

## FAMILY ASSISTANCE CENTER (FAC) SITUATION REPORT (SITREP)

For use of this form, see AR 608-1; the proponent agency is ACSIM.

1. TODAY'S DATE (YYYYMMDD)		2. DATES COVERED BY THE REPORT (YYYYMMDD) FROM _____ TO _____		3. INSTALLATION	
4. FAC ACTIVATED DATE _____ TIME _____		5. REASON FAC WAS ACTIVATED (hurricane, etc.)		6. INDICATE IF FIRST/INTERIM/FINAL REPORT	

### SECTION I - STAFFING RELATED TO EVENT

	ACS	FAC AGENCIES	VOLUNTEERS	OTHER	TOTAL
NUMBER OF FAC STAFF					
NUMBER OF FAC STAFF HOURS					

### SECTION II - SERVICES PROVIDED RELATED TO THE EVENT

	E1-E4	E5-E9	WARRANT OFFICER	OFFICER	CIVILIAN	RETIRED	RC	FAMILY MEMBER	TOTAL NUMBER SERVED
CASES WORKED									
EMERGENCY CALLS									
NON-EMERGENCY CALLS									
WALK-INS									
OTHER									
CASES RESOLVED BY FAC									

### SECTION III - TYPE OF ASSISTANCE/REFERRALS GIVEN RELATED TO THE EVENT

TYPE	E1-E4	E5-E9	WARRANT OFFICER	OFFICER	CIVILIAN	RETIRED	RC	FAMILY MEMBER	TOTAL NUMBER SERVED

### SECTION IV - SCHEDULED EVENTS (TOWN HALLS, ETC) RELATED TO THE INCIDENT

TYPE	TOTAL NUMBER SERVED

