

ARMY FAMILY ACTION PLAN



SOLDIER
FAMILY
CIVILIAN



Army Family Action Plan ISSUE SUBMISSION FORM

This form is used to submit an issue for review to the Army Family Action Plan. The issue can involve a matter at the local level or can be something that has Army-wide impact. All issues submitted are considered and worked until resolution, unless they are deemed unattainable. Keep in mind that it may take some time for the results of your issue to be seen.

Please note, a separate sheet must be completed for each issue.

ISSUE TITLE

- This should be a brief summary of the issue or problem, not a sentence.
- Be specific – the title should tell the reader what the issue is all about.
- Example: “Tuition Assistance for Overseas Spouses”

SCOPE

- This is a clear and concise statement describing the issue, why it’s a problem and whom it affects.
- The scope should be written in paragraph form (usually about 3-4 sentences long): The first sentence should state the problem, the middle sentences should provide facts or additional information, and the last sentence says why the issue is important.
- Remember that the scope should identify one problem, not several.

RECOMMENDATION(S)

- List what you want to happen to “fix” the issue or problem identified in the scope.
- Use strong action verbs (e.g. Provide, conduct, develop, fund, build)
- There is a limit of three or fewer recommendations per issue.
- Recommendations must be practical.
- Example: “Develop a tuition assistance program for overseas spouses”

CONTACT INFORMATION

By providing your contact information, the Program Manager will follow up with you or you may contact the Program Manager for status any time.

OPTIONS FOR SUBMITTING THE ATTACHED FORM

- Email by clicking the button on the bottom of the form
- Drop off at Ederle ACS (Bldg. 108) or on Del Din ACS (Bldg. 2)
- Fax it to 0444-71-7684 or 0444 66 2709

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ISSUE NUMBER (please leave blank):

ISSUE TITLE:

SCOPE:

RECOMMENDATION(S):

Check the category that best describes your issue:

Entitlements/Benefits
Child and Youth
Other

Single Soldiers
Relocation/Transition

Family Support
Health Care

PERSONAL INFORMATION

Check all that apply:

Active Duty
Civilian Employee
Other

Reserve

Family Member
Retiree

Sex: Male Female **Unit:**

Name (Optional)

Telephone

Email

Do you agree to be contacted for clarification and/or additional information?

Yes

No