

USAREUR INDIVIDUAL REINTEGRATION CHECKLIST (AE Reg 600-8-109)									
For use of this form, see Deployment Cycle Support CONPLAN (2 May 03).									
Data required by the Privacy Act of 1974.									
Authority: PL 53-579, 1974; 5 U.S.C. 552a; 10 U.S.C. 3013; and AR 600-8-101.									
Purpose(s): To ensure soldiers, civilians, and family members are properly reintegrated.									
Routine use(s): The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.									
1. Date (yyyy/mm/dd)		2. Name (last, first, MI)				3. Social security number			
4. Service affiliation		5. Component		6. Status		7. Pay plan/grade			
USA		USCG		Active		TPU		RET	
USN		PHS		Guard		IRR		NG10	
USAF		NOAA		Reserve		IMA		NG32	
USMC				Nonmilitary		AGR			
9. Nonmilitary status				10. Travel status		11. Date of birth (yyyy/mm/dd)			
DOD		Contractor		AAFES		a. Unit order			
DAC		Red Cross		Other (specify)		b. Individual			
12. MOS				13. ASI		14. Citizenship country			
15. Language specialties			16. REFRAD date (yyyy/mm/dd)			17. Deployment country			
18. Parent unit		19. Parent UIC		20. Unit DSN number		21. Unit civilian number			
Overall Status of Each Section									
22. In theater <input type="checkbox"/> Go <input type="checkbox"/> No Go		23. Personnel <input type="checkbox"/> Go <input type="checkbox"/> No Go		24. Finance <input type="checkbox"/> Go <input type="checkbox"/> No Go		25. Installation <input type="checkbox"/> Go <input type="checkbox"/> No Go		26. Medical <input type="checkbox"/> Go <input type="checkbox"/> No Go	
27. Security <input type="checkbox"/> Go <input type="checkbox"/> No Go		28. Legal <input type="checkbox"/> Go <input type="checkbox"/> No Go		29. Reserve specific <input type="checkbox"/> Go <input type="checkbox"/> No Go		30. Civilian employee specific <input type="checkbox"/> Go <input type="checkbox"/> No Go			
Section I - Reintegration Validation									
Part A. Accuracy statement: I understand I am certified for reintegration and, to the best of my knowledge, all information on this form is correct and current.									
1. Printed name of soldier SOLDIER'S NAME & SIGNATURE				2. Grade		3. Title			
Part B. Commander's acknowledgment: (Commanders may approve an individual for reintegration based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the checklist findings.									
1. Printed name (Cdr or AG) UNIT RDC				2. Grade		3. Title			
4. Signature				5. Address					
6. Civilian number		7. E-mail address				8. DSN number		9. Fax number	
The Reintegration Checklist is filed in the soldier's personnel packet to complete the action.									

Name (last, first, MI)		SSN			
"AE" tasks are USAREUR-specific; "PRE-BL" tasks are completed before block leave.					
DCSP#	Section II - DCSP Mandated Tasks Completed in Theater	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.1.1	Receive soldier/small unit leader tip card, as applicable.	X	4		/
1.1.2	Reunion briefing.	X	7&5		/
1.1.3	Suicide Awareness training.	X	5		/
1.1.4	Redeployment Medical Threat briefing.	X	5		/
1.1.5	Soldier Life Experience briefing.	X	5		/
1.1.6	Complete post deployment health assessment (DD Form 2796).	X	5		ALL UNIT
1.2.4	DCS command information briefing.	X	5		SEE SOP
1.4.4	Finance and legal briefing.	X	5		/
AE 1.1.7	Antiterrorism force protection (ATFP) level I.	X	5		/
AE 1.1.8	Sexual Misconduct Awareness training.	X	5		/
AE 1.2.5	Postal change of address.	X	5		/
Signature of certifying official (LTC or higher)		Grade/title		Date	
DCSP#	Section III - DCSP Family Member/Care Provider Specific Tasks	Yes	No	Date (yy/mm/dd)	
1.5.1	Receive Army One Source information.		7&9	CONTACT	
1.5.13	Family members receive reunion basics training.		7&9	ACS	
1.5.14	Receive health threat briefing.		7&9	FOR	
1.5.15	Spouses receive briefing on potential signs and symptoms of distress, if applicable.		7&9	INFORMATION	
1.5.16	Changes in relationships briefing.		7&9		
1.5.17	Spouses undergo marital-enrichment assessment, if applicable.		7&9		
1.5.18	Child-care providers receive information on potential child behaviors of returning personnel.			CYS done sep	
1.5.19	Child-care providers receive information on single-parent soldier issues.			CYS done sep	
DCSP#	Section IV - Personnel	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.2.3	Records update and evaluation reports completed (OER/NCOER) (if required).	X	5		UNIT S-1/PSB
1.2.3	Promotion/awards during deployment documented in ORB/ERB.	X	5&8		PSB
1.5.11	Ensure DD Form 214 is prepared and submitted, if applicable.	X	5		N/A
2.1.10	Communication with spouse briefing.	X	7		ACS
2.1.11	Communication with children briefing.	X	7		ACS
AE 2.1.13	Executed pre-block leave safety briefing and assessment.	X	9		UNIT
AE 2.1.13.1	Completed Driver's Risk Assessment Questionnaire, if required by Army in Europe Command Policy Letter 3.	X	9		UNIT
AE 2.1.14	Viewed Driving in Europe video and Winter Driving 2003 briefing. (summer also)	X	9		UNIT
AE 2.1.15	Completed Day 1 unit-specific tasks (for example, meal card, ration card, barracks).	X	4		UNIT
AE 2.1.16	Register soldiers, families, and civilians in IACS.		9		IACS
AE 2.1.20	Ensure leave form (DA Form 31) is completed for scheduled post-deployment leave.	X	5		UNIT
AE 2.1.21	Advise unit mail room/consolidated mail room (UMR/CMR) of your return.	X	8		CMR
AE 2.2.15	EMILPO release from attachment transactions submitted, if applicable.		5		UNIT
AE 2.2.16	Verify individual PERSTEMPO updated.	X	5		UNIT
AE 2.2.17	Review and update emergency data record (DD Form 93) and SGLV (DD Form 8286/8286A).	X	8		PSB
AE 2.4.10	If assigned TCS to your deployed unit, ensure outprocessing complete (individual augmentee only).		10		UNIT
AE 2.5.4	Received ACAP career counseling, if applicable (DD Form 2648).		9		ACAP
Signature of personnel official		Grade/title		Date	
UNIT RDC					
DCSP#	Section V - Finance	PRE-BL	No Go	Go	Date (yy/mm/dd)
2.4.6	Verify that OIF finance office stopped HFP/DP/CZTE/HDP-L (stopping any entitlements, if applicable).	X	8		SECTION V
AE 2.4.8	Submit TCS/TDY travel settlement to close out DOD charge cards and any advance received.	X	8		COMPLETED
AE 2.4.11	Stop FSA with effective date = date of return to PDS (if applicable).	X	8		BY
AE 2.4.12	Verify/update (dependent) COLA, BAS, and other current pay entitlements.	X	8		106 FIN
AE 2.4.13	Stop SDP allotment contributions and/or stop/change regular allotments.		8		LEIGHTON
Signature of finance official		Grade/title		Date	
106 FIN					
DCSP#	Section VI - Installation	PRE-BL	No Go	Go	Date (yy/mm/dd)
2.5.3	Report theft/lost/damage of personal property with HHG contractor on delivery.	X	7		SOLDIER
AE 2.5.5	Complete HHG/personal property arrangements.	X	7		DOL
AE 2.5.6	Reactivate car insurance.		6		SOLDIER
AE 2.5.7	Obtain/replace expired car registration documents.		6		VEH REGISTRATION
AE 2.5.8	Replace expired drivers license.		7		DRVR TESTING
AE 2.5.9	Retrieve stored POV.		7		DOL
AE 2.5.10	Notify military police of any damage to POV if POV is in motor pool or contracted facility.		7		MP & CLAIMS
AE 2.5.11	Cleared quarters, BOQ, BEQ, if applicable.		10		HOUSING
AE 2.5.12	Received family readiness group information.		10		UNIT FRG or ACS
Signature of installation official		Grade/title		Date	
S3 BSB					

Forward CMRS are expected to complete grey area tasks

Section III training conducted before soldiers return

Name (last, first, MI)		SSN			
DCSP#	Section VII - Medical	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.1.6	Verify post deployment health assessment (DD Form 2796) is complete and in medical records/MEDPROS.	X	4		MEDDAC
2.1.3	Receive medical briefing in central region.	X	4		MEDDAC
2.2.12	Conduct MMRP, MEB, and PEB.		4		MEDDAC
2.3.1	Obtain initial TB test and schedule 90-day TB test.	X	4		MEDDAC
2.3.4	Complete medical screening and schedule referrals as indicated.	X	4		MEDDAC
2.3.5	Provide serum/blood sample for storage.	X	4		MEDDAC
2.3.7	Verify deployment medical record (DD Form 2766) was turned into medical treatment facility.	X	4		MEDDAC
AE 2.3.1.1	Verify initial TB test is documented in medical records and in MEDPROS.	X	4		MEDDAC
AE 2.3.5.1	Verify serum/blood sample is documented in medical records and in MEDPROS.	X	4		MEDDAC
AE 2.3.17	Verify dental classification.		9		Dental Clinic
AE 2.3.18	Vision screening complete.		10		MEDDAC
AE 2.3.19	Receive required immunizations.		10		MEDDAC
AE 2.3.20	Verify medical emergency tags.		10		MEDDAC
Signature of medical official		MEDDAC		Grade/title	Date
DCSP#	Section VIII - Security	PRE-BL	No Go	Go	Date (yy/mm/dd)
AE 2.2.18	Account for all COMSEC equipment.	X	4		UNIT
AE 2.2.19	Account for all classified material accessed during deployment.	X	4		UNIT
AE 2.2.20	Badges or devices for secure areas turned in, as required.	X	4		UNIT
AE 2.2.21	Receive handling of classified material briefing.	X	4		UNIT
Signature of security official		UNIT		Grade/title	Date
DCSP#	Section IX - Legal	PRE-BL	No Go	Go	Date (yy/mm/dd)
2.5.4	Notify SJA of any damage to stored POV using DD Form 788 within 2 years.	*****	6&10		CLAIMS
AE 2.4.14	Counseled on claims filing procedures.		10		CLAIMS
AE 2.4.15	Receive legal services (for example, update wills, powers of attorney), if necessary.		10		LEG ASSISTANCE
Signature of legal official		LEGAL ASSISTANCE		Grade/title	Date
DCSP#	Section X - Reserve Component Tasks	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.5.11	Ensure DD Form 214 is prepared and submitted.	X			
2.4.1	Received information on transition entitlements, legal rights, SSCRA.				
2.4.2	Received information on 18-year sanctuary (retirement), if applicable.				
2.4.8	Complete advance pay action to close out DOD charge cards.				
2.3.10	Received copy of medical profile (DA Form 3349) before separation, if applicable.				
2.3.11	Convert identified soldiers to ADME status.	X			
2.4.13	Received information on readjustment to the civilian workplace, reemployment rights, SSCRA.				
AE 2.1.18	Contacted civilian employer.				
AE 2.1.19	Turn-in active duty ID card and receive Reservist 1st ID card.	X			
Signature of Reserve official				Grade/title	Date
DCSP#	Section XI - Civilian Employee Tasks	PRE-BL	No Go	Go	Date (yy/mm/dd)
1.4.3	Update deployment information in CIVTRACKS (completed in theater).	X			
2.3.12	Extend health care for deployment-connected conditions to DA civilians.	X			
2.3.3	Received Office of Workers Compensation Program (OWCP) process for occupational illness/injury.				
AE 1.4.3.1	Update emergency database.				
AE 2.2.23	Initiate restoration of annual leave.				
AE 2.2.24	Verify completion of annual personnel appraisal, if needed.				
Signature of civilian personnel official				Grade/title	Date