



Non-Combatant Evacuation Operations 8A NEO Binder Training





Non-Combatant Evacuation Operations

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References

USFK PAM 600-300 Noncombatant Emergency Evacuation Instructions

USFK PAM 600-300-1 Noncombatant Evacuation Operations Handbook for Commanders, Unit Wardens and Noncombatant Evacuation Operations Representatives

USFK – web link: http://8tharmy.korea.army.mil/g1_AG/Programs_Policy/Publication_Records_Pub_Pamphlets.htm



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NEO Warden

NEO wardens are appointed in writing by the Commander and is the liaison between the Noncombatant Evacuee (NCE) and your command. It is your job to provide information, guidance, and assistance to the NCE in all areas involving NEO. Your assistance and preparation must be continuous during your tour duty.

The following should be considered when selecting NEO wardens:

1. The individuals being select should have at least six months or more remaining in the unit when appointed.
2. Military or emergency essential civilian personnel of any grade may be appointed as a NEO warden. Under no circumstances will a person who will be processed through NEO be appointed as a NEO Warden.
3. Do not appoint personnel whose primary duties would prevent them from performing warden duties during an emergency situation or whose normal duties would prevent them from providing the attention and time to NEO.



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NEO Warden Responsibilities

Accountability. All NCE, whether command, or noncommand sponsored will be carried on a current NEO roster until their departure from the ROK. In addition, you will identify and register personnel who acquire family members while residing in the ROK in order to include them in the NEO program.

Establishing contact. You must notify and make personal contact with all NCE within your area of responsibility. You are required to send them a letter through their sponsor.

Outside Area. Sponsor s whose family member (s) reside outside your area of responsibility must be carried on your roster and a NEO file established on the sponsor and their family.

NCE notification. When NEO is declared it becomes your responsibility to notify an adult NCE in each family. In case of single parents or dual military parents, you must notify the designated guardian in the Family/Dependent Care Plan who will escort children through NEO processing. Be prepared to assist NCEs in every way possible to ensure they arrive at the RC. In some cases, you may be required to go to the NCEs residence more than once to ensure that all NCEs are physically located and processed through NEO.

Inspection of NEO packets. You are required to inspect NEO packets semiannually not to coincide with Courageous Channel and Focused Passage exercise.



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NEO Warden Responsibilities cont.

NEO warden files. NEO wardens are required to have a NEO file on all NCEs within their area of responsibility. The following will be included in this file:

NEO warden appointment orders

USFK Pam 600-300

USFK Pam 600-300-1

Unit SOP or other written guidance

Current NCE roster

Completed NCE documentation/information, to include but not limited to, USFK Form 197-R-E, USFK Form 178-R-E, USFK Form 123-R-E and strip maps. Strip maps will contain NCEs name, address, telephone number, and brief description of the route to their quarters.

Supply of blank NEO forms used for registering new NCEs who reside in your area of responsibility



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NEO Kits

NEO Kits consist of NEO packets and NEO bags. For information concerning NEO Bags see appendix D-5 in USFK PAM 600-300

NEO Packets are constructed to facilitate the rapid evacuation and repatriation of noncombatants while keeping all benefits due intact and to assist in the reintegration and resumption of life in the United States. Packets are preassembled with current files, forms, and records maintained for two primary reasons:

1. to keep benefits intact following an evacuation (i.e. prove a noncombatant's official status, provide a record of property left behind, enable USFK to ship property later, if possible).
2. to ease the transition back to life in the U.S. (i.e. having critical legal documents, financial and medical records, etc.).

Remember NEO is a fundamental family member care responsibility. Sponsors are responsible for ensuring his/her family member (s) are equipped and ready for possible relocation/evacuation under the NEO program. Sponsors will ensure they meet their responsibilities to their family members regarding NEO to include orientations, registration, and NEO kit preparation. Sponsors are responsible for making all preparations to carry their family members completely through the NEO system, including minor children of sole parents or military couples.



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Required Documents

Identification. Identification documents required of all USFK-affiliated noncombatants are those which prove their U.S. citizenship and affiliation with the military, or their immediate relationship by birth, adoption, or marriage to a U.S. citizen or military service member. Ideally, each noncombatant will possess a valid U.S. passport and a valid DOD identification card.

1. Should a USFK-affiliated noncombatant not be a U.S. citizen, their passport and a valid U.S. immigrant visa (green card) is then required to avoid any delays in their repatriation to the U.S.
2. Should a USFK-affiliated noncombatant not be a U.S. citizen or a green card holder, their passport and a valid original birth, marriage, or adoption certificate (as appropriate) and a certified true copy of the sponsor's DOD identification card is required to prove their family relationship to a U.S. service member or U.S. citizen.

Family Care Plan. For any single-parent military or emergency essential civilian (EEC) household, or dual-military or EEC household, a complete Family Care Plan is required in accordance with applicable Service regulations in order to identify, authorize, and empower an adult noncombatant to escort minors from those households through the evacuation process.

Military Orders. While not needed necessarily for evacuation from Korea, military orders officially returning USFK-affiliated family members to the U.S. will be crucial in obtaining military assistance and benefits upon repatriation, and in crossing international borders should a safe haven layover be required.

Critical Documents

In order to facilitate the expeditious evacuation from Korea in a crisis while attempting to preserve as many military benefits as possible, certain other documents are critical for inclusion in a NEO packet. Contents of a noncombatant's NEO Packet are determined largely by his or her family's status in Korea. A command –sponsored family requires more paperwork in their NEO packet than does an invited contractor.



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NONCOMBATANT PREPAREDNESS CHECKLIST						
SPONSOR'S NAME	BANK	SPONSOR'S UNIT	UNIT TELEPHONE NO.	APS AP		
REQUIRED DOCUMENTS (Must be maintained by NEO warden for every noncombatant)				YES	NO	N/A
* USFK FORM 178-R-E NONCOMBATANT EVACUATION OPERATIONS DATA CARD						
* STRIP MAP FROM RESIDENCE TO ECC						
REQUIRED DOCUMENTS FOR NONCOMBATANTS (Keep these items in your NEO KIT)				YES	NO	N/A
* IDENTIFICATION DOCUMENTS (Military or Government ID Card, Passport, Marriage Certificate, or Birth Certificate, for all Noncombatants)						
DD FORM 754 - REPAIR TAG (1 for each Noncombatant Family)						
* DD FORM 788 - PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE (2 for each Motor Vehicle)						
* DD FORM 1327 or DD FORM 2461 - AUTHORIZATION FOR EMERGENCY FUNDS (DD Form 1327 for Military Spouse, DD Form 2461 for Civilian Sponsor / 2 Copies of DD Form 1327 or 3 Copies of DD Form 2461)						
* DD FORM 1884 - VEHICLE KEY TAG (1 for each Motor Vehicle)						
* DD FORM 2585 - REPATRIATION PROCESSING CENTER PROCESSING SHEET (1 for each Noncombatant Family)						
* DA FORM 2402 - EXCHANGE TAG (1 for each Noncombatant)						
* DA FORM 3955 - CHANGE OF ADDRESS AND DIRECTORY CARD (2 Copies)						
* USFK FORM 123-R-E - NONCOMBATANT VOLUNTEER INFORMATION (1 for each adult Noncombatant - 2 copies)						
* USFK FORM 207 - MILITARY REGISTRATION AND CERTIFICATE OF TITLE OF MOTOR VEHICLE or OTHER LEGAL MOTOR VEHICLE OWNERSHIP REGISTRATION (1 for each Motor Vehicle)						
* EA FORM 741-E - PERSONAL PROPERTY RECORD (2 Copies in Packet: 1 for the Transportation & 1 for you)						
USFK PAM 600.300 - EMERGENCY EVACUATION INSTRUCTIONS						
* ORDERS ASSIGNING SPONSOR/NONCOMBATANT TO KOREA (1 for each Noncombatant Family)						
PHS FORM 731 - INTERNATIONAL CERTIFICATES OF VACCINATION (1 for each Noncombatant)						
* FAMILY CARE PLAN (Only applies to sole/military parents) or Emergency Essential Civilian parents)						
* POWER OF ATTORNEY						
FINANCIAL REFERENCES (Check Book, Bank Book, Insurance Policy Information, etc.)						
OTHER PERSONAL PROPERTY RECORDS (Bill of Lading, Appraisals, Receipts for locally purchased items, etc.)						
NEO KIT (These items should be kept readily available and brought to the ECC in the event of an actual NEO) *Total NEO KIT cannot exceed two bags or a combined weight of 66 pounds.						
THREE DAYS SUPPLY OF NON-PERISHABLE FOOD AND WATER (For each Noncombatant)						
FIRST AID KIT INCLUDING A 30 DAY SUPPLY OF BASIC MEDICATION (For each Noncombatant)						
BABY FOOD, FORMULA, DIAPERS (if applicable)						
BLANKETS (Keep baggage limits in mind)						
TOILETRIES (For each Noncombatant)						
LIGHT BACKPACK/LUGGAGE (Keep baggage limits in mind)						
EXTRA CLOTHING (Keep baggage limits in mind)						
FLASHLIGHT WITH EXTRA BATTERIES						
PORTABLE RADIO WITH EXTRA BATTERIES						
PET CARRIER/PET FOOD & WATER/PET VACCINATION CERTIFICATES (if applicable)						
DATE OF INSPECTION	INSPECTOR'S NAME (PRINTED)	INSPECTOR'S SIGNATURE	SPONSOR'S SIGNATURE			

Item: USFK Form 197-R-E.

Purpose: Prescribes contents of NEO Kit.

Quantity: 2 per family.

Distribution: NEO warden keeps 1 copy; 1 copy in NEO packet.

Notes:

Mandatory items are marked by an asterisk (*) on the form

NEO packets are inspected semiannually not to coincide with Courageous Channel exercises.



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Item: USFK Form 178-R-E.

Purpose: Provides critical data for registration into NEO Tracking System (NTS)

Quantity: 2 per family.

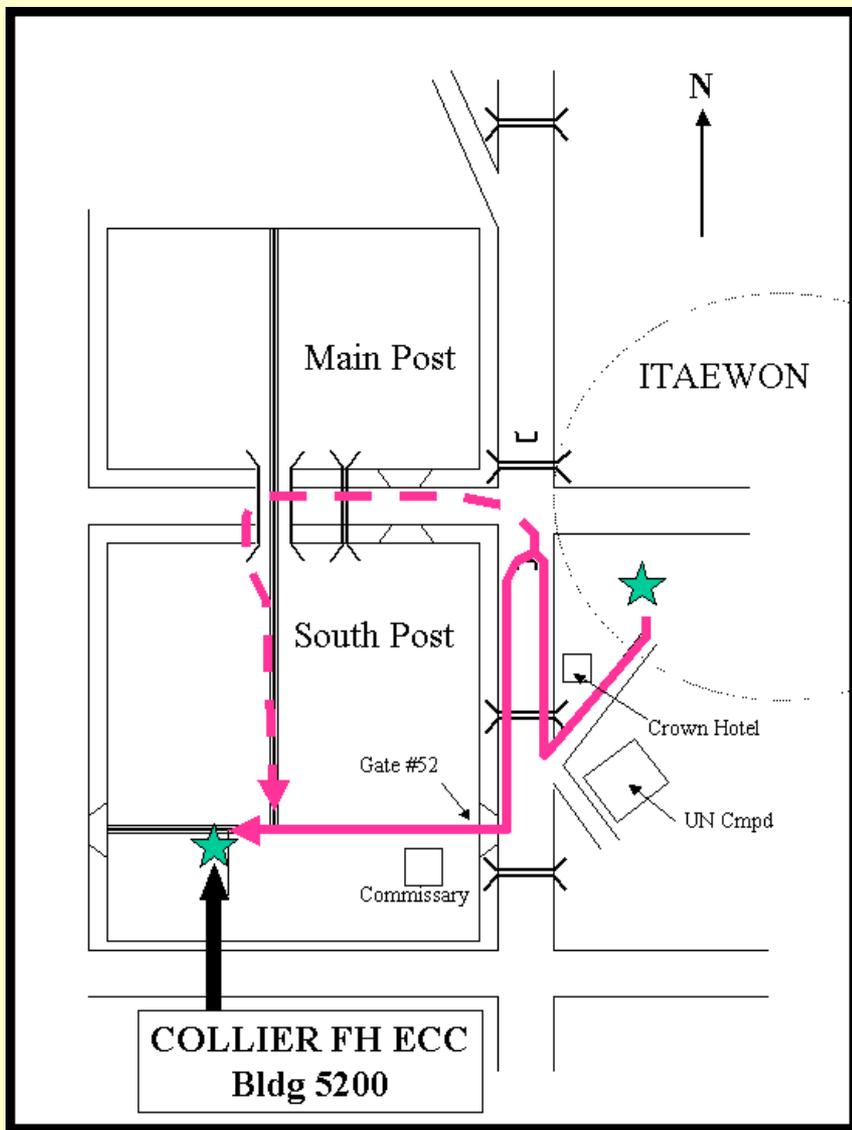
Distribution: NEO warden keeps 1 copy; 1 copy in NEO packet.

NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD							
USFK FORM 178-R-E (1 MAR 03)							
<input type="checkbox"/> USA <input type="checkbox"/> USAF <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> DODCIVILIAN <input type="checkbox"/> OTHER ()							
SPONSOR NAME (Last, First, MI)		SEX	GRADE	SSN			
DEPOB (DD Month YY)		DUTY TELEPHONE NUMBER		HOME TELEPHONE NUMBER			
UNIT				APO AP			
NONCOMBATANT NAMES (Last, First, MI)	SEX	SSN	DATE OF BIRTH (DD Month YY)	CITIZENSHIP (See Legend)	RELATIONSHIP (See Legend)	PASSPORT NUMBER	
NONCOMBATANT LOCAL ADDRESS							
EMERGENCY CONTACT DESIGNATION (Address and telephone number)							
NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY (Only sole parent, EEC or Adult military (E/C))							
NAME, ADDRESS & TELEPHONE NUMBER OF SCHOOL ATTENDED BY CHILDREN (if applicable)							
AUTOMOBILE (if applicable)	MAKE		MODEL	YEAR	LICENSE NUMBER		
PETS (if applicable)	TYPE OF PET	WEIGHT OF PET (in pounds)	CITIZENSHIP		LEGEND:		
			U = U.S. R = ROK T = OTHER EEC = Emergency Essential Civilian	S = SON D = DAUGHTER H = HUSBAND W = WIFE	F = FATHER-IN-LAW M = MOTHER-IN-LAW A = OTHER MALE B = OTHER FEMALE		
MEDICAL NEEDS							
REMARKS							
SPONSOR'S SIGNATURE				DATE (DD Month YY)			
<p align="center">PRIVACY ACT STATEMENT</p> <p>1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.</p> <p>2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.</p> <p>3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.</p> <p>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.</p>							
USFK FORM 178-R-E, 1 MAR 03				PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.			
RESET FORM							



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Item: Strip map from residence to RC.

Purpose: Assists NEO warden in finding NCE residence.

Quantity: 2 per family.

Distribution: 4 copies in NEO packet; 1 for NEO warden.

Item: Strip map from Unit to RC.

Purpose: Assists NEO warden and movers in finding NCE residence.

Quantity: 2 per family.

Distribution: 1 copy for NEO warden; 4 copies in NEO packet.



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Item: Identification Documents (Passport, visas, DOD identification, birth/adoption/marriage certificates).

Purpose: To establish identity, eligibility, citizenship, and military affiliation.

Quantity: All applicable originals per noncombatant

Distribution: Maintained on person.





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NAME		PHONE NUMBER	
RANK AND PAY GRADE		SSN	
ORGANIZATION			
ADDRESS WHERE HOUSEHOLD GOODS ARE CURRENTLY LOCATED			
ADDRESS FOR NOTIFICATION AND SHIPPING OF HOUSEHOLD GOODS TO COMUS			
MAKE OF MOTORCYCLE	YEAR	MODEL	COLOR
LICENSE NUMBER			
DIMENSIONS IN INCHES OUTSIDE VEHICLE	LENGTH	WIDTH	HEIGHT
CURRENT LOCATION OF VEHICLE			

The following documentation listed below has been enclosed in this packet to provide assistance in the shipment of Household Goods back to U.S.

- 1 copy Letter of Instruction (L.OI) for HHG shipment to identify shipping destination and POC contact in U.S.
- 1 copy Orders/ Letters of Employment assigning sponsor to Korea (with all amendments)
- 1 copy Strip map from residence to the evacuation control center to provide transportation the location of HHG.
- 1 copy EA Form 741-E record of high value items and approximate value.
- 1 copy Inventory of HHG to help assist the ITC personnel in planning pack-out and shipment and serves as proof of ownership of property.
- 1 tag DD Form 754 filled out with key or digital combination attached.

*Note: if copies of shipping documents used during transit to Korea from the U.S. are still available a copy should be included in this packet also.

Item: DD Form 754.

Purpose: Attach to residence key, identifies address and owner.

Quantity: 1 per family.

Distribution: Turned in at RC.

Item: Inventory of Household Goods.

Purpose: Assists personnel in planning pack-out and shipment, if it becomes possible – also, serves as proof of ownership of property and will assist in filing claim if property is lost or damaged.

Quantity: 2 per family.

Distribution: 1 copy maintained with family; 1 copy turned in at RC.

REPAIR TAG (Personal Equipment)		SHOES <input type="checkbox"/>		CLOTHING <input type="checkbox"/>		OTHER <input checked="" type="checkbox"/>	
SALES SLIP NO.		DATE		IDENT. NO.		IDENT. NO.	
1		10 Aug 88		10 Aug 88		10 Aug 88	
TABLE AND GRADE		NAME		UNIT		INITIALS	
Jones, John E-5		John E-5		HHC 1st INF		JH	
ORGANIZATION		ADDRESS		CITY		STATE	
202-2 Bok-wory Dong		Yongsan-gu, Daegu		Daegu		KOR	
3 H# 053-264-8749		WORK AUTHORIZED BY (PURPOSE SIGNATURE)		DATE		PRECISE	
John Jones		John Jones		10 Aug 88		10 Aug 88	
2		DATE		IDENT. NO.		IDENT. NO.	
3		DATE		IDENT. NO.		IDENT. NO.	
DD FORM 754, JAN 2013		PERSONS EQUIPMENT		OR SERIAL NO.			

Item: Letter of Instruction for HHG shipment.

Purpose: Identifies shipping destination and POC contact info in the U.S.

Quantity: 2 per family.

Distribution: 2 copies in NEO packet; 1 turned in at RC.

Note: yellow envelope was create in addition to DD Form 754 to help keep all documentation, organized and secured in one package during turn in at RC.



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DD FORM 788-1, SEP 1988 PRIVATE VEHICLE SHIPPING DOCUMENT FOR MOTORCYCLE	
1. TITLE DATA 1.1 DD FORM 788-1, 2. CONTINENT 3. TRANSPORTATION CONTROL NUMBER (30-40)	2. IDENTIFICATION DATA 4. DATE (YY-MM-DD) 5. DD FORM 788-1, 6. CONTINENT 7. LICENSE NUMBER (73-77) 8. DOMICILE NUMBER (73-77) 9. STORAGE LOCATION 10. Inspected in my presence, condition acknowledged as marked below, and conditions governing shipment on back accepted. 11. DATE (YYYYMMDD) 12. SIGNATURE OF OWNER OR AGENT 13. NAME OF AGENT (Last, First, Middle Initial) 14. STREET ADDRESS 15. CITY, STATE, AND ZIP CODE 16. AFTER INITIAL INSPECTION, RECORD COPY
3. INTERIOR CONDITION a. FRONT SEAT b. REAR SEAT c. FRONT SEAT BELT d. REAR SEAT BELT e. FLOOR MATS f. DOOR PANELS g. WIRE WIRES h. REAR SPEAKERS (optional) i. CHAIR j. SEATBELT k. RADIO (AM, FM, Dual) l. CLOCK m. CUPPIE	33. INTERIOR CONDITION a. FRONT SEAT b. REAR SEAT c. FRONT SEAT BELT d. REAR SEAT BELT e. FLOOR MATS f. DOOR PANELS g. WIRE WIRES h. REAR SPEAKERS (optional) i. CHAIR j. SEATBELT k. RADIO (AM, FM, Dual) l. CLOCK m. CUPPIE
34. BODY CONDITION a. FRONT END b. REAR END c. WHEELS d. TIRE TREAD e. TIRE PRESSURE f. HEADLIGHTS g. HORN h. BELLows i. MIRRORS j. HANDLEBARS k. FUEL TANK l. EXHAUST m. CHROME n. CLOCK	34. BODY CONDITION a. FRONT END b. REAR END c. WHEELS d. TIRE TREAD e. TIRE PRESSURE f. HEADLIGHTS g. HORN h. BELLows i. MIRRORS j. HANDLEBARS k. FUEL TANK l. EXHAUST m. CHROME n. CLOCK
35. BODY CONDITION a. FRONT END b. REAR END c. WHEELS d. TIRE TREAD e. TIRE PRESSURE f. HEADLIGHTS g. HORN h. BELLows i. MIRRORS j. HANDLEBARS k. FUEL TANK l. EXHAUST m. CHROME n. CLOCK	35. BODY CONDITION a. FRONT END b. REAR END c. WHEELS d. TIRE TREAD e. TIRE PRESSURE f. HEADLIGHTS g. HORN h. BELLows i. MIRRORS j. HANDLEBARS k. FUEL TANK l. EXHAUST m. CHROME n. CLOCK

Item: DD Form 788-POV, DD Form 788-Van and DD Form 788 Motorcycle.

Purpose: Facilitates VPC processing of POV shipment, if it is possible.

Quantity: 5 per POV.

Distribution: 1 copy maintained with family; 4 copies turned in at RC.



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NAME:		PHONE NUMBER:	
RANK AND PAY GRADE:		SSN:	
ADDRESS FOR NOTIFICATION PURPOSES:			
MAKE OF VEHICLE:	YEAR:	MODEL:	COLOR:
LICENSE NUMBER:			
DIMENSIONS IN INCHES OUTSIDE VEHICLE:	LENGTH:	WIDTH:	HEIGHT:
CURRENT LOCATION OF VEHICLE:			

*This packet is being used as a substitute to DD Form 1864 which is currently obsolete with no replacement. The following documents listed below have been enclosed in this packet to help in the shipment of a Privately Owned Vehicle in the event shipment is authorized.

1 copy	Letter of Instruction (LOI) for POV shipment to identify shipping destination and POC contact in U.S.
1 copy	Strip map from residence to the evacuation control center if vehicle is left at residence.
1 copy	Command Sponsorship orders helps establish eligibility for POV shipment.
1 per POV	USFK Form 207 Registration / Title of POV. (Proof of ownership)
1 copy	Import document helps establish eligibility for POV shipment.
5 copies	DD Form 788 to facilitate VPC processing of POV shipment, if authorized.
1 per POV	Keys tagged with current location.

Item: Command Sponsorship orders.

Purpose: Establishes eligibility for POV shipment.

Quantity: 3 per family.

Distribution: Turned in at RC.

Item: Copy of POV import documents.

Purpose: Establishes eligibility for POV shipment.

Quantity: 2 per family.

Distribution: 1 copy maintained with family; 1 copy turned in at RC.

Item: Letter of Instruction for POV shipment.

Purpose: Identifies shipping destination and POC contact info in the U.S.

Quantity: 2 per family.

Distribution: Turned in at RC.

SECTION OF JUN 72
BY DD FORM 1864
REPLACES DD FORM 1864
1 SEP 71
AND OBSOLETE

VEHICLE KEY TAG

DD FORM 1864
1 SEP 71

Obsolete

NAME (Print all information in block letters)			
DOE, JOHN L.			
RANK AND PAY GRADE		SSN	
SPC/E-4		111-11-1111	
ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY STATION			
1507 W. ALEDA DR APO, 80000			
MAKE OF VEHICLE	YEAR	MODEL	COLOR
<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> CAMPER	91	PRINCE	BLACK
LICENSE NUMBER			
SCFA 6-0000			
DIMENSIONS IN INCHES OUTSIDE VEHICLES	LENGTH	WIDTH	HEIGHT
LOADING TERMINAL STORAGE LOCATION			

Note: yellow envelope was create as substitute to the obsolete DD Form 1864. It will also keep all documentation organized and secure in one package during turn in.



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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		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE
a. NAME (Last, Middle Initial, First)		5. POSITION TITLE		
b. ADDRESS (Street, City, State and Zip Code)		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 (Last, Middle-Initial, First)			13. RELATIONSHIP	
14. OTHER DEPENDENTS (If additional space is needed, use back.)				
a. NAME		b. DATE OF BIRTH (YYYYMMDD)		c. NAME
				d. 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

Item: DD Form 2461.

Purpose: "Authorization, Designation for Emergency Pay and Allowances" to DOD civilian personnel and their dependents during an Ordered Departure.

Quantity: 3 per family.

Distribution: Turned in upon repatriation.

Note: refer to USFK Pam 600-300 for additional information.



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REPATRIATION PROCESSING CENTER PROCESSING SHEET	REPORT CONTROL SYMBOL DD-P&R(AR)1885	OMB No. 0704-0334 OMB approval expires Dec 31, 2010
<small>The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Service Directorate, Information Management Division, 1215 Jefferson Davis Highway, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small>		
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.		
PRIVACY ACT STATEMENT		
AUTHORITY: EO 12856, EO 9397.		
PRINCIPAL PURPOSE(S): To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used, as needed, to assist the evacuee in the process of repatriation.		
ROUTINE USE(S): To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse; location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the U.S. Citizenship and Immigration Services (USCIS) for tracking of foreign nationals evacuated to the U.S.; to the Department of Health and Human Services, to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual.		
DISCLOSURE: Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members.		
INSTRUCTIONS FOR COMPLETION OF DD FORM 2585, REPATRIATION PROCESSING CENTER PROCESSING SHEET (Read before completing this form.)		
GENERAL INSTRUCTIONS		
<p>1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, the Department of Defense Directive 3025.14, and Executive Order 9397. Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.</p> <p>2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.</p> <p>3. You may be asked to have available any or all of the following documentation:</p> <ul style="list-style-type: none">a. For official government personnel and dependents, you should have available as applicable:<ul style="list-style-type: none">(1) Official travel orders for Safehaven Status (DD Form 1610).(2) Permanent Change of Station (PCS) Orders.(3) Passport, Visa and International Immigration (shot) record.(4) Military/DoD Civilian/Dependent Identification Card.(5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).b. Private American citizens or foreign nationals should have:<ul style="list-style-type: none">(1) Passport and Visa (as applicable).(2) Travel documents (travel information, tickets, etc.). <p>4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.</p> <p>5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.</p> <p>6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.</p> <p>7. FOR PROCESSING CENTER USE ONLY. Pages 9 and 10, items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person".</p>		
DD FORM 2585, DEC 2007	PREVIOUS EDITION IS OBSOLETE	Page 1 of 10 Pages Adobe Professional T.O.

Item: DD Form 2585.

Purpose: Assists in repatriation

Quantity: 1 per family.

Distribution: Turned in upon repatriation site.



Non-Combatant Evacuation Operations 8A NEO Binder

U.S. GPO: 1991-301-092
Edition of MAY 81 is obsolete.

1. SUPPORT AGENCY (DDAAQ) DOG, JIM G.		2. DATE	
3. ORGANIZATION (DDAAC) B CO, 3d MZ Bn(AE)		4. <input type="checkbox"/> WARRANTY <input type="checkbox"/> EIR EXHIBIT <input type="checkbox"/> EXCHANGE	
5. NSN 111-11-1111		6. NOUN NOMENCLATURE U.S. - CITIZEN	
7. PD 15 FEB 90		8. PD AUTHENTICATION M-SON	
9. END ITEM NOUN NOMENCLATURE		10. MODEL	
11. SERIAL NO.		12. DEFICIENCY OR SYMPTOM	
13. DATE ACCEPTED		14. SIGNATURE	
15. NMCS		16. JON	
17. INITIALS		18. DATE REPAIRED	
19. INITIALS			

EXCHANGE TAG
DA Form 736-750 and 738-751
DA FORM 2402 DEC 85
COPY 2

1. SUPPORT AGENCY (DDAAQ) DOE, JANE M.		2. DATE	
3. ORGANIZATION (DDAAC) B CO, 3d MZ Bn(AE)		4. <input type="checkbox"/> WARRANTY <input type="checkbox"/> EIR EXHIBIT <input type="checkbox"/> EXCHANGE	
5. NSN 111-11-1111		6. NOUN NOMENCLATURE U.S. - CITIZEN	
7. PD 22 MAR 68		8. PD AUTHENTICATION F- WIFE	
9. END ITEM NOUN NOMENCLATURE		10. MODEL	
11. SERIAL NO.		12. DEFICIENCY OR SYMPTOM	
13. DATE ACCEPTED		14. SIGNATURE	
15. NMCS		16. JON	
17. INITIALS		18. DATE REPAIRED	
19. INITIALS			

EXCHANGE TAG
DA Form 736-750 and 738-751
DA FORM 2402 DEC 85
COPY 1

Item: DA Form 2402.

Purpose: Used as a control card to track NCES through the processing center

Quantity: 1 per NCE .

Distribution: Turned into the RC; 1 copy to registration ; 1 copy to manifest

Instructions for form

- #1 (Support Agency) – NCE’s name (Last, First and Middle)
- #2 (Date) – date –time –group of arrival at RC (i.e. 290810 Aug 88)
- #3 (Organization)- sponsors unit.
- #5 (NSN) – sponsors SSN
- #6 (NOUN) – citizenship/nationality status (i.e., U.S. citizen, resident alien, etc.)
- #7 (PD)- birth date
- #8 (PD Auth.)- sex and relationship to sponsor (i.e. F-wife)
- #12 (Deficiency or Symptom)- medical evacuation data.
- #13 (Date accepted)- date-time-group of departure from ECC. (i.e. 291015 Aug 88)
- #16 (JON)- date-time-group of arrival at ACE/SCE

Note Filled out IAW USFK PAM 600-300-1



Non-Combatant Evacuation Operations 8A NEO Binder

Jones, Sandra Ann			
PRINT NAME (Last, First, MI)	GRADE	PURGE DATA	
NEW ORGANIZATION (Complete Designation)	AKO Email Address john.jones@us.army.mil	BOX NUMBER	
<small>DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 38 USC and DOD/Postal Service Agreement, 2 Feb. 99. PRINCIPAL PURPOSE: To route and forward (Directory) mail. ROUTINE USES: Used by Army military and civilian personnel in mail functions and address inquiries. Data are inspected by commanders, postal officers, and military and civilian inspectors. DISCLOSURE: Voluntary; however, failure to provide the requested information could result in delay/ inability to forward mail.</small>			
OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code) HHC, 3d Bn 17 Inf APO AP 96204		NEW MAILING ADDRESS (Include ZIP Code) 123 My Street Hometown, USA 11111	
DATE DEPARTED OLD ORG:		DATE DUE NEW ORG:	
QUARTERS/OFF POST ADDRESS		REMARKS: Jones, Jennifer Jones, Adam	
CONSENT: <input checked="" type="checkbox"/> I DO <input type="checkbox"/> I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES.		(IF DEPARTING, COMPLETE BELOW ITEMS)	
		HEADQUARTERS ISSUING ORDERS	
SIGNATURE	DATE	ORDER NUMBER	ORDER DATE

DA FORM 3955, NOV 2010 PREVIOUS EDITIONS ARE OBSOLETE CHANGE OF ADDRESS AND DIRECTORY CARD
For use of this form, see AR 600-8-3, the proponent agency is DCS G-1

OFFICIAL BUSINESS

INSTRUCTIONS
Address one completed card each to:

1. Old unit of assignment.
2. New unit of assignment.
3. Old post locator, or APO, if overseas.
4. New post locator, or APO, if overseas.
5. Area Postal Directory, if overseas.
6. Correspondents who write you regularly.
7. Magazines or newspapers you receive (paste publication mailing label or key number in the "OLD MAILING ADDRESS" box on the reverse).

Item: DA Form 3955 (or other applicable service form)

Purpose: Redirects NCE mail from Korea to final destination

Quantity: 2 per family .

Distribution: 2 copies turned in at RC.



Non-Combatant Evacuation Operations 8A NEO Binder

Item: USFK Form 123-R-E

Purpose: Identifies special skills NCE has – does not imply willingness to volunteer

Quantity: 2 per family .

Distribution: NEO warden keeps 1 copy; 1 copy turned in at RC.

NONCOMBATANT EVACUATION OPERATIONS VOLUNTEER INFORMATION (USFK PAM 600-300-1)	
INSTRUCTIONS Please print information as required. Listed below are selected specialties which are expected to be needed during an emergency. Check the appropriate block(s) if you are qualified in one or more of the specialties. Request that each adult noncombatant in your family provide this information (i.e. if there is 1 adult noncombatant in your family, you need only to provide data for 1 noncombatant; if there are 2 adult noncombatants in your family, provide data for both noncombatants). Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.	
ADULT NONCOMBATANT #1	NONCOMBATANT'S NAME (Last, First, MI)
MEDICAL SKILLS	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse (specify type: _____) <input type="checkbox"/> Other medical (specify type: _____)
BILINGUAL SKILLS	<input type="checkbox"/> Translate from English to Korean <input type="checkbox"/> Translate from English to Japanese <input type="checkbox"/> Other Translation (specify languages: _____)
ADMINISTRATIVE SKILLS	<input type="checkbox"/> Typist (30 words plus per minute) <input type="checkbox"/> Shorthand
OTHER SKILLS	<input type="checkbox"/> Lawyer <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Cook <input type="checkbox"/> Child Care <input type="checkbox"/> General Supervisory Skills <input type="checkbox"/> Minister/Clergy (specify religion: _____)
NONCOMBATANT'S SIGNATURE	
DATE (DD Month YY)	
ADULT NONCOMBATANT #2	NONCOMBATANT'S NAME (Last, First, MI)
MEDICAL SKILLS	<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse (specify type: _____) <input type="checkbox"/> Other medical (specify type: _____)
BILINGUAL SKILLS	<input type="checkbox"/> Translate from English to Korean <input type="checkbox"/> Translate from English to Japanese <input type="checkbox"/> Other Translation (specify languages: _____)
ADMINISTRATIVE SKILLS	<input type="checkbox"/> Typist (30 words plus per minute) <input type="checkbox"/> Shorthand
OTHER SKILLS	<input type="checkbox"/> Lawyer <input type="checkbox"/> Auto Mechanic <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Cook <input type="checkbox"/> Child Care <input type="checkbox"/> General Supervisory Skills <input type="checkbox"/> Minister/Clergy (specify religion: _____)
NONCOMBATANT'S SIGNATURE	
DATE (DD Month YY)	
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.	
USFK FORM 123-R-E, 1 MAR 03	
PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.	
RESET FORM	



Non-Combatant Evacuation Operations

8A NEO Binder

Owner's Copy

MILITARY REGISTRATION AND CERTIFICATE OF TITLE OF MOTOR VEHICLE NON TRANSFERABLE - USFK REG 190-1				
<small>Original will be given to the owner of vehicle. When completely filled out and signed by owner and issuing officer, this certificate may be used as evidence of ownership. After signature of the U.S. Port of Debarkation Officer, this certificate should be surrendered. If required, upon application for registration and/or title in state of residence in the United States. All terms and encumbrances against the vehicle must be shown.</small>				
<small>FOR USE BY MILITARY AND CIVILIAN PERSONNEL</small>				
SECTION I - USFK MILITARY REGISTRATION NUMBER AND TYPE				
VIN / SERIAL NUMBER 3B4R529V1M#112425		LIC. PLATE NUMBER 1333879		NUMBERS ALTERED? No
SECTION II - VEHICLE DESCRIPTION				
VEH MDL YR 1998	MANUFACTURER Ford	VEH MODEL Dukago	VEH TYPE Suv Truck	VEH COLOR black
NEW OR USED Used				
SECTION III - OWNERSHIP				
NAME OF OWNER (Last, First, Middle) Hardin, James, Kennedy		SSN/KID/PP NO 3373	GRADE/RANK S4/MG0	MILITARY PH NO 7244473
OWNER'S MILITARY ADDRESS 34th Support Group Unit 15333 APO 96205				
SECTION IV - SOURCE OF OWNERSHIP				
PURCHASED FROM		ADDRESS OF SELLER		
DATE OF PURCHASE				
SECTION V - LIENS				
LIEN IN FAVOR OF (NAME) N/A		LIEN HOLDER'S ADDRESS N/A		
LIEN DATE N/A	TYPE OF LIEN N/A	LIEN AMT N/A		
DISPOSED OF (SIGNATURE)				
DISPOSED OF (SIGNATURE)				
SECTION VI - CERTIFICATES				
<small>I certify that this Certificate of Title was issued by me on: _____ at _____ and that the information hereon is true and correct.</small>				
CERTIFICATE A: SIGNATURE OF AUTHORIZED ISSUING OFFICER: _____		NAME/GRADE/ORGANIZATION OF ISSUING OFFICER: _____		
CERTIFICATE B: SIGNATURE OF OWNER: _____		NAME/GRADE/ORGANIZATION OF DEBARKATION OFFICER: _____		
CERTIFICATE C: SIGNATURE OF U.S. PORT OF DEBARKATION OFFICER: _____		NAME/GRADE/ORGANIZATION OF DEBARKATION OFFICER: _____		
<small>I certify that this vehicle arrived at: _____ on _____</small>				

Item: USFK Form 207

Purpose: Registration/title of POV proves ownership, enables use for NEO.

Quantity: 2 per POV turned in.

Distribution: 1 copy maintained with family (proof of ownership); 1 copy turned in with POV packet.

Note: USFK Form 207 POV registration is received during vehicle registration .



Non-Combatant Evacuation Operations 8A NEO Binder

Headquarters
United States Forces Korea
Unit #15237
APO AP 96205-5237

United States Forces Korea
Pamphlet 600-300

24 June 2013

Personnel-General

NONCOMBATANT EMERGENCY EVACUATION INSTRUCTIONS

*This pamphlet supersedes USFK Pamphlet 600-300, dated 16 August 2010.

FOR THE COMMANDING GENERAL:

BRIAN T. BISHOP
Major General, USAF
Deputy Chief of Staff

OFFICIAL:



GARRIE BARNES
Chief, Publications and
Records Management

Summary. This pamphlet contains information and guidance for all U.S. government affiliated noncombatants living in the Republic of Korea. U.S. government affiliated noncombatants include immediate family members of military service members or American citizen (AMCIT) civilians in the employment of a U.S. federal agency, as well as those AMCIT civilians employed by the U.S. government in positions deemed non-essential during a crisis on the peninsula. Assignment to the Republic of Korea can be both fun and rewarding. Noncombatants residing in the Republic of Korea, however, must resist complacency and constantly be prepared to respond quickly and decisively to a crisis. Noncombatant Evacuation Operations (NEO) is a US Department of State directed, military supporting operation, but its success depends largely on the preparedness and responsiveness of noncombatants. NEO preparedness is primarily an individual responsibility. Proactive involvement in and understanding of the NEO program, regular interaction with NEO wardens, participation in exercises, and maintenance of a current NEO packet are all critical enablers of this most important mission.

Item: USFK Pam 600-300

Purpose: Provides important NEO information and instructions to USFK-affiliated noncombatants.

Quantity: 1 per family.

Distribution: Maintained with family.



Non-Combatant Evacuation Operations

8A NEO Binder

DEPARTMENT OF THE ARMY
HEADQUARTERS, 16TH MOUNTAIN DIVISION (LIGHT INFANTRY) AND FORT DRUM
FORT DRUM, NEW YORK 13602-5000

ORDERS: 157-45E

16 JUNE 2003

SFC 78TH BN FORT DRUM, NEW YORK 13602-5000

YOU WILL PROCEED ON PERMANENT CHANGE OF STATION AS SHOWN. INFORMATION CONCERNING YOUR PORT CALL INSTRUCTIONS WILL BE PROVIDED SEPARATELY.

ASSIGNED TO: 1ST ADJUTANT GENERAL REPLACEMENT DETACHMENT (WHP7AA) APO AP 96205 (KOREA)

REPORTING DATE: IN ACCORDANCE WITH PORTCALL INSTRUCTIONS

ADDITIONAL INSTRUCTIONS:

- (A) INDIVIDUALS ARE RESPONSIBLE FOR REPORTING TO THEIR NEXT DUTY STATION/SCHOOL IN SATISFACTORY PHYSICAL CONDITION, ABLE TO PASS THE ARMY PHYSICAL FITNESS TEST AND MEET WEIGHT STANDARDS.
- (B) A SITES PRINT OUT OF YOUR NEXT DUTY STATION CAN BE OBTAINED AT ACS COMMUNITY SERVICES, BUILDING P-10720, ROOM A2-6, MONDAY THROUGH FRIDAY FROM 0730-1700 HOURS.
- (C) OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVERNMENT IS NOT REIMBURSABLE. SOLDIERS ARE ADVISED THAT USE OF A GOVERNMENT CONTRACT OFFICE IS MANDATORY WHEN PURCHASING TICKETS FOR OFFICIAL TRAVEL (PCS, TDY, EMERGENCY & OTHER FUNDED LEAVE PROGRAMS). FAILURE TO USE A GOVERNMENT CONTRACT OFFICE WHEN OBTAINING TICKETS FOR OFFICIAL TRAVEL MAY RESULT IN THE SOLDIER AND FAMILY MEMBERS NOT BEING REIMBURSED. EVEN THOUGH TRAVEL IS PURCHASED THROUGH A GOVERNMENT C/O, SOLDIER'S REIMBURSEMENT WILL BE LIMITED TO THE AMOUNT THE GOVERNMENT WOULD HAVE SPENT, HAD THE GOVERNMENT ARRANGED AND PURCHASED THE TICKETS.
- (D) YOU ARE AUTHORIZED SHIPMENT OF HOUSEHOLD GOODS.
- (E) IF YOU PLAN TO SHIP PERSONAL PROPERTY AT GOVERNMENT EXPENSE, CONTACT YOUR LOCAL TRANSPORTATION OFFICER WITHIN 7 WORK DAYS AFTER RECEIPT OF THESE ORDERS TO ARRANGE FOR SHIPMENT. IF YOU SHIP PERSONAL PROPERTY AT GOVERNMENT EXPENSE, CONTACT THE TRANSPORTATION OFFICE OF YOUR NEW DUTY STATION IMMEDIATELY AFTER ARRIVAL TO ARRANGE FOR DELIVERY. ALL TRANSPORTATION QUESTIONS MAY BE DIRECTED TO MR. JOHN FORESMAN AT (315) 772-6310.
- (F) YOU WILL SUBMIT A TRAVEL VOUCHER FOR THIS TRAVEL TO THE CUSTODIAN OF YOUR FINANCE RECORDS WITHIN 5 DAYS AFTER COMPLETION OF TRAVEL.
- (G) YOU ARE REQUIRED TO REPORT TO THE FAMILY HOUSING/HOUSING REFERRAL OFFICE SERVICING YOUR NEW DUTY STATION BEFORE YOU MAKE HOUSING ARRANGEMENTS FOR RENTING, LEASING, OR PURCHASING ANY OFF-POST HOUSING.
- (H) IF YOU RESIDE IN GOVERNMENT OWNED/GOVERNMENT LEASED QUARTER OR IF YOU ARE ON THE HOUSING REFERRAL LIST OF FORT DRUM, NY YOU MUST REPORT TO THE LOCAL HOUSING OFFICE WITHIN 5 DAYS OF RECEIPT OF THESE ORDERS.
- (I) YOU ARE REQUIRED TO REPORT TO THE CENTRAL ISSUE FACILITY, BUILDING P-4525, IMMEDIATELY UPON RECEIPT OF ORDERS TO SCHEDULE AN OUTPROCESSING APPOINTMENT TO TURN-IN ALL ORGANIZATIONAL CLOTHING AND EQUIPMENT RECEIPT FROM THIS FACILITY.
- (J) ARRIVAL IN KOREA ON FRIDAY OR SATURDAY IS STRICTLY PROHIBITED. ALL PCS TRAVEL FOR SOLDIERS DESTINED FOR KOREA WILL BE ARRANGED SO AS TO PREVENT FRIDAY OR SATURDAY ARRIVALS. SOLDIERS WHO HAVE ELECTED TO PURCHASE THEIR OWN TRANSPORTATION TO KOREA, ARE NOT AUTHORIZED TO REPORT ON FRIDAY OR SATURDAY. ARRIVALS ARE FOR SUNDAY THROUGH THURSDAY ONLY.

Item: Orders / Letters of Employment assigning sponsor to Korea (with all amendments)

Purpose: Establishes DOD affiliation and assists in determining eligibility for certain military benefits

Quantity: 8 per family.

Distribution: 1 copy maintained with family; 3 copies available to turn in at Safe Haven or repatriation site.



Non-Combatant Evacuation Operations 8A NEO Binder

INTERNATIONAL CERTIFICATE OF VACCINATION
AS APPROVED BY
THE WORLD HEALTH ORGANIZATION
CERTIFICAT INTERNATIONAL DE VACCINATION
APPROUVÉ PAR
L'ORGANISATION MONDIALE DE LA SANTÉ

TRAVELER'S NAME - NOM DU VOYAGEUR _____
ADDRESS-ADRESSE (Number-Numéro) (Street-Rue) _____
(City-Ville) _____
(County-Département) _____ (State-Pays) _____

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
PHS-731 (REV.11-81)

INSTRUCTIONS TO PHYSICIANS

1. Enter your name and address on reverse of the bottom section pertaining to your physician.
2. At the top of the page of the Yellow Form Certificate, enter your name within the top right-hand corner of the certificate, indicate your sex, and indicate your date of birth in the following manner: Mr, Mrs, Miss, year of birth. Example: Mr John D. Smith, 1925.
3. If you intend to travel to the Yellow Fever Certificate countries, indicate with an "X" in the appropriate space whether you are entitled to that status. (PHS-731-1A)

INSTRUCTIONS TO TRAVELERS

1. The data on this form should be carried with the traveler and, if necessary, shown to the United States Consul or the U.S. Customs and Border Protection Officer at the port of entry.
2. If you have been vaccinated in accordance with the instructions on the reverse of this form, you should carry a copy of the certificate with you. The certificate is valid for 10 years from the date of the last vaccination.
3. If you have been vaccinated in accordance with the instructions on the reverse of this form, you should carry a copy of the certificate with you. The certificate is valid for 10 years from the date of the last vaccination.
4. It is strongly recommended that physicians traveling abroad and from abroad to the United States be informed from vaccine to prior disease or exposure.
5. There is a need for reporting data on the Yellow Fever Certificate to the U.S. Department of Health and Human Services. For information on the reporting procedure, please contact the U.S. Department of Health and Human Services, Office of International Health, Room 3030, Washington, DC 20492.

How to Complete Your International Certificate of Vaccination

1. Enter your name and address on reverse of the bottom section pertaining to your physician.
2. At the top of the page of the Yellow Form Certificate, enter your name within the top right-hand corner of the certificate, indicate your sex, and indicate your date of birth in the following manner: Mr, Mrs, Miss, year of birth. Example: Mr John D. Smith, 1925.
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For sale by the U.S. Government Printing Office
Supersedes PHS-731 (Rev. 11-81), Washington, DC 20492-8800
U.S. Government Printing Office: 1987 - 400-346

FOLD HERE TO PLACE WITH PASSPORT

Item: PHS Form 731.

Purpose: Provides record of immunizations, facilitates border crossings.

Quantity: 1 per NCE.

Distribution: Maintained with NCE.



Non-Combatant Evacuation Operations 8A NEO Binder

FAMILY CARE PLAN
For use of this form, see AR 600-20, the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 18 U.S.C. Section 3013, Secretary of the Army, Army Regulation 600-20, Army Command Policy and E.O. 11987.

PRINCIPAL PURPOSE: To emphasize to soldiers the importance of performing required military duties.

ROUTINE USES: None

DISCLOSURE: Mandatory. Failure to maintain a Family Care Plan may result in disciplinary action under the UCMJ.

PART A - INFORMATION

A. I was counseled on _____

B. I understand that I must arrange and report for duty as required without interference of such things as child care, food, adequate housing, etc.

C. I have made and will maintain arrangements for the following:

1. Duty	4. _____
2. Exercises/Field duty	7. _____
3. Permanent Change of Station	8. _____
4. Alerts	9. _____
5. Annual Training	10. _____

D. I understand the importance of ensuring the proper care of my family members as well. I further understand that in light of the critical nature of my assignment, I must:

1. Fulfill to make and maintain adequate family care arrangements.
2. Remain available for worldwide assignment and deployment.
3. If arrangements for the care of my family members are not made, I will be subject to disciplinary action or reassignment.
4. If I fail to maintain a Family Care Plan or provide adequate care, I will be subject to disciplinary action under UCMJ.
5. I must maintain an up-to-date Family Care Plan. Plans may be voided at the discretion of the commander.
6. I will receive no special consideration in duty assignments unless enrolled in the Exceptional Family Member Program.

E. I have made all necessary arrangements (legal, will, etc.) of family member care responsibilities in case this occurs.

F. I have arranged for necessary travel required to care for my family members in the home area. I have arranged with a secondary caregiver and they are transferred to my principal caregiver.

G. A copy of DA Form 5845 (Power of Attorney) or an equivalent document for each escort or guardian is attached to this plan.

H. The following additional required documents are attached to this plan:

1. DD Form 1172 (Application for Unforeseen Services) have a currently valid ID card or M&M.
2. DD Form 2686 (Authorization to Start, Stop or Change Guardian and Family Members).
3. Copies of Letters of Instruction (which have been signed by the commander), outlining all special needs of my Family Care Plan.

I. I have thoroughly briefed escorts and guardians on the availability of military/civilian facilities, services, entitlements and benefits.

J. I am confident that my Family Care Plan is workable and that the designated will be both willing and able to carry out its duties.

PART B - DESIGNATION

A. I (We) have designated the following temporary/guardian principal (long-term) guardian:

1. TYPED OR PRINTED NAME

2. TELEPHONE NUMBER (include Area Code)

DA FORM 5395, JUN 2010

Army Regulation 600-20

Personnel-General

Army Command Policy

Rapid Action Revision (RAR) Issue Date: 20 September 2012

Headquarters
Department of the Army
Washington, DC
18 March 2008

UNCLASSIFIED

Item: Family Care Plan.

Purpose: To identify, authorize, and empower an adult noncombatant to escort minors from those households through the evacuation process.

Note: For any single-parent military or emergency essential civilian (EEC) household, or dual-military or EEC household a complete Family Card Plan is required.



Non-Combatant Evacuation Operations 8A NEO Binder

Item: Power of Attorney.
Purpose: To aid the NCE during evacuation from Korea.

POWER OF ATTORNEY
For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army, Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To designate a guardian to care for your child(ren) in your absence.

ROUTINE USES: None.

DISCLOSURE: Mandatory; failure to maintain a Family Care Plan could subject you to separation, administrative action, or disciplinary action under the UCMJ.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____,
of the state of _____,
member of the United States Armed Forces, currently residing in _____,
pursuant to Military Orders, do hereby appoint _____,
presently residing at _____,
my true and lawful attorney-in-fact to do the
following acts or things in my name and in my behalf:

To assume and maintain guardianship of my child(ren);

_____;

to do all acts necessary or desirable for maintaining health, education, and welfare; and to maintain customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical and dental care, entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to any of them by qualified medical or dental personnel.

I hereby give and grant individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

HEREBY AUTHORIZED MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACTS UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

I authorize by attorney-in-fact to hire legal counsel in order to carry out the provisions of this document or determine the existence of legal requirements, such as required filing or placement of notices, which may affect the validity of this document.

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ARDEP v1.00



Non-Combatant Evacuation Operations

8A NEO Binder

RABIES VACCINATION CERTIFICATE
RABIES VACCINATION CERTIFICATE
NASPHV FORM 51 (revised 2007)

Owner's Name & Address Print Clearly
RABIES TAG #
MICROCHIP #

DATE VACCINATED: Month / Day / Year
NEXT VACCINATION DUE BY: Month / Day / Year

VETERINARY HEALTH CERTIFICATE
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

TYPE OR PRINT NAME OF OWNER
COMPLETE ADDRESS (include Zip)

SPECIES: Dog Cat Ferret Other

SEX: MALE FEMALE
AGE: 3 MO 12 MO

NAME OF ANIMAL
PRODUCER (First 3 Letters)

This is to certify that the animal is free from communicable disease. To be valid, the animal must be held in a rabies quarantine area.

NAME, GRADE AND ORGANIZATION OF VETERINARIAN

DD Form 2208, AUG 79

ANIMAL NON-COMBATANT EMERGENCY EVACUATION CARD

OWNER NAME _____ RACE _____ SEX _____ ANIMAL NAME _____
UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____
HOME OF RECORD PHONE _____
ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____
SEX _____ FEMALE _____ COLOR(S) _____ MARKINGS _____
MICROCHIP # _____ EXPANSION (with tag) _____ TAG # _____ QUOTE/VARIABLE AGREEMENT _____
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	MEDICATIONS

OWNER NAME _____ RACE _____ SEX _____ ANIMAL NAME _____
UNIT ASSIGNED _____ HOME OF RECORD ADDRESS _____
HOME OF RECORD PHONE _____
ANIMAL DESCRIPTION: CANINE _____ FELINE _____ OTHER _____ BREED _____
SEX _____ FEMALE _____ COLOR(S) _____ MARKINGS _____
MICROCHIP # _____ EXPANSION (with tag) _____ TAG # _____ QUOTE/VARIABLE AGREEMENT _____
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	MEDICATIONS

Item: Pet Vaccination Records (if applicable)
DD Form 2208, DD Form 2209, NASPHV FORM 51, Pet NEO Card.

Purpose: Assists in repatriation of pets.

Quantity: 2 per family.

Distribution: 1 copy maintained with family; 1 copy turned in with pet.

People always have priority – animals will never displace a person.

NCEs are authorized to evacuate up to two pets

Pets are defined as domestic dogs and cats.

Pets 25 pounds and under:

Pets weighing less than 25 pounds may be treated as carry-on luggage and will replace a carry-on bag of the owner. These pets may travel in their carrier on the owner's lap (USFK 600-300).

Pets over 25 pounds:

Pets will remain with owners as long as possible. A baggage truck will accompany the buses to move pets weighing more than 25 lbs. The pet will travel in the same convoy as their owners/guardians. Pets weighing more than 25 pounds will be treated as checked baggage of the owner/guardian unless if the baggage hold is environmentally unsafe. Pets will always be transported in vehicles or placed in areas protected from extreme temperatures and in climate weather.

http://www.korea.amedd.army.mil/veterinary/4_neo/neo.html



Non-Combatant Evacuation Operations

8A NEO Binder

The following items are recommended for inclusion in the NEO packet to ease a noncombatant's reintegration and resumption of life in the U.S.

Item	Purpose
Social Security Cards	Hard to Replace Items
Financial Records (Bank, credit card, brokerage, tax returns) Note: These items may be scanned onto a disc For security and space savings.	Critical records
Insurance Policies (may be scanned onto CD)	Critical records.
Copy of Bill of Lading shipping property to Korea	Proof of ownership, assists in filing claim for compensation if necessary
Non-temporary property storage documents	Allows recovery of property placed in storage prior to move to Korea
Photos/Videos/Purchase receipts for high value property left in Korea (all can be scanned onto CD)	Proof of condition assists in filing claim for compensation if necessary
Copy of Medical Records (esp. for EFMP enrollees) (may be scanned onto CD)	Allows for more effective transition of primary care provider



Non-Combatant Evacuation Operations

8A NEO Binder

Item	Purpose
Legal Documents (i.e. divorce decrees, custody orders, wills, powers of attorney, deeds/titles, etc.)	Critical records
School records, diplomas	Allow proof/continuity of education
Stock certificates, Savings Bonds, etc.	Valuable, hard to replace items
Precious photos, videos – burned onto CD/DVD	Hard to replace items
List of online accounts User IDs, Passwords, and websites	Facilitates address changes and financial transactions
Address book (snail mail, phone, and email)	Allows contact to continue
Back-up copy of critical computer files on CD	Allows transfer to different computer
Korean transportation “T-Money” cards with KRW 10,000 value	Facilitates rapid use of Korea public transportation system
Limited amount of cash (\$100-\$200); credit cards	Allows purchases of sundry items in Safe Haven or upon repatriation



Non-Combatant Evacuation Operations 8A NEO

Questions

