



# TRANSITION ASSISTANCE INITIAL SELF-ASSESSMENT WORKSHEET

## SECTION A. SERVICE MEMBER INFORMATION

NAME: \_\_\_\_\_ DOD ID: \_\_\_\_\_ INSTALLATION: \_\_\_\_\_

WORK EMAIL: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

DATE OF SEPARATION: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOW MANY YEARS OF SERVICE: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

## SECTION B. DEMOGRAPHICS

Rank:  E1-E5  E6-E7  E8-E9  O1-O3  O4-O6  O7-O10  WO1-CWO5

Service Branch:  USN  USAF  USA  USMC  USCG  Reserve  Guard

Rate/Designator/MOS/AFSC: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Separated  Children# \_\_\_\_\_

Highest Level of Education:  GED/HS  Associates  Bachelors  Masters  Post-Graduate  Doctorate

Concentration: \_\_\_\_\_

## SECTION C. DISCHARGE

Retiring 20+ Years	<input type="radio"/> Yes	<input type="radio"/> No
Medical Retirement	<input type="radio"/> Yes	<input type="radio"/> No
Medical Separation	<input type="radio"/> Yes	<input type="radio"/> No
Voluntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Involuntary Separation	<input type="radio"/> Yes	<input type="radio"/> No
Administrative Separation	<input type="radio"/> Yes	<input type="radio"/> No
Demobilization	<input type="radio"/> Yes	<input type="radio"/> No

## SECTION D. PROJECTED CHARACTERIZATION OF DISCHARGE

Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Honorable Conditions (General)	<input type="radio"/> Yes	<input type="radio"/> No
Other than Honorable	<input type="radio"/> Yes	<input type="radio"/> No
Bad Conduct	<input type="radio"/> Yes	<input type="radio"/> No
Dishonorable	<input type="radio"/> Yes	<input type="radio"/> No
Dismissed	<input type="radio"/> Yes	<input type="radio"/> No
Uncharacterized	<input type="radio"/> Yes	<input type="radio"/> No
Unknown	<input type="radio"/> Yes	<input type="radio"/> No

## SECTION E. PERSONAL GOALS

What are your post-separation short-term goals?

\_\_\_\_\_

What are your post-separation long-term goals?

\_\_\_\_\_

SECTION F. FACTORS

FAMILY LIFE AND RELOCATION PLAN:

1. Do you plan to relocate after leaving the military?  Yes  No  Unsure  
If Yes, where? \_\_\_\_\_
2. Is cost of living higher where you plan to relocate?  Yes  No  Unsure
3. Do you anticipate having a support system in place?  
e.g., Family, Friends, Mentor, Transportation, Housing  Yes  No
4. Does the thought of leaving the military create stress on you or your family?  Yes  No

FINANCIAL PLAN:

1. Have you initiated projected post transition budget?  Yes  No  N/A
2. Are you planning for your retirement? (e.g. TSP, 401K)  Yes  No  N/A
3. Have you established a financial emergency plan?  Yes  No  N/A
4. Do you have adequate cash set aside in case of emergencies?  Yes  No  N/A
5. Have you considered additional expenses? (childcare or child support, commuting, etc.)  Yes  No  N/A
6. Have you calculated the impact of renting vs. buying during your transition period?  Yes  No  N/A
7. Have you examined your tax status with regard to taxable income?  Yes  No  N/A
8. Have you reviewed your vehicle(s) payment, insurance, registration and taxes?  Yes  No  N/A
9. Have you assessed your insurance needs? (medical, exceptional family member, dental, life)  Yes  No  N/A
10. Have you reviewed your credit report in the last 4 months?  Yes  No  N/A
11. Do you have an up-to-date will and/or power of attorney?  Yes  No  N/A

SECTION G. TRACKS

EMPLOYMENT PLAN

1. Do you plan to work after leaving the military?  Yes  No
2. Do you have a confirmed job offer?  Yes  No
3. Do you have an updated resume?  Yes  No
4. Do you plan on staying in your current career field?  Yes  No
5. Would you like more information on employment?  Yes  No

EDUCATION PLAN

1. Do you plan to enroll in continuing education or do you have enrollment confirmation?  Yes  No
2. Do you have a professional license(s)/certificate(s)?  Yes  No
3. Would you like more information on education?  Yes  No

ENTREPRENEURSHIP PLAN

1. Do you currently own a business?  Yes  No
2. Do you intend to start your own business after leaving the military?  Yes  No
3. Do you have a business plan?  Yes  No
4. Would you like more information on entrepreneurship?  Yes  No

VOCATIONAL PLAN

1. Have you attended a trade school?  Yes  No
2. Are you enrolled in or plan to enroll in an apprenticeship program?  Yes  No
3. Do you have a technical or trade license(s)/certification(s)?  Yes  No
4. Would you like more information on trades?  Yes  No

SECTION H. ADDITIONAL QUESTIONS

- |   |            |           |                  |            |
|---|------------|-----------|------------------|------------|
| 1. Do you intend to file a VA disability claim?                                       |            | Yes       | No               | Not Sure   |
| 2. How interested are you in TAP assistance?  | Not at all |           | Somewhat         | Very       |
| 3. What career field do you plan to enter?  |            |           |                  |            |
| 4. Have you applied for any jobs in this field?                                       |            |           | Yes              | No         |
| 5. Are you currently applying or been accepted to an institution of higher education? |            |           | Yes              | No         |
| 6. Which Track do you intend to pursue?   | Employment | Education | Entrepreneurship | Vocational |
| 7. How comfortable are you with your transition out of the military?                  | Not at all |           | Somewhat         | Very       |
| 8. How would you describe your support network post-military?                         |            | None      | Average          | Great      |