dislocation Allowance - Evacuation Allowance)* | f. AMOUNT PAID |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

DD FORM 1337, NOV 2007 PREVIOUS EDITION IS OBSOLETE. Adobe Professional 7.0

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 37 U.S.C. Section 1006(c); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** To provide a record of the member's authorization/non-authorization to provide an advance of the member's pay to his or her dependents or designated representative for minor dependents. The dependents must be located in an overseas area and may receive the advance in the event of an emergency evacuation.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the member's dependents to make the advance payment, and inform the dependents of the evacuation arrangements made for them. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

**DISCLOSURE:** Voluntary. However, if the information is not provided, the payments to the dependents could be delayed, possibly causing hardship on the dependents.

**INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)**

1. The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.

2. To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.

3. Payment of the amount of base pay (if any) authorized in DD Form 1337 as an advance of pay, may be obtained in installments (normally not more than two) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount - "$ _____".

4. If you have been receiving a military allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven area. If you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment checks.

5. If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.

6. If you lose the DD Form 1337 during evacuation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

**THIS IS AN IMPORTANT DOCUMENT.**
**KEEP IT WITH YOUR PASSPORT.**

DD FORM 1337 (BACK), NOV 2007

# Station 5
# Emergency Advance Pay

## DD Form 2461

**AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS FOR DOD CIVILIAN EMPLOYEES**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

**PRINCIPAL PURPOSE(S):** Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

| | | | |
|---|---|---|---|
| 1. SPONSORING CIVILIAN EMPLOYEE<br>a. NAME *(First, Middle Initial, Last)* | 2. SOCIAL SECURITY NO. | 3. GRADE OR LEVEL | 4. STEP OR RATE |
| b. ADDRESS *(Street, City, State and Zip Code)* | 5. POSITION TITLE | | |
| | 6. EMPLOYING DEPARTMENT | | 7. APPROPRIATION |
| 8. EVACUATED INSTALLATION | 9. EVACUATION ORDER NO. | 10. DATE OF ORDER *(YYYYMMDD)* | 11. DATE EVACUATED *(YYYYMMDD)* |
| 12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE *(First, Middle Initial, Last)* | | 13. RELATIONSHIP | |

14. OTHER DEPENDENTS *(If additional space is needed, use back.)*

| a. NAME | b. DATE OF BIRTH *(YYYYMMDD)* | a. NAME | b. DATE OF BIRTH *(YYYYMMDD)* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

15. I hereby authorize payment of $ _____ per pay period and/or advance of pay of $ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.

16. I hereby authorize dependent named above or designated representative to receive payments indicated:

a. EVACUATION SUBSISTENCE ALLOWANCE: $ | b. EVACUATION TRAVEL AND TRANSPORTATION: $

17. EMPLOYEE

a. SIGNATURE | b. DATE SIGNED *(YYYYMMDD)*

18. DEPENDENT OR DESIGNATED REPRESENTATIVE

a. SIGNATURE | b. DATE SIGNED *(YYYYMMDD)*

19. AUTHORIZED OFFICIAL

a. TYPED NAME | b. TITLE

c. SIGNATURE | d. DATE SIGNED *(YYYYMMDD)*

20. I request the amount of $ _____ per pay period as an allotment or assignment of monies due dependent named above *(to be completed only when, because of emergency conditions, certification by employee is not available).* I *(dependent or designated representative named above)* certify that the above information is complete and accurate to the best of my knowledge and belief.

a. SIGNATURE | b. DATE SIGNED *(YYYYMMDD)*

21. PAYMENT RECORD *(If additional space is needed, use back.)*

| a. DATE *(YYYYMMDD)* | b. PAID BY (ADSN) | c. VOUCHER NO. | d. TYPE OF PAYMENT | e. AMOUNT |
|---|---|---|---|---|
| | | | | |

DD FORM 2461, MAR 2000 PREVIOUS EDITION IS OBSOLETE. PRINT

# Station 5

# Evacuee Manifest & Promissory Note

## DS 5528

U.S. Department of State

**EVACUEE MANIFEST AND PROMISSORY NOTE**

OMB APPROVAL - NO.1405-0211
EXPIRATION DATE: 01-31-2020
ESTIMATED BURDEN: 20 Minutes

**PART 1 - EVACUATION APPLICATION TO BE COMPLETED BY EACH ADULT APPLICANT REGARDLESS OF NATIONALITY**

1. Last Name *(Print Clearly)* | 2. First Name | 3. Middle Name

4. Social Security Number | 5. Date of Birth *(DD-MMM-YYYY)* | 6. Place of Birth | 7. Identity Document: Issuing Country / Passport Number / or National ID No. | 8. Sex ☐ Male ☐ Female

9. Current lodging where you may be contacted now

10. Phone number where you may be contacted now | 11. Email address where you may be contacted now

12. Medical condition, current injuries, or limited mobility relevant to evacuation

**13. Verifiable Billing Address at Final Destination in United States or other Permanent Address** ***(Not a Post Office Box) (Third Party Contractors must complete. Not applicable to U.S. Government employees on official assignment and/or Eligible Family Members )***

14. Address Line 1

15. Address Line 2

16. City | 17. State/Province | 18. Country

19. Postal Code | 20. Telephone Number *(Include Country/City Codes)* | 21. Email Address

**22. Emergency Contact** ***(Do not list someone traveling with you)***

23. Last Name *(Print Clearly)* | 24. First Name

25. Address Line 1

26. Address Line 2

27. City | 28. State/Province | 29. Country

30. Postal Code | 31. Telephone Number *(Include Country/City Codes)* | 32. Email Address

33. Relationship to you

**34. Accompanying Minor Children or Incapacitated/Incompetent Adults Only, list below.** ☐ **Check here if none**

35. Last Name *(Print Clearly)* | 36. First Name | 37. Middle Name

38. Social Security Number | 39. Date of Birth *(DD-MMM-YYYY)* | 40. Place of Birth | 41. Identity Document: Issuing Country / Passport No. / or National ID No. | 42. Sex ☐ Male ☐ Female | 43. This Person is My:

44. Last Name *(Print Clearly)* | 45. First Name | 46. Middle Name

47. Social Security Number | 48. Date of Birth *(DD-MMM-YYYY)* | 49. Place of Birth | 50. Identity Document: Issuing Country / Passport No. / or National ID No. | 51. Sex ☐ Male ☐ Female | 52. This Person is My:

DS-5528
04-2016

Page 1 of 3

Identity Document Number from Line 7

53. Last Name *(Print Clearly)* | 54. First Name | 55. Middle Name

56. Social Security Number | 57. Date of Birth *(DD-MMM-YYYY)* | 58. Place of Birth | 59. Identity Document: Issuing Country / Passport No. / or National ID No. | 60. Sex ☐ Male ☐ Female | 61. This Person is My:

62. Last Name *(Print Clearly)* | 63. First Name | 64. Middle Name

65. Social Security Number | 66. Date of Birth *(DD-MMM-YYYY)* | 67. Place of Birth | 68. Identity Document: Issuing Country / Passport No. / or National ID No. | 69. Sex ☐ Male ☐ Female | 70. This Person is My:

71. Last Name *(Print Clearly)* | 72. First Name | 73. Middle Name

74. Social Security Number | 75. Date of Birth *(DD-MMM-YYYY)* | 76. Place of Birth | 77. Identity Document: Issuing Country / Passport No. / or National ID No. | 78. Sex ☐ Male ☐ Female | 79. This Person is My:

80. Last Name *(Print Clearly)* | 81. First Name | 82. Middle Name

83. Social Security Number | 84. Date of Birth *(DD-MMM-YYYY)* | 85. Place of Birth | 86. Identity Document: Issuing Country / Passport No. / or National ID No. | 87. Sex ☐ Male ☐ Female | 88. This Person is My:

**89. PART 2 - Promissory Note and Repayment Agreement** ***(FOR ALL EVACUEES, including Third Party Contractors. Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members.)***

1. I clearly understand that I am accepting evacuation of my own free will and at my own risk to a location chosen by the U.S. Government. The mode of transportation may be via charter or military transport. I also understand that the evacuation flight may not comply with normal international safety or luggage/cargo regulations/standards. In the case of military aircraft travel, the U.S. Government acts only as an agent and not as a contract carrier.

2. U.S. Citizens: I promise to repay the U.S. Government in U.S. dollars or the foreign currency equivalent, within 30 days of initial billing, and if not repaid within 60 days of initial billing at an interest rate established in accordance with Federal law, for all applicable expenses for my/our evacuation. This evacuation loan is in addition to any other U.S. Government loans received for other purposes. I will keep the Department of State's Accounts Receivable Branch informed of my address(es) until I repay my loan in full. If I am unable to pay this loan in full, the Department of State may, at its discretion and upon my request, forward to me an installment agreement containing an installment plan for repayment of my loan.

3. I understand that:

(a) I will be billed for the cost of my/our transportation no greater than the amount of a full-fare economy flight, or comparable alternate transportation, to the designated destination(s) that would have been charged immediately prior to the events giving rise to the evacuation.
(b) My obligation to repay my loan will not be considered paid in full until it clears through the account of the Treasurer of the United States.
(c) Until I have paid my loan in full, I and all listed U.S. citizen family members will only be eligible for a limited validity U.S. passport.
(d) If my loan is in default, I and all listed U.S. citizen family members will not be eligible for a limited validity U.S. passports.
(e) My loan will be subject to interest, penalties, and other charges for late payment as directed by law and regulation.
(f) I will be liable to pay any costs for collection.

4. I will include my name, date of birth, place of birth, and Social Security number with all correspondence, payments, and questions. I will make payment to the Department of State, Accounts Receivable by credit/debit card, check or money order payable to Accounts Receivable Branch, PO Box 979005, St. Louis, MO 63197-9000. (Send questions by mail to: Accounts Receivable Branch, Comptroller and Global Financial Services, Department of State, PO Box 150008, Charleston, SC 29415-5008. Send questions by courier (DHL, Fedex, UPS, etc.) to: Accounts Receivable Branch, Comptroller and Global Financial Services 1969 Dyess Ave., Building 646-B, North Charleston, SC 29405. To make inquiries by telephone: From the U.S. or Canada, call: 1-800-521-2116 or internationally, call 843-746-0592. To make inquiries by email, contact: FMPARD@state.gov.)

5. Non U.S. Citizens: I understand that my government and the United States will determine the amount I owe and means of repayment. My government may seek reimbursement from me for the cost of my/our evacuation.

**90. Signature Block for Applicant** ***(Not Applicable to U.S. Government employees on official assignment and/or Eligible Family Members. Third Party Contractors must complete.)***

I hereby accept the foregoing terms and conditions of repayment for myself and persons listed. **I understand that refusal to sign does not relieve me of my debt if the persons listed used the transport.**

91. Full Name Printed _____

92. Signature _____ 93. Date *(DD-MMM-YYYY)* _____

DS-5528

Page 2 of 3

# Station 5
# Evacuee Manifest & Promissory Note

## DS 5528

Identity Document Number from Line 7

**PART 3 - CONSULAR NOTES - For Official Use Only**

- ☐ No Signature of Loan Recipient - Minor
- ☐ No Signature of Loan Recipient - Incapacitated/Incompetent Adult
- ☐ Loan Includes Temporary Subsistence Associated with Evacuation
- ☐ No Social Security Number
- ☐ Escort of the Primary Applicant *(No Familial Relationship)*
- ☐ Other *(Please Explain)*

**If applicable, List below U.S. citizen associated with Third Country National/Host Country National, accompanying spouse or partner, or escort primary applicant.**

| Name of the U.S. Citizen | Date of Birth | Place of Birth | Social Security Number |
|---|---|---|---|
| | | | |

**FOR OFFICIAL USE ONLY TO BE COMPLETED BY U.S. CONSULAR OFFICER** ***(Insert number of individuals for each category)***

Transport Number

Transport Type

- ☐ U.S. Citizen Loan Recipient
- ☐ Legal Permanent Resident Loan Recipient
- ☐ USG Employee/EFM on Official Assignment
- ☐ Third Country or Host Country National Loan Recipient
- ☐ Foreign Diplomat Loan Recipient

Evacuation from _____ to _____ on date *(DD-MMM-YYYY)* _____

**PART 4 - CONSULAR OFFICER SIGNATURE AND CERTIFICATION**

The undersigned consular officer approves the loan specified above and certifies the persons listed boarded the transport.

Signature of Consular Officer

Name of Post

Typed or Printed Name of Consular Officer

Date *(DD-MMM-YYYY)*

Title of Consular Officer

**SEAL**

**94. AUTHORIZATION FOR RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

***The Privacy Act authorization is optional and will not affect the Department of State's processing of your loan application.***

I authorize the Department of State, including U.S. diplomatic and consular missions, to release information about me and persons listed to:
*(Please place a check in the following boxes for the people to whom you authorize information to be released.)* ☐ family, ☐ friends, ☐ individual members of congress, ☐ members of the press, ☐ and the general public

95. Signature _____ 96. Date *(DD-MMM-YYYY)* _____

**PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT**

**AUTHORITY: The information on this form is requested under the authority of 22 U.S.C. § 2671, 2715, 4802, and 2357; and E.O. 9397, as amended.**

**PURPOSE: The principal purpose of the information gathered is to provide an accurate list of U.S. citizens and non-U.S. citizens being evacuated from foreign countries in times of crisis. The information will also assist in collection of expenses incurred by the U.S. Government for evacuations.**

**ROUTINE USES: The information solicited on this form may be made available to other government agencies to assist the U.S. Department of State in processing emergency loan and evacuation documentation and related services and for law enforcement and administrative purposes. Also see the Department of State's routine uses for Overseas Citizens Services Records and the Prefatory Statement of Routine Uses published in the Federal Register.**

**DISCLOSURE: Furnishing the requested information is voluntary, but failure to provide it may result in delays in reviewing the application or in an inability to provide the requested assistance.**

**PAPERWORK REDUCTION ACT (PRA) STATEMENT**

**Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, 4th Floor, SA-29, U.S. Department of State, Washington, DC 20522-2202.**

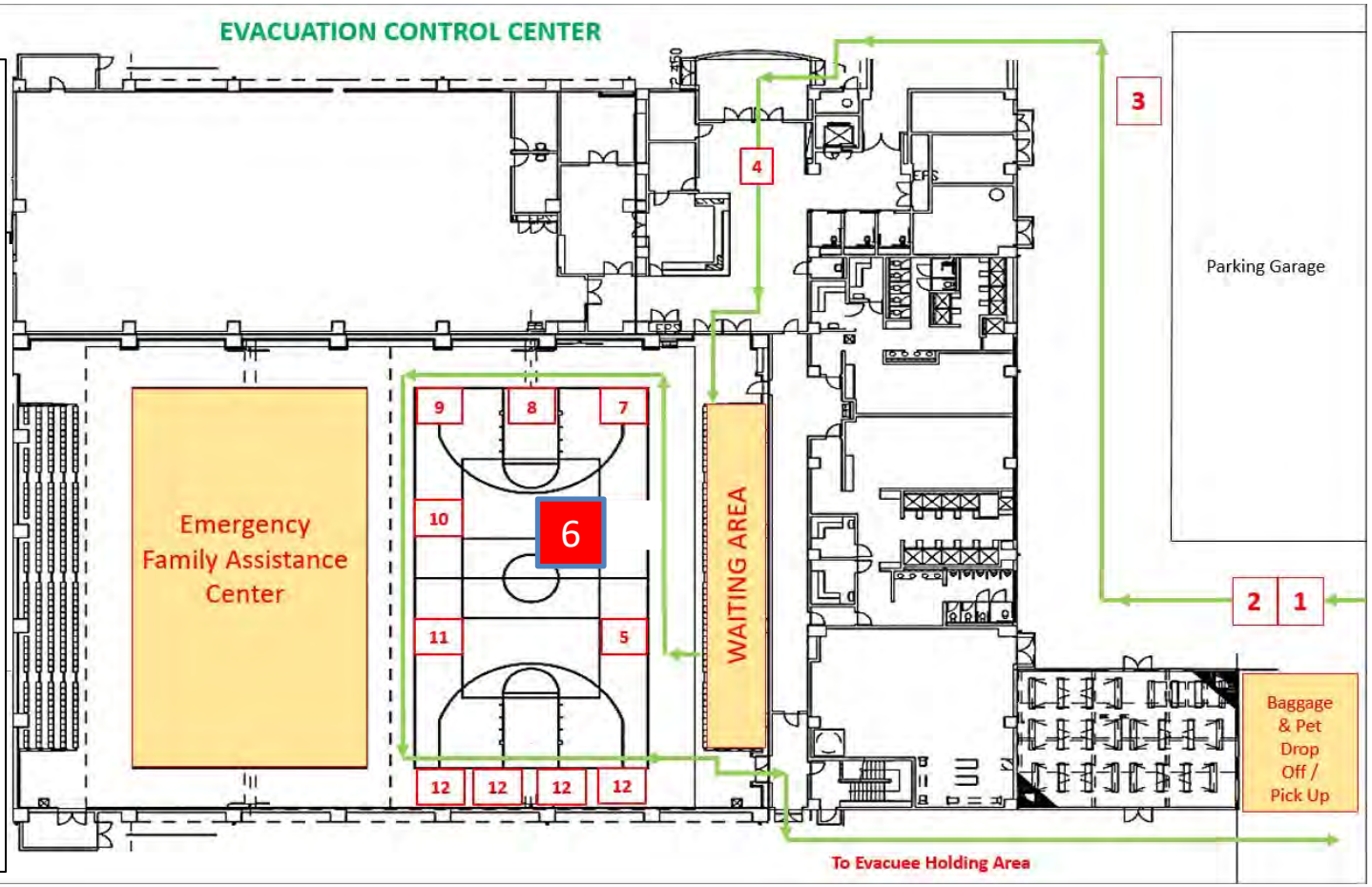
DS-5528 Page 3 of 3

# *Station 5*
# *Department of State Notes*

- Repatriation for *private* U.S. citizens is not free
  - Completing the required forms enables evacuating families to be compensated for items left behind and for expenses that incur during an evacuation
- DoD employees will most likely have their expenses covered, but that may not be the case for those who are not DoD employees (e.g. contractors, or locally hired U.S. citizens)
- Used when the repatriation happens using non-commercial, U.S. Government chartered or military aircraft
- For more information, visit: https://travel.state.gov/content/travel/en/international-travel/emergencies/for-evacuated-citizens.html

# Station 6
# Legal

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. **Legal**
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC



# Station 6
# Legal

## SPECIAL POWER OF ATTORNEY

PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

KNOW ALL PERSONS BY THESE PRESENTS: That I, _____, currently residing at _____ (*address*), do hereby appoint _____ as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following matters that have been signed by me:

**TO GRANT ONE OR MORE OF THE FOLLOWING POWERS, SIGN THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING. TO WITHHOLD A POWER, DO NOT SIGN THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.**

_____ **A. TO TAKE POSSESSION OF MY HOUSEHOLD GOODS AND SHIP THEM TO A DIFFERENT LOCATION:** To take possession and order the removal and shipment of my household goods, personal baggage, or other personal property and cause it to be shipped to any warehouse, depot, dock, or other place of storage or safekeeping, government or private, directed by orders of appropriate U.S. Government transportation officials, and to execute and deliver all necessary forms, papers, certificates and receipts to carry out the foregoing.

_____ **B. TO ACCEPT DELIVERY OF MY HOUSEHOLD GOODS:** To accept delivery of, receipt for, and/or clear through customs, my household goods and/or unaccompanied baggage, and to sign any and all documents, release, voucher, receipt, shipping ticket or other instrument necessary or convenient for such purpose.

_____ **C. TO ACCEPT MILITARY QUARTERS ON MY BEHALF:** To accept military quarters assigned to me or my family members at any military installation; to sign for me and take possession of such quarters in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such quarters as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing.

_____ **D. TO TERMINATE MILITARY QUARTERS ON MY BEHALF:** To effect the termination of U.S. Government quarters assigned to me or my family members, to procure or return any and all U.S. government property used in or for such quarters; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such quarters.

_____ **E. TO ACCEPT PRIVATIZED HOUSING ON MY BEHALF:** To accept privatized housing assigned to me or my family members at any military installation; to sign for me and take possession of such housing in my name; and sign for and take possession of any furniture, appliances, and equipment that may be authorized for use in or with such housing as I may be assigned; to execute all necessary documents, instruments or papers and perform all acts necessary to carry out the foregoing

_____ **F. TO TERMINATE PRIVATIZED HOUSING ON MY BEHALF:** To effect the termination of privatized housing assigned to me or my family members, to procure or return any and all property used in or for such housing; and to sign any and all documents and do all acts necessary and proper to terminate my responsibility for such housing.

_____ **G. TO PREPARE AND FILE MY FEDERAL AND STATE INCOME TAXES:** To prepare, execute, sign and file my Federal and State tax returns for the State(s) of _____ for the tax year 20____.

_____ **H. TO PERFORM BANKING TRANSACTIONS ON MY BEHALF:** To draft checks and other negotiable instruments in my name and to otherwise withdraw from and/or deposit into my account number(s) _____ with _____ (*name of bank or financial institution*); to endorse, cash and receive the proceeds of any check or other negotiable instrument, which is, made payable to me.

_____ **I. TO HANDLE ANY LAWSUIT OR OTHER LEGAL ACTION THAT I MAY HAVE AN INTEREST IN:** To institute and prosecute, or to appear and defend, any claims or litigation involving me or my interest; to demand, act to recover, and receive all sums of money and all other things which are now or will become owing or belonging to me as a result of such claims; and to institute accounts on my behalf, and to deposit, draw upon or expend such funds of mine as are necessary in furtherance of powers granted herein.

_____ **J. TO SELL MY REAL ESTATE ON MY BEHALF:** To bargain, sell, assign, and convey, using the standard of a reasonable seller under no compulsion to sell and engaging in an arms-length bargaining transaction, to any person of my attorney's choice, all my right, title and interest in my property at _____ (*address of property*),

*JLA Revised Aug 19*

## SPECIAL POWER OF ATTORNEY

and to convey by deed or general warranty with the customary covenants; to receive on my behalf payment of the purchase money for the real property described above in any manner that my attorney shall deem wise; to transmit these moneys to me, and to sign, seal, execute and deliver any and all deeds, contracts, or other documents necessary to carry out the foregoing.

_____ **K. TO PURCHASE REAL ESTATE IN MY NAME:** To purchase in my name and for my use any real property in the City of _____, County of _____, State of _____, and for that purpose to make, indorse, accept, receive, sign, seal, execute, acknowledge, and deliver any application forms, documents, instruments, or paper necessary or convenient to enter into both a contract and mortgage or deed of trust upon said real estate for such price, at such rate of interest, and upon such terms as my agent shall deem best.

_____ **L. TO USE, OPERATE, AND REGISTER MY MOTOR VEHICLE(S):** To use, operate, insure, title, license, and register, in my name, with any state or governmental agency any and all vehicles of which I am or may become the registered or legal owner. Make _____ Model _____ Year _____ VIN No.: _____.

_____ **M. TO SELL MY MOTOR VEHICLE:** To sell my motor vehicle upon such terms, considerations and conditions as my agent shall think proper. Further, to execute and deliver to the proper persons and authority all documents, instruments, and papers necessary to affect the sale and transfer of registration and license of the said vehicle. To take possession of, operate, and maintain this automobile and to execute and deliver all necessary forms, papers, statements of ownership, and receipt to carry out the foregoing.

_____ **N. TO PURCHASE MOTOR VEHICLES IN MY NAME:** To purchase motor vehicles in my name and upon such terms, considerations and conditions as my agent shall think proper. Further, to execute and deliver to the proper persons and authority all documents, instruments, and papers necessary to register and license such motor vehicles. To further execute any documents necessary to have repairs my agent deems necessary made on this automobile before I am able to take possession of the automobile. To take possession of, operate, and maintain this automobile and to execute and deliver all necessary forms, papers, statements of ownership, and receipt to carry out the foregoing.

_____ **O. TO SHIP MY VEHICLE**: To take possession of my vehicle, for the purpose of its removal and shipment from wherever it may be located, and to execute any release, voucher, receipt or any other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to effect proper registration, insurance and license, in my name, of such automobile.

_____ **P. TO TAKE POSSESSION OF MY VEHICLE AFTER SHIPMENT:** To take possession of my vehicle, after shipment and delivery to any port, warehouse, depot, dock, or other place of storage or safekeeping, government or private; to execute and deliver any release, voucher, receipt, shipping ticket, certificate or other instrument necessary or convenient for such purpose and to execute and deliver to the proper persons and authority, any and all documents, instruments and papers necessary to register, insure and license, such vehicle in my name, and to transport the vehicle to me or any location which I direct in writing.

_____ **Q. TO TERMINATE MY RESIDENTIAL LEASE:** To execute any and all documents and do all other things necessary or convenient to terminate any and all leases or rental agreements in my name.

_____ **R. TO LEASE MY HOUSE/APARTMENT TO OTHERS AND ACT AS MY LANDLORD/PROPERTY MANAGER:** To manage, control, lease, sublease, and otherwise act concerning my interest in my residential property; to collect and receive rents or income therefrom; pay taxes, charges and assessments on the same; repair, maintain, protect, preserve, alter and improve the same; commit my resources and contract on my behalf regarding the same; and to do all things necessary or expedient to be done in my agent's judgment in connection with the property.

_____ **S. TO ENROLL MY LAWFUL DEPENDENTS IN MILITARY BENEFITS PROGRAMS:** To enroll my lawful dependents in DEERS, TRICARE, SMILECARE, or any other benefits program to which I am or my dependents are entitled by virtue of my military affiliation. To do all things necessary, and to execute and deliver to the proper persons and authority, any and all documents, instruments, and papers necessary and expedient to carry out the foregoing.

_____ **T. FOR MY SPOUSE TO RECEIVE NMCRS ASSISTANCE:** If my spouse is my attorney-in-fact and I am deployed, I authorize my spouse_____ (name of spouse) to receive necessary financial assistance from the Navy-Marine Corps Relief Society (NMCRS) without my specific approval in the amount of _____ (not to exceed $3,000). I also authorize my spouse and NMCRS to initiate an allotment in my name for repayment of the loan. I understand that assistance will be provided depending on the merits of the situation and the policies of NMCRS.

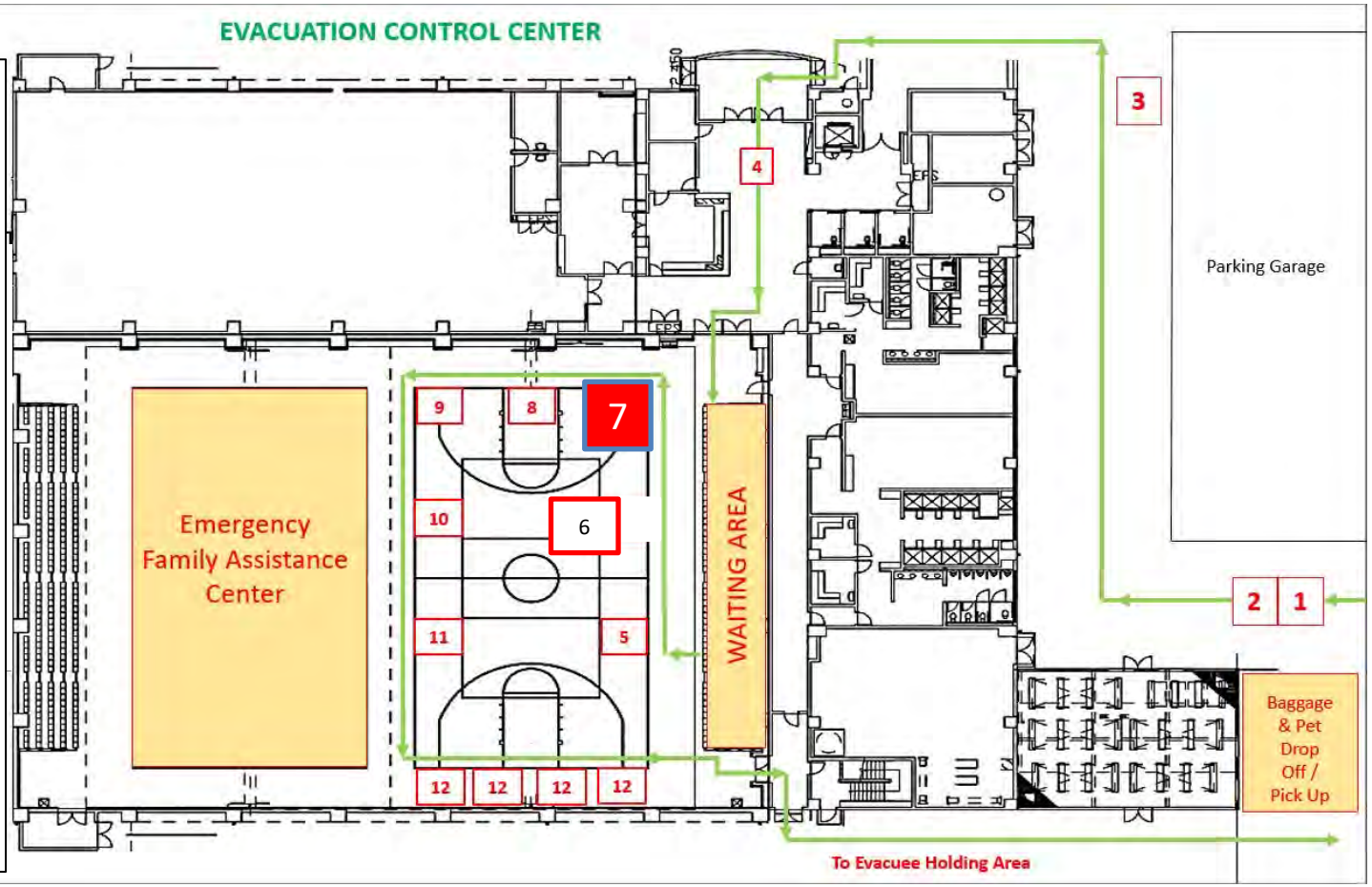
_____ **U. MISCELLANEOUS:** To do the following on my behalf:

_____
_____
_____
_____
_____
_____

*JLA Revised Aug 19*

# Station 7
# DMO

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. **DMO**
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC



# Station 7
# Inventory of Household Goods

## DD Form 1701

INVENTORY OF HOUSEHOLD GOODS

| PROPERTY OF | HOME PHONE NUMBER | DUTY PHONE NUMBER | DATE |
|---|---|---|---|
| FROM | TO (Destination) | | |

| ARTICLE | CU FT. PER PC. | NO OF PCS | CU FT. | ARTICLE | CU FT. PER PC. | NO OF PCS | CU FT. | ARTICLE | CU FT. PER PC. | NO OF PCS | CU FT. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **LIVING ROOM** | | | | **CHILDREN'S ROOM (Con't)** | | | | **PROFESSIONAL ITEMS (Con't)** | | | |
| Bench, fireside or piano | 5 | | | Chest | 12 | | | Reference material | 0 | | |
| Bookcase | 20 | | | Chest, Toy | 5 | | | Tools | 0 | | |
| Bookshelves, sectional | 5 | | | Crib, baby | 10 | | | Books | 0 | | |
| Cabinet | 10 | | | Play pen | 10 | | | Papers | 0 | | |
| Cartons, books | 2 | | | Table, child's | 5 | | | Equipment | 0 | | |
| Chair, arm | 10 | | | | | | | | | | |
| Chair, occasional | 15 | | | **KITCHEN** | | | | | | | |
| Chair, overstuffed | 25 | | | Boxes, pots/pans | 5 | | | | | | |
| Chair, rocker | 12 | | | Cabinet, kitchen | 30 | | | **MISCELLANEOUS** | | | |
| Chair, straight | 5 | | | Cabinet, utility | 10 | | | Ash or trash can | 7 | | |
| Clock, grandfather/grandmother | 20 | | | Chairs, breakfast | 5 | | | Auto tires | 2 | | |
| Credenza | 35 | | | Ironing board | 2 | | | Basket, clothes | 5 | | |
| Davenport, 2, 3, 4 cushions | 35 | | | Rotisserie | 5 | | | Bicycle | 5 | | |
| Day bed | 30 | | | Stool | 3 | | | Bird cage and stand | 5 | | |
| Desk, small or Writhrop | 22 | | | Table | 5 | | | Brooms and mops bundle | 2 | | |
| Desk, secretary | 35 | | | Table, breakfast | 10 | | | Cabinet, filing | 20 | | |
| Footstool, hassock, ottoman | 0 | | | Vegetable bin | 3 | | | Carriage, baby | 20 | | |
| Hideabed | 50 | | | | | | | Carriage, doll or folding | 5 | | |
| Lamp, floor, table | 3 | | | | | | | Chairs, folding | 2 | | |
| Magazine rack | 2 | | | | | | | Clothes hamper | 5 | | |
| Organ, electric | 60 | | | **APPLIANCES (Large)** | | | | Cot, folding | 3 | | |
| Piano, baby grand or upright | 70 | | | Air conditioner, window | 30 | | | Golf bag | 2 | | |
| Parlor grand | 80 | | | Dehumidifier | 10 | | | Golf cart/go cart | 3 | | |
| Spinet | 60 | | | Dishwasher | 20 | | | Fan | 5 | | |
| Radio, table or phonograph | 2 | | | Dryer, electric or gas | 25 | | | Fernery or plant stand | 0 | | |
| Sectional, 2, 3, 4 piece | 50 | | | Freezer (Cubic capacity) | 0 | | | Foot locker | 0 | | |
| Stereo, Hi Fi | 10 | | | 10 or less | 30 | | | Heater, gas or electric | 5 | | |
| Studio couch | 50 | | | 11 to 15 | 45 | | | Incinerator | 10 | | |
| Tables, drop leaf or occasional | 12 | | | 16 and over | 60 | | | Linens, cartons | 5 | | |
| Tables, coffee, end or nest | 5 | | | Mangle | 12 | | | Mirrors | 0 | | |
| Table, library | 20 | | | Range, electric | 30 | | | Pictures | 0 | | |
| Telephone stand and chair | 5 | | | Refrigerator (cubic cap.) | 0 | | | Power tools | 0 | | |
| Television combination/color | 25 | | | 6 cu. ft. or less | 30 | | | Rollaway bed | 20 | | |
| Television, table model/color | 10 | | | 7 to 10 cu. ft. | 45 | | | Rugs, large roll or pad | 0 | | |
| | | | | 11 cu. ft. and over | 60 | | | Rugs, small roll or pad | 0 | | |
| **DINING ROOM** | | | | Vacuum cleaner | 0 | | | Sewing cabinet | 2 | | |
| Barrel, dishes | 15 | | | Washing machine | 0 | | | Sewing machine | 10 | | |
| Buffet | 30 | | | Washer/dryer combination | 0 | | | Shop smith | 0 | | |
| Chair, arm | 8 | | | | | | | Sled | 2 | | |
| Chair, straight | 5 | | | | | | | Table, card | 1 | | |
| China closet | 25 | | | **PORCH, OUTDOOR** | | | | Tricycle | 5 | | |
| Server | 15 | | | **FURNITURE & EQUIPMENT** | | | | Trunk, steamer | 10 | | |
| Table, dinette | 15 | | | Bar | 15 | | | Trunk, wardrobe | 15 | | |
| Table, extension | 30 | | | Bar stools | 3 | | | TV travs | 2 | | |
| | | | | Bird bath | 5 | | | Typewriter | 2 | | |
| | | | | Chair, porch | 10 | | | | | | |
| | | | | Chair, lawn | 5 | | | **OTHER ITEMS** | | | |
| **BEDROOM** | | | | Fireplace equipment | 5 | | | | 0 | | |
| Bed, include, spring and mattress | 0 | | | Garden hose | 5 | | | | 0 | | |
| Double | 60 | | | Glider | 20 | | | | 0 | | |
| Single or Hollywood | 40 | | | Grill, barbecue, portable | 10 | | | | 0 | | |
| Bunk (set of 2) | 70 | | | Gym, outdoor child's | 20 | | | | 0 | | |
| King size/Queen size | 70 | | | Ladder, extension | 10 | | | | 0 | | |
| Cartons, clothes | 10 | | | Lawn mower (hand) | 5 | | | | 0 | | |
| Chair, boudoir | 10 | | | Mower, power | 15 | | | | 0 | | |
| Chair, straight or rocker | 5 | | | Picnic table | 20 | | | | 0 | | |
| Chaise lounge | 25 | | | Picnic bench | 5 | | | | 0 | | |
| Chest, cedar | 15 | | | Rack, outdoor dryer | 5 | | | | 0 | | |
| Dresser, bureau, chest of drawers, chifrb. or chifrr. | 25 | | | Rocker, swing | 15 | | | | | | |
| Dresser bench | 3 | | | Sandbox | 10 | | | **CONTAINERS PREPACKED** | | | |
| Dresser, double, triple | 50 | | | Settee | 20 | | | **BY OWNER, e.g.,** | | | |
| Lamps, floor, table | 3 | | | Slide, outdoors, child's | 10 | | | Footlockers or Trunks | 0 | | |
| Table, night | 5 | | | Swings, outdoor porch | 30 | | | | 0 | | |
| Wardrobe, small | 20 | | | Table | 10 | | | | 0 | | |
| Wardrobe, large | 40 | | | TV antenna | 5 | | | | 0 | | |
| Wardrobe, carton | 10 | | | Tool chest | 10 | | | | 0 | | |
| | | | | Umbrella | 5 | | | | 0 | | |
| **CHILDREN'S ROOM** | | | | Wheelbarrow | 3 | | | | | | |
| Bathinette | 5 | | | | | | | Subtotal Column 3 | 180 | | |
| Bed, youth | 30 | | | | | | | **TOTAL Column 1** | 1460 | | |
| cartons, clothes | 10 | | | **PROFESSIONAL ITEMS** | | | | **TOTAL Column 2** | 793 | | |
| Chair, child's | 3 | | | Clothing, specialized | 0 | | | **TOTAL Column 3** | 180 | | |
| Chair, high | 5 | | | Instruments | 0 | | | | | | |
| Chair, rocker | 3 | | | MARS equipment | 0 | | | **GRAND TOTAL** | 2433 | | |
| Subtotal Column 1 | 1460 | | | Subtotal Column 2 | 793 | | | Summary 0 cu. ft. @ 7 lbs. per cu. ft. | | | 0 lbs. |
| | | | | | | | | Estimated Total Weight | | | 0 lbs. |

APPLIANCES TO BE SERVICED

| TYPE (Place "X" in applicable boxes) | MAKE | YEAR |
|---|---|---|
| CLOTHES DRYER<br>GAS ☐ ELECTRIC ☐ | | |
| WASHING MACHINE<br>AUTOMATIC ☐ NON AUTOMATIC ☐ | | |
| IRONER ☐<br>MANGLE ☐ | | |
| FREEZER<br>CHEST ☐ UPRIGHT ☐ | | |
| REFRIGERATOR<br>GAS ☐ ELECTRIC ☐<br>SINGLE DOOR ☐ DOUBLE DOOR ☐ | | |
| TELEVISION<br>TABLE ☐ PORTABLE ☐<br>CONSOLE ☐ | | |
| STOVE<br>GAS ☐ ELECTRIC ☐ | | |
| DISHWASHER | | |
| AIR CONDITIONER | | |
| STEREO | | |
| HI-FI RADIO | | |
| RECORD PLAYER | | |
| OTHER (*Specify*) | | |

THE FOLLOWING ITEMS ARE TO BE WITHDRAWN AND PLACED IN NON-TEMPORARY STORAGE IN THE EVENT WEIGHT IS IN EXCESS OF THE ADMINISTRATIVE WEIGHT RESTRICTION:

1.
2.
3.
4.
5.
6.

| Name | Grade | Service Number/SSAN |
|---|---|---|
| | | |

*NOTE: Disconnecting or connecting of appliances to gas, water or electricity will not be performed by the carrier. Arrangements for disconnecting or connecting must be made by the owner. Carriers will not remove or install TV antennas or air conditioners.*

**INTERVIEWER'S NOTES**

# Station 7
# Shipment & Storage of Property

## DD Form 1299

**APPLICATION FOR SHIPMENT AND/OR STORAGE OF PERSONAL PROPERTY**
*(Read Privacy Act Statement on back before completing form.)*

1. DATE PREPARED *(YYYYMMDD)*
2. SHIPMENT NUMBER
3. NAME OF PREPARING OFFICE
4. TO *(Responsible Origin Personal Property Shipping Office)*
   a. NAME
5. NAME OF DESTINATION PERSONAL PROPERTY SHIPPING OFFICE
   b. ADDRESS *(Street, Suite Number, City, State, ZIP Code)*
6. MEMBER OR EMPLOYEE INFORMATION
   a. NAME *(Last, First, Middle Initial)* | b. RANK/GRADE | c. SSN | d. AGENCY
7. REQUEST ACTION BE TAKEN TO TRANSPORT OR STORE THE FOLLOWING:
   a. HOUSEHOLD GOODS/UNACCOMPANIED BAGGAGE/ITEMS/NO. OF CONTAINERS *(Enter quantity estimate)*
   (1) POUNDS | (2) POUNDS OF PROFESSIONAL BOOKS, PAPERS, AND EQUIPMENT (PBP&E) *(Enter "NONE" if not applicable)* | (3) EXPENSIVE AND VALUABLE ITEMS *(Number of cartons)*
   b. MOBILE HOME INFORMATION *(Enter dimensions in feet and inches)*
   (1) SERIAL NUMBER | (2) LENGTH | (3) WIDTH | (4) HEIGHT | (5) TYPE EXPANDO *(Describe)*
   c. MOBILE HOME SERVICES REQUESTED *(X as applicable)*
   ☐ CONTENTS PACKED ☐ MOBILE HOME BLOCKED ☐ MOBILE HOME UNBLOCKED ☐ STORED AT ORIGIN ☐ STORED AT DESTINATION
8. THIS SHIPMENT/STORAGE IS REQUIRED INCIDENT TO THE FOLLOWING CHANGE OF STATION ORDERS:
   a. TYPE ORDERS *(X one)* ☐ PERMANENT ☐ TEMPORARY | b. ISSUED BY | c. NEW DUTY ASSIGNMENT
   d. DATE OF ORDERS *(YYYYMMDD)* | e. ORDERS NUMBER | f. PARAGRAPH NO. | g. IN TRANSIT TELEPHONE NO. *(Include Area Code)*
   h. IN TRANSIT ADDRESS *(Street, Apartment Number, City, State, ZIP Code)*
9. PICKUP (ORIGIN) INFORMATION
   a. ADDRESS *(Street, Apartment Number, City, County, State, ZIP Code)* *(If a mobile home park, include mobile home court name)*
   b. TELEPHONE NUMBER *(Include Area Code)*
10. DESTINATION INFORMATION
   a. ADDRESS *(Street, Apartment Number, City, County, State, ZIP Code)* *(If a mobile home park, include mobile home court name)*
   b. AGENT DESIGNATED TO RECEIVE PROPERTY
11. EXTRA PICKUP/DELIVERY ADDRESS *(If applicable)*
12. SCHEDULED DATE FOR *(YYYYMMDD)*
   a. PACK | b. PICKUP | c. DELIVERY
13. REMARKS
14. I CERTIFY THAT NO OTHER SHIPMENTS AND/OR NONTEMPORARY STORAGE HAVE BEEN MADE UNDER THESE ORDERS EXCEPT AS INDICATED BELOW *(If none, indicate "NONE.")*

| a. FROM | b. TO | c. NET POUNDS *(Actual or estimated)* | d. POUNDS OF PBP&E *(Actual or estimated)* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

15. CERTIFICATION OF SHIPMENT RESPONSIBILITIES/STORAGE CONDITIONS
   a. SIGNATURE OF MEMBER/EMPLOYEE | b. DATE SIGNED | c. ADDRESS OF CONTRACTOR *(Street, Suite No., City, State, ZIP Code)*
   d. NAME OF CONTRACTOR *(Origin DPM or non-temporary storage)*
16. CERTIFICATE IN LIEU OF SIGNATURE ON THIS FORM IS REQUIRED WHEN REGULATIONS SO AUTHORIZE.
   a. REASON FOR NONAVAILABILITY OF SIGNATURE
   b. CERTIFIED BY *(Signature)*
   c. TITLE

DD FORM 1299, SEP 1998

**PRIVACY ACT STATEMENT**

AUTHORITY:

PRINCIPAL PURPOSE(S):

ROUTINE USE(S):

DISCLOSURE:

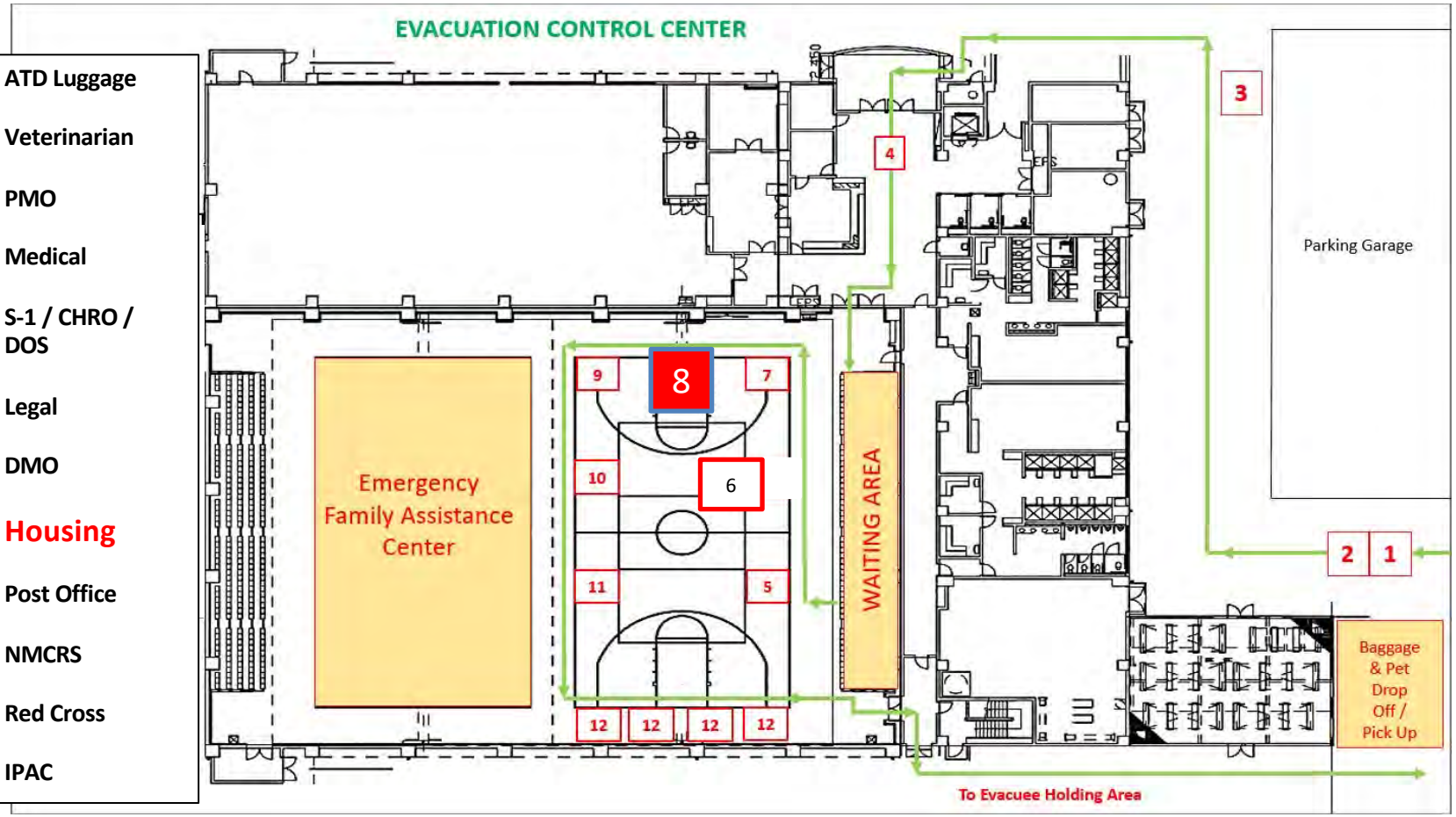
**CERTIFICATION OF SHIPMENT RESPONSIBILITIES**

**CONDITION FOR STORAGE**

DD FORM 1299 (BACK), SEP 1998

# Station 8
# Housing Office

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. **Housing**
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC



# Station 8
# Residence Key Envelope

**RESIDENCE KEY ENVELOPE**

---

Resident's Info

Last Name:_____
First Name:_____
Grade: _____
Unit (Work):_____
Last 4:_____
EDIPI: _____

**Contact Information**

Forwarding Address:

Telephone Number:
E-mail address:

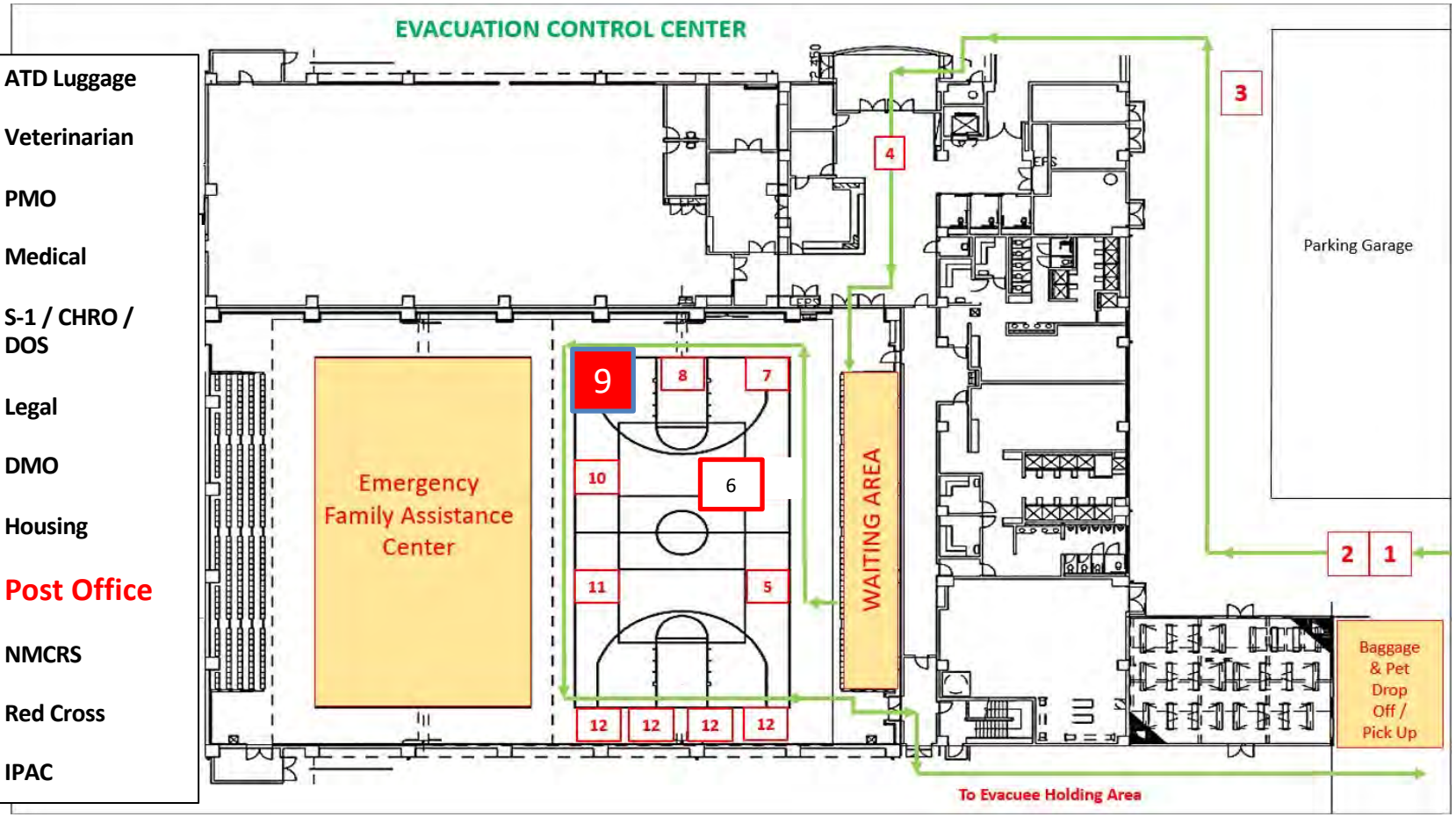
On Base Quarters:
House #: _____

Off Base
Address:_____
_____
_____
_____

☐ For off-base residents, enclose a map with written instructions to your quarters

# Station 9
# Post Office

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. **Post Office**
10. NMCRS
11. Red Cross
12. IPAC

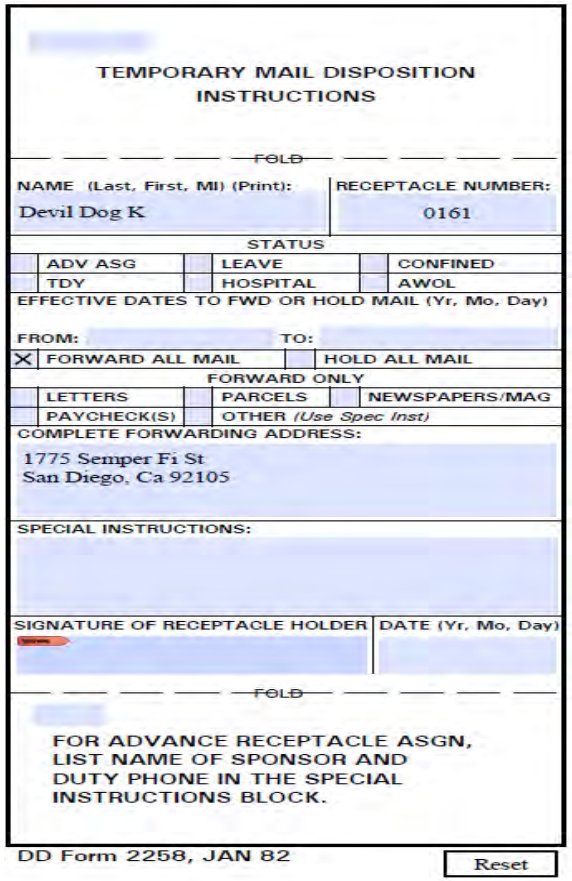


# *Station 9*
# *Post Office*

- MCASI Postal will capture any package forwarding information to ensure mail is forwarded appropriately.
- No incoming / outgoing mail
  - All Mail will stop in Chicago and will NOT depart US
  - Retail will be closed
  - Extended hours will be put in place to pick up on-hand mail
  - Northside Post Office – Must turn in mail box key at checkout
- Change of Address:
  - USPS.COM
  - PS FORM 2258

# Station 9
# Post Office

## DD Form 2258



TEMPORARY MAIL DISPOSITION INSTRUCTIONS

FOLD

| NAME (Last, First, MI) (Print): | RECEPTACLE NUMBER: |
|---|---|
| Devil Dog K | 0161 |

STATUS

| | | | | | |
|---|---|---|---|---|---|
| | ADV ASG | | LEAVE | | CONFINED |
| | TDY | | HOSPITAL | | AWOL |

EFFECTIVE DATES TO FWD OR HOLD MAIL (Yr, Mo, Day)

FROM: TO:

| | | | |
|---|---|---|---|
| X | FORWARD ALL MAIL | | HOLD ALL MAIL |

FORWARD ONLY

| | | | | | |
|---|---|---|---|---|---|
| | LETTERS | | PARCELS | | NEWSPAPERS/MAG |
| | PAYCHECK(S) | | OTHER *(Use Spec Inst)* | | |

COMPLETE FORWARDING ADDRESS:

1775 Semper Fi St
San Diego, Ca 92105

SPECIAL INSTRUCTIONS:

| SIGNATURE OF RECEPTACLE HOLDER | DATE (Yr, Mo, Day) |
|---|---|
| | |

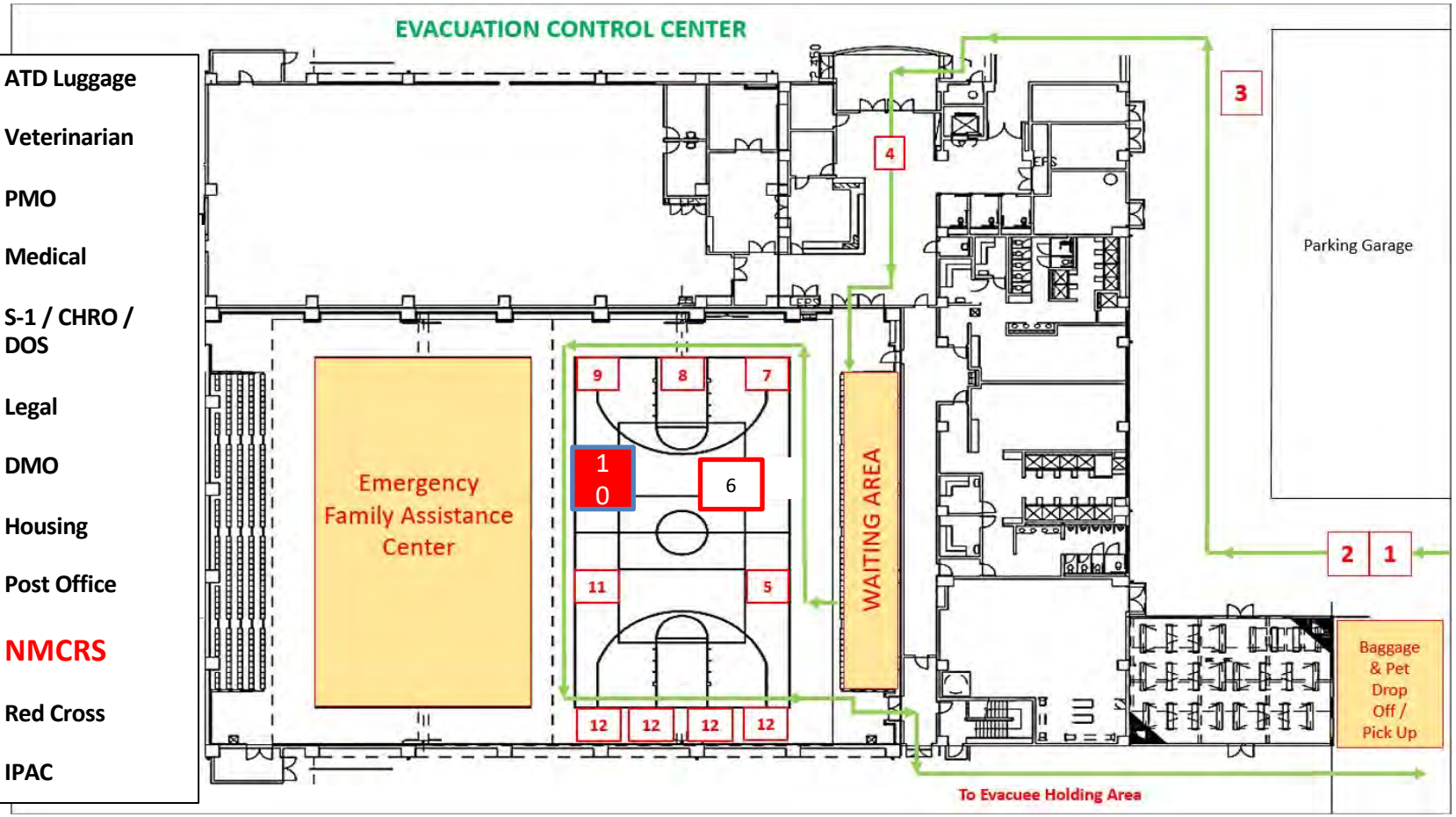
FOLD

FOR ADVANCE RECEPTACLE ASGN, LIST NAME OF SPONSOR AND DUTY PHONE IN THE SPECIAL INSTRUCTIONS BLOCK.

DD Form 2258, JAN 82 Reset

# Station 10
# Navy Marine Corps Relief Society

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. Post Office
10. **NMCRS**
11. Red Cross
12. IPAC



# Station 10
# NMCRS – Disaster Response

- Upon declaration of disaster, or on order to evacuate
- Who is eligible? Active duty & retired service-members, and their family members (POA is waived during disaster)
- $600 via check, loan paid back w/ 0% interest over 6-12 mos
- Additional assistance may be provided, case-by-case
- Additional support available by NMCRS mobile team at POE

# Station 10
# Navy Marine Corps Relief Society

*For Disaster Use:* *Batch #*_____ *Batch #* _____

## EFT and Manual Financial Assistance and Allotment Registration Form

| Service Member's SSN: | Office Code: | Date: | Deceased: | Date of Death: |
|---|---|---|---|---|
| 123-45-6789 | IWAKUNI | 08/30/2021 | ☐ | |

| Service Member's Name: | | | | Date of Birth: | Military Status |
|---|---|---|---|---|---|
| *Last* DOE | *First* JOHN | *Middle* M | *Suffix* JR | 08/23/1990 | ☒ Active ☐ Retired ☐ Reserve |

| Branch of Service: | Rate/Rank: | Pay Grade: | EAS/ETS: | Marital Status Date: 12/01/2017 |
|---|---|---|---|---|
| ☐ Navy ☐ Air Force ☐ Coast Guard ☒ Marine Corps ☐ Army | Sgt | E-5 | 10/04/2024 | ☒ Married ☐ Divorced ☐ URFS/DB2 ☐ Single/Widowed ☐ Separated |

| Military Address: | Local Address | Permanent Home Address: |
|---|---|---|
| MALS-12 | PSC 561 BOX 00<br>FPO, AP 96310 | 123 W MAIN STREET<br>ANYTOWN, USA 12345 |
| Email: JOHN.DOE@USMC.MIL | Email: JOHNDOE@EMAIL.COM | |

| Name of Spouse | Spouse Date of Birth | Applicant: | Local Unit Code/UIC/RUC: |
|---|---|---|---|
| JANE J. DOE | 03/04/1991 | ☒ SM ☐ Spouse ☐ Other | |

| Number of Dependents: | Home Phone: | Work Phone: | Cell Phone: |
|---|---|---|---|
| 1 | ( ) | ( ) 253-0000 | ( ) 080-00-0000 |

| Caseworker: | FSO/HQ Representative: | Reason Code: | Tracking Code: | Total: |
|---|---|---|---|---|

# Station 10
# Navy Marine Corps Relief Society

DATE: 08/30/2021

Name of Disaster: Active Shield 2021

## Disaster Client Information Sheet

Fill in the blank

| SPONSOR INFORMATION | | | | | |
|---|---|---|---|---|---|
| SPONSOR SSN: 123-45-6789 | LAST NAME: DOE | | FIRST NAME: JOHN | MIDDLE INITIAL M | SUFFIX JR |
| DATE OF BIRTH: 08/23/1990 | MIL STATUS: Active Duty | BRANCH: Marine Corps | RANK/RATE SGT | PAY GRADE: E5 | EAS/ETS: 10/04/2024 |
| MARITAL STATUS: Married | # DEP: 1 | SPOUSE NAME: JANE J. DOE | | DATE OF MARITAL STATUS: 12/01/2017 | |
| SPOUSE DATE OF BIRTH: 03/04/1991 | | SPOUSE SSN: 987-65-4321 | | SPOUSE MIL STATUS/ SERVICE IF APPLIC DEPENDENT | |
| NAME & ADDRESS OF COMMAND: MALS-12 | | | | UIC/RUC: | |
| LOCAL MAILING ADDRESS: PSC 561 BOX 00 FPO, AP 96310 | | | HOME OF RECORD / PERMANENT HOME ADDRESS: 123 W MAIN STREET ANYTOWN, USA 12345 | | |
| WORK PHONE NUMBER: 253-0000 | | | HOME OR CELL PHONE NUMBER: 080-00-0000 | | |
| WORK E-MAIL ADDRESS: JOHN.DOE@USMC.MIL | | | HOME E-MAIL ADDRESS: JOHNDOE@EMAIL.COM | | |
| AMOUNT REQUESTED UP TO $600 $600 | | | | | |

# *Station 10*
# *Navy Marine Corps Relief Society*

MAKING A DIFFERENCE FOR SAILORS, MARINES AND THEIR FAMILIES

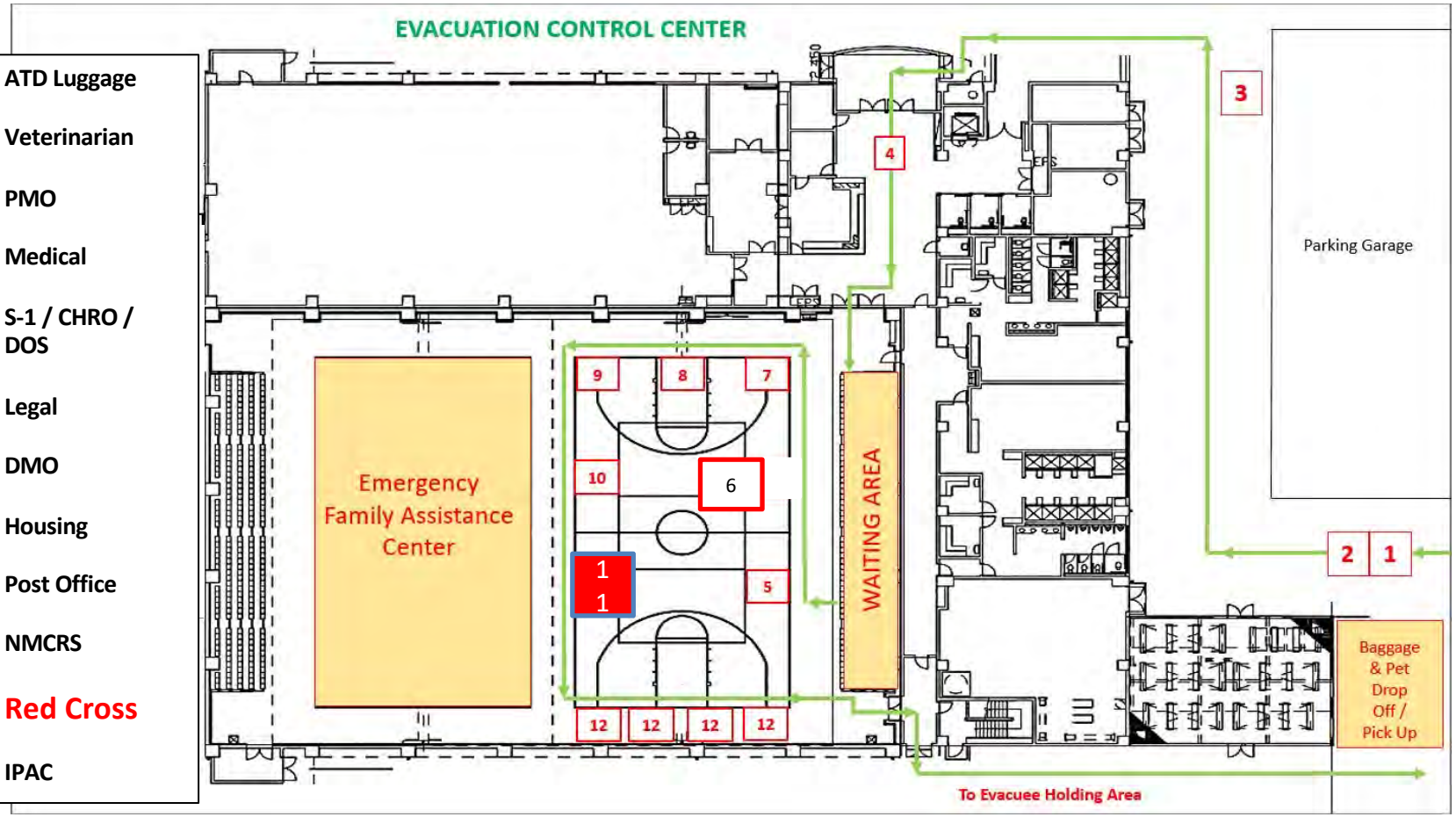
## Disaster Response Team

Director: Christina Grantham
christina.grantham@nmcrs.org

Office Location:
Community Support Center, Bldg 625
Hours: Mon-Thurs 0900-1500
Phone: 253-5311 or 253-6286
After Hours Phone: 080-6612-9307

# Station 11
# American Red Cross

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. **Red Cross**
12. IPAC



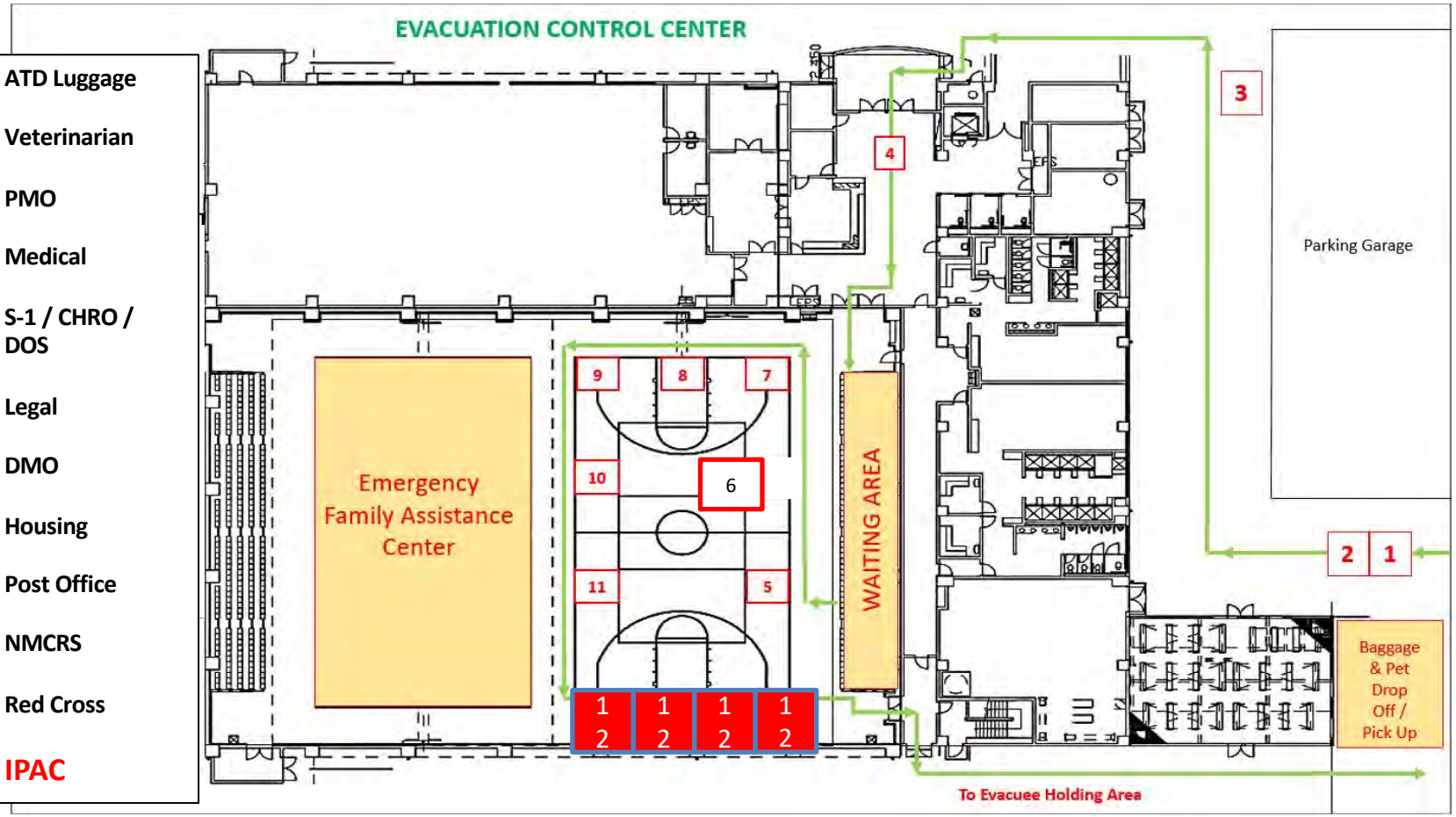
# *Station 11*
# *American Red Cross*

American Red Cross | Service to the Armed Forces

- Disaster & NEO Preparedness Training
- Disaster Response for single family home fires and base wide impacted disasters
- Restoring Family Links services
- Building 625, Suite 311B (The Community Support Center)
- Office Hours: Monday through Friday 0800-1630
- DSN: 315-253-4525
- Email: iwakuni@redcross.org
- Hero Care Network: 1-877-272-7337

# Station 12
# IPAC

1. ATD Luggage
2. Veterinarian
3. PMO
4. Medical
5. S-1 / CHRO / DOS
6. Legal
7. DMO
8. Housing
9. Post Office
10. NMCRS
11. Red Cross
12. IPAC

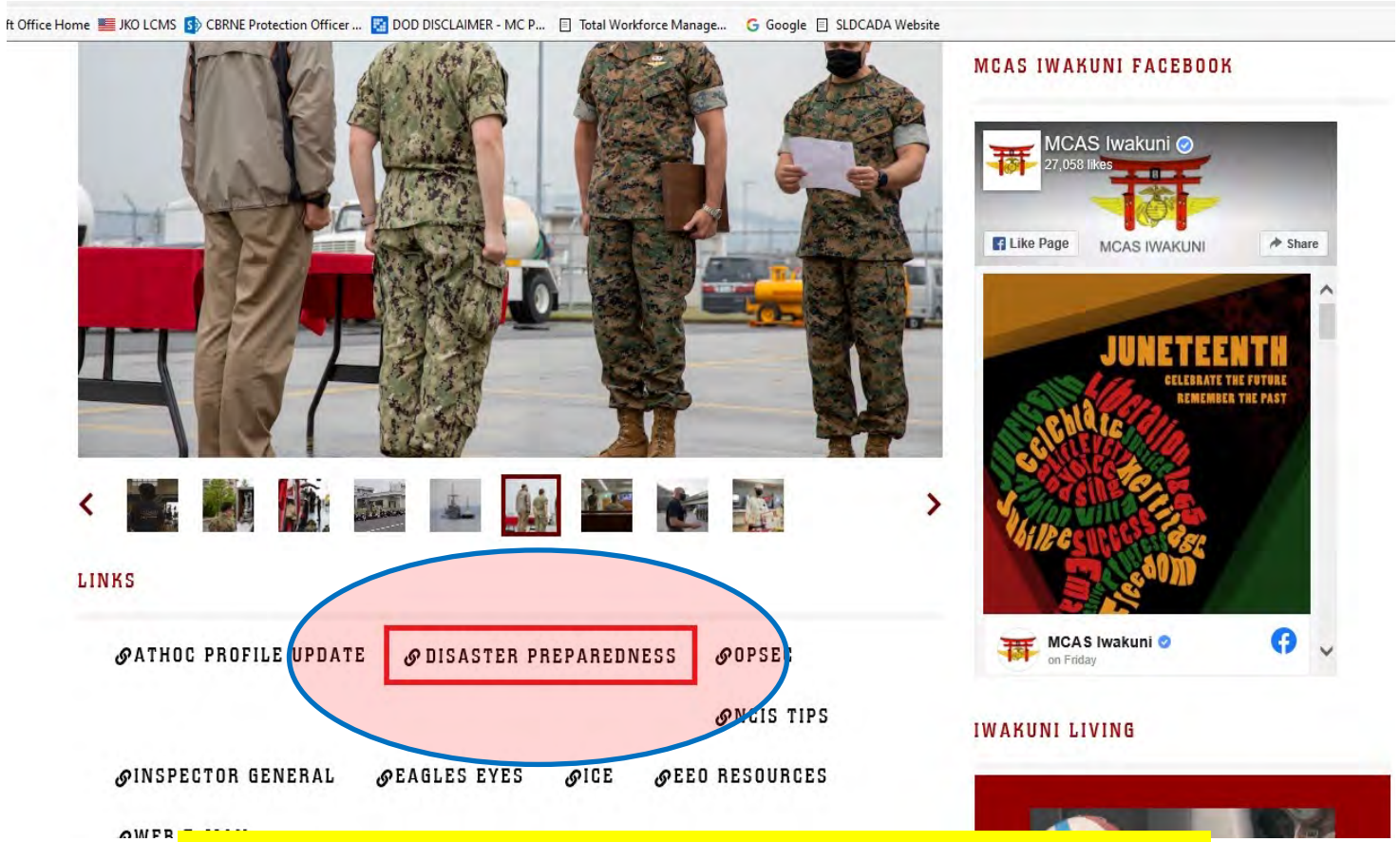


# Station 12
# IPAC

- IPAC will operate the NTS (Non-Combatant Evacuation Operation Tracking System)
- Will need Official Government Identification:
  - Passport
  - Drivers license
  - Dependent ID Card

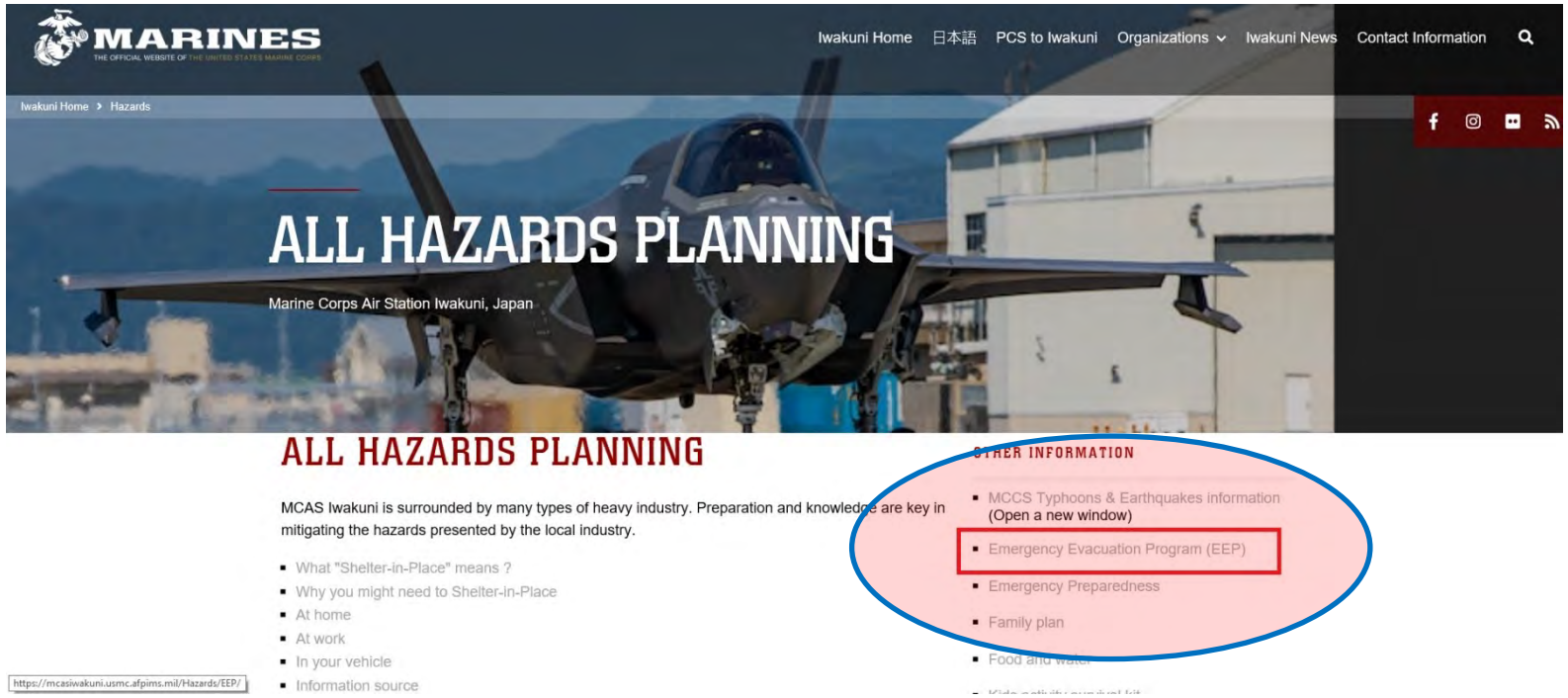
- Each member will be issued a bar code band
- Must declare if you are traveling with a pet; each pet will be issued a NTS band
  - Pass by Vet Station (Station 2) on the way out and coordinate to tag your animal

# *Website*




HTTP://WWW.MCASIWAKUNI.MARINES.MIL/

# *Website*




HTTP://WWW.MCASIWAKUNI.MARINES.MIL/

# *Website*

## EMERGENCY EVACUATION PROGRAM

Sponsors and family members are responsible to take an active role in preparation for an evacuation, so that you will be better informed and able to move quickly. Preparation translates to reducing risk to you and your family. You must also understand what the U.S. Government will and will not do for you. The military and the U.S. Embassy will work to notify you of an evacuation order and move you safely and quickly away from danger. They will also attend to your basic needs of food, shelter, transportation and security.

For any question, please contact with your EEP coordinator at your shop/unit.

EMERGENCY EVACUATION PROGRAM PACKET

FAQ

- Section 1 Administration and Reference +
- Section 2 Identification +
- Section 3 Evacuation and Finance Orders/Forms +
- Section 4 Vehicle, Residence and Household Good Forms +
- Section 5 Family and Pets +
- Section 6 Others +

### OTHER INFORMATION

- MCCS Typhoons & Earthquakes information (Open a new window)
- Emergency Evacuation Program (EEP)
- Emergency Preparedness
- Family plan
- Food and water
- Kids activity survival kit
- Pets
- Disaster kit

Earthquakes

- Earthquake precautions
- Thunderstorms
- Volcanoes
- Volcano precautions

### EXTERNAL LINKS

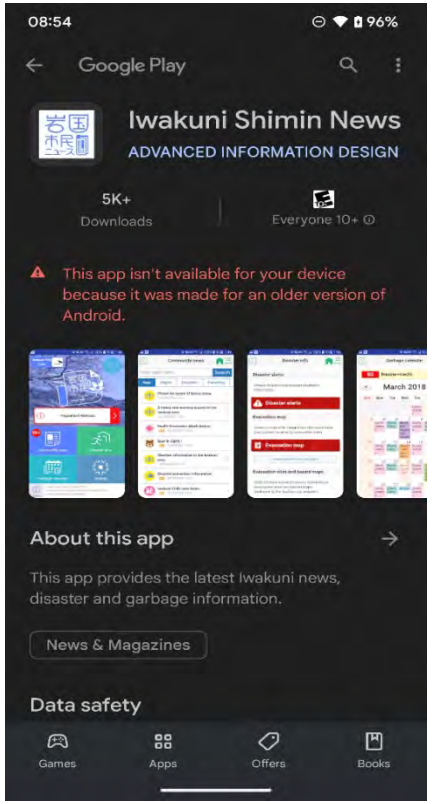
IWAKUNI CITY HAZARD MAP

**HTTP://WWW.MCASIWAKUNI.MARINES.MIL/**

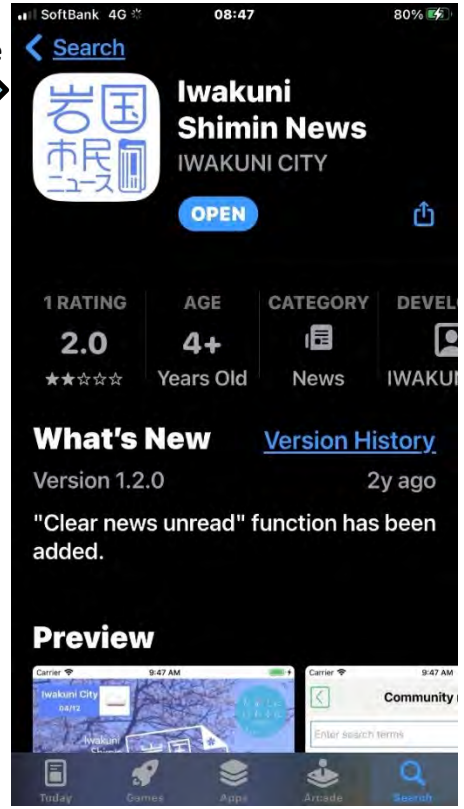
# Iwakuni Shimin News App

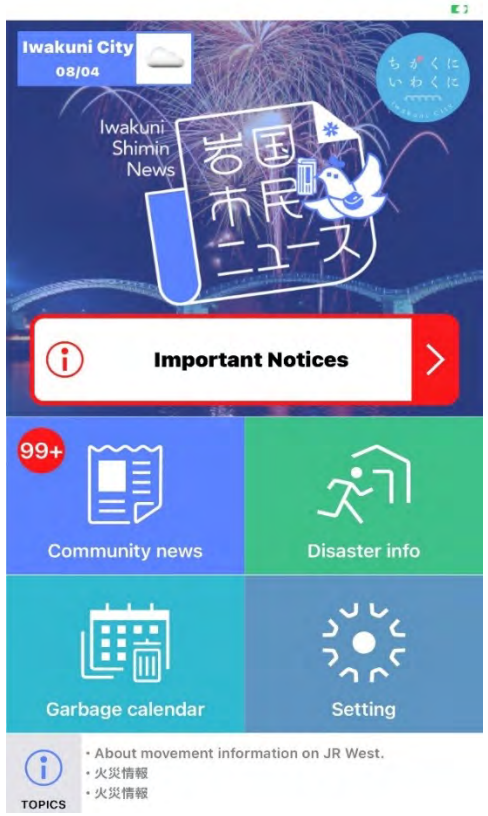
- Notify MCAS Iwakuni SOFA personnel on any off-post emergencies of public announcements.
- App is available in both the Google Play Store and Apple iOS App store for download.
- Iwakuni Shimin Homepage Link: [www.iwakuni-news.com)](http://www.iwakuni-news.com)

**Android Screen Shot**




**iOS App Store**



# QUESTIONS?

Edgar P. Duffy Jr.

Emergency Manager

DSN: 315-253-7602

edgar.duffy@usmc.mil

# Welcome Aboard Brief PowerPoints

MCCS Iwakuni Information & Referral

MARINE & Family
Information, Referral and Relocation

# Evaluation Forms

NAVMC 11791 (11-11) (EF)
FOUO - Privacy sensitive when filled in.

**SPONSORSHIP PROGRAM QUESTIONNAIRE**

Your help is requested in evaluating the effectiveness of our Command Personnel Sponsorship Program. Please help evaluate the Program by completing this questionnaire based on your experience with your recent PCS transfer. Leave name spaces blank if you desire to remain anonymous. The information you provide will be combined with the responses of others and will be confidential. Completion of this questionnaire is entirely voluntary. There is no penalty for not providing the requested information except the lack of representation of your views in the final results and outcomes. Once completed, please return to your Unit Sponsorship Coordinator. This reporting requirement is exempt from reports control.

Grade: | Branch of Service | UNIT

1. Did your former command, prior to transfer, inform you of the sponsor program and its benefits? YES NO
2. Did you request/ elect to have a sponsor? YES NO
3. Were you assigned a sponsor? YES NO
4. Who is your sponsor? (May omit name if desired.)
5. Did your sponsor contact your prior to your departure from your previous command? YES NO
6. Did your sponsor meet your upon your arrival? YES NO
7. Did you receive information and communication from the gaining command in advance of your arrival? YES NO
   a. If yes, was the information an adequate representation of this command? YES NO
   b. If yes, was the information adequate to inform you about this geographical area? YES NO
   c. If yes, was the information received in time to permit adequate advance planning? YES NO
   d. If no, what additional information would have made your transfer and relocation easier?
8. Was your sponsor knowledgeable about this command and the local community able to answer your questions? YES NO
9. When did you receive your orders?
10. When did you transfer from your last command?
11. Did you attend school(s) or take leave in transit to this command? YES NO List Dates:
12. Did your previous command inform you of the resources available to you at your nearest MCCS? YES NO
13. Overall, were you satisfied with this Command Sponsorship Program? YES NO
14. Please list any suggestions you have for improving the Command Sponsorship Program.

**FOR OFFICIAL USE ONLY**

Adobe LiveCycle Designer 8

**WELCOME ABOARD**
IWAKUNI

Marine & Family Programs wants your advice! Help us make these workshops better in the future by completing this form.

| 1. Workshop features | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| Quality of the content | ☐ | ☐ | ☐ | ☐ |
| Quality of the materials / handouts | ☐ | ☐ | ☐ | ☐ |
| Usefulness of presentation | ☐ | ☐ | ☐ | ☐ |
| Delivery by presenters | ☐ | ☐ | ☐ | ☐ |

| 2. Presentation expectations Please rate from 1-5 | Exceeded 5 | 4 | 3 | 2 | Not Met 1 |
|---|---|---|---|---|---|
| Did it meet your expectations? | ☐ | ☐ | ☐ | ☐ | ☐ |

| 3. For each objective, please check how much you knew before and how much you know now. | Before Workshop | | | | Now | | | |
|---|---|---|---|---|---|---|---|---|
| | A Lot | Some Knowledge | Very Little | None | A Lot | Some Knowledge | Very Little | None |
| **Legal Matters:** Gain an understanding of SOFA and its impact on those who violate US and/or Japanese law, including the Liberty Campaign Order. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Personal Growth & Development:** Highlight programs and community events/MCAS & MCCS resources that encourage personal development, including behavioral health and responsible drinking. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Sponsorship:** Receive appropriate information, including child care services, education, health services, safety, and housing to prepare new arrivals for their tours. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Cultural Awareness:** Gain understanding and mutual respect for Japanese Culture and the local Iwakuni community. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

4. Additional comments:

MCCS
MCAS IWAKUNI

Please fill out the evaluation and sponsorship questionnaires forms completely.

# Reminders!!!

- Please return completed forms to the front desk.
- Please acquire childcare voucher before 1300.
- Collect your personal belongings and trash.
- **Please return to the theater by 1330**

Afternoon agenda:

| | |
|---|---|
| 1330 – 1400 | 3rd Resource Fair / Break |
| 1400 – 1500 | Safety Brief |
| 1500 – 1600 | SOFA License Exam |