Exhibit 1.H.1. Command Checklist for OCONUS Screening

Command Checklist for Overseas Screening

These checklists shall be completed within **TEN DAYS** of receipt of PCS orders.
These checklists shall be faxed to the entry approval point within **FIVE DAYS** of completion.

- Section One shall be completed by the member and spouse (if applicable) prior to the interview.
- Section Two shall be completed by the member prior to the interview.
- Section Three shall be completed by the transferring command.
- Section Four shall be completed by the screener.
- Section Five shall be completed by the medical reviewer and the transferring command C.O.
- The entire completed checklist shall be faxed to the appropriate Entry Approval Point and then filed in part two of the member's SPO PDR.
- The Dependent Medical Review shall be completed by competent medical authority and filed in the member's medical record.

The screening shall be completed by the most qualified member available at each unit.

- If possible, the screener should be someone who has been previously assigned overseas.
- The screener shall be an E7 to CWO4 or O3 and above.
- If possible, the screener should be senior to the member being screened.
- The screener shall have a completed copy of section one of the checklist, including the member's remarks section, during the interview and shall review each question with the member and spouse (as applicable.)
- The screener shall ensure that all items of interest are clearly explained in either the member's remarks or in their endorsement.

Section Three (Unit Review) shall be completed by the unit's senior administrator who normally has access to the member's unit SPO PDR. The reviewer shall normally be an E7 or above, except when the XPO is an E6. This review may be conducted by the screener, but it is not required.

The purpose of this screening & review is to determine a member and dependents suitability for travel overseas. This includes determining if the dependents are fully prepared for living overseas. If the screener has any doubts about the member's suitability, they shall bring it to the attention of the member's command. A thorough review of ALL questions on this checklist is essential to a successful screening. The screener should contact the applicable Entry Approval Point if they have any questions about how to conduct the screening. The spouse may be interviewed via phone or by another command if necessary but only as a last resort. Every effort should be made to have the interview conducted simultaneously and by just one screener. The screener should contact the applicable Entry Approval Point if they have any questions about how to conduct the screening.

Member's Name			Grade/Rate	EMPLID	Date
Current Duty Station & Phone Number			New Unit & Phone Number		
Screener's Name			Grade/Rate	Phone Number	
Spouse			Dependent	Age	Gender
Dependent	Age	Gender	Dependent	Age	Gender
Dependent	Age	Gender	Dependent	Age	Gender

Section One – Member & Spouse

Privacy Act Statement

Authority: 5 U.S.C. 301; 10 U.S.C. 671; 14 U.S.C. 93(a); 14 U.S.C. 632; 44 U.S.C. 3101, The Federal Records Act; COMDTINST M1000.8.
Purpose: to determine suitability for Overseas Duty for members and their dependents.
Routine Uses: in addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be disclosed outside the Department of Homeland Security as a routine use as follows: in accordance with DHS/USCG-014, Military Pay and Personnel System of Records.
Disclosure: Completion/furnishing of this form is VOLUNTARY. However, failure to provide the requested information may result in a delay or the inability to proceed with Overseas Screening, Command Sponsorship, or transfer overseas.

For medical or work-life issues, the member and spouse only need disclose that there is an issue to be addressed or resolved. In the interest of privacy, the screener only need know that the problem is being addressed, and by whom. They need not know the specific facts or nature of the issue or concern.

Part A – To be completed by member only.

YES	NO	ITEM
		1. Are you a single parent or married to another service member? **If No** →Continue checklist **If Yes** →Have dependent care requirements been met per 1.A.6., Military Assignments & Authorized Absences, COMDTINST M1000.8 (series)? **[ ] Yes [ ] No**.
		2. Have you ever had an Early Return of Dependents, early transfer due to unsuitability, or a Humanitarian Assignment? **If No** → Continue checklist. **If Yes** →Explain completely, including dates, in remarks section.
		3. Have you been counseled on overseas pay, allowances and travel and household goods entitlements? **If No** →Member shall talk to unit admin personnel about this topic before continuing screening.
		4. Do you have a Government Travel Charge Card? **If NO**, you must apply for it immediately AND explain in the remarks block.
		5. Do you possess a valid state driver's license? **If No** →Explain in remarks section. **If Yes** →Continue checklist.

Part B – To be completed by member and spouse (if applicable.)

YES	NO	ITEM
		6. Do you, your spouse, or any dependent(s) have any knowledge of any on-going medical, dental, psychological, physical or educational problem(s) or treatment(s) or special needs? **If No** →Continue checklist. **If Yes** →Screener should refer to appropriate authority for review.
		7. Are you aware of the climate and isolation constraints (darkness, temperature, public transportation, etc.) at the proposed duty station? **If No** →Member shall talk to sponsor about these topics before continuing screening.
		8. Are you aware of the housing availability and constraints on pets, vehicles, household goods? **If No** →Member shall talk to Sponsor and Entry Approval Point about this topic before continuing.
		9. After completing Section Two (Financial Assessment), do you consider yourself financially stable for transfer overseas? **If No** →Explain in remarks section. **If Yes** →Continue checklist.

		10. Have you, your spouse, or dependent(s) been convicted for any civilian felonies or misdemeanors within the last 24 months (including pre-service time); violence, larceny, DUI, assault, etc. **If No** →Continue checklist. **If Yes** →Explain in remarks section.
		11. Have you ensured that the existing, long term medical needs (prescriptions, equipment, etc.) of your family can be met at the overseas command?
		12. Have you, your spouse or dependents had any family violence incident(s) within or outside of family within the past two years? **If No** →Continue checklist. **If Yes** →Explain in remarks section.
		13. Do you or your spouse have legal custody of dependents other than those listed? **If No** →Continue checklist. **If Yes** →Explain in remarks section, including information on any special needs.
		14. Are any of the dependent's covered in a custody agreement? **If No** →Continue checklist. **If Yes** →Explain in FULL in remarks section, including information about restrictions in relocation of the dependents, and whether or not you have obtained a prior court approval or agreement from other interested parties if required by state law.
		15. Have you contacted your new command to discuss items such as housing, schools, and job opportunities for your spouse, etc? If your spouse will be seeking employment, recommend you contact your sponsor or the local work-life staff for information on the availability of employment in the area.
——— Check if spouse interview conducted over phone. Check if spouse interview conducted by another command.		

Section Two – Financial Statement (Optional)

This worksheet is provided as a tool for members to determine the financial impact this assignment will have on their financial status. Column A is their expected duty station. Column B is their expected duty station. Member should consult with either their sponsor or entry approval points where exact information is not available.

Monthly Income	**A – Current**	**B - Expected**
Basic Pay		
Sea/Hardship Duty for Location/FSA		
SDAP/Proficiency/Flight Pay		
BAH/OHA		
BAS		
Cost of Living Allowance (COLA)		
Clothing Allowance		
Spouse's Income		
Part Time Income		
Other Income (rental, investments, etc.)		
TOTAL INCOME		
Monthly Expenses	**A - Current**	**B - Expected**
Housing (Rent or Mortgage)		
Food		
Clothing		
Utilities (Gas, Electric, Water)		
Credit Card Payments		
Loan Payments		
Transportation		
Automobile Payments		
Dependent Support/Care (i.e., child, parents)		
Education		
Other expenditures not listed		
TOTAL EXPENSES		
COMPARISON	**A – Current**	**B - Expected**
Total Income		
-Total Expenses		
=Net Income		

I verify that I have answered all questions in Section One of the Overseas Screening Checklist to the best of my ability. I understand that failure to disclose any pertinent information may result in disciplinary action under the UCMJ and may result in my having to serve an unaccompanied tour. I also understand that if my dependents return INCONUS early, my tour length will not be adjusted. I further understand that I must work with the appropriate medical and/or work-life personnel to resolve any pending issues which I did not fully disclose to my screener due to privacy concerns. I acknowledge that I may not be granted entry approval until I have satisfied the Entry Approval Point that these issues have been resolved.

I understand that I must inform my command IMMEDIATELY if any of the information on this checklist changes prior to my departure or will change prior to reporting in at my new duty station.

I am aware that failure to provide any pertinent information, or providing incorrect information on this checklist may result in me not being able to receive command sponsorship and transfer overseas with my dependent(s).

_____ _____

Member Signature Date

REMARKS: Provide amplifying information for any items requiring explanation (use a continuation sheet if necessary):

Item # Remarks:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Section Three – Unit Review

The transferring command shall conduct a local record's check to determine if any disqualifying factors in the member's record. They shall also research the following (if applicable): Any answers checked in a shaded box require an explanation in the remarks block. The reviewer shall ensure that Commander (CG PSC) is informed if member enrolls in the Special Needs Program or Family Advocacy Program as a result of this screening process.

Reviewers Name: _____ Date: _____ Phone #: _____

Yes	No	Item
		1. Is there any evidence of any family problems that have not been resolved? Early return of dependents, HUMS, etc.
		2. Is there any evidence of financial irresponsibility?
		3. Is the member's Government Travel Card account delinquent?
		4. Is there any history or evidence of abuse, or dependency regarding either alcohol or chemical substances? **If NO**→Continue. **If YES**→Has member successfully completed treatment and remained substance free for at least 12 months IAW 1.H.3.c.? **If NO**→Explain in remarks. **If YES** →Date treatment completed:
		5. Is there any evidence of unsatisfactory or marginal performance, per Article 1.B.1.d. of Military Assignments and Authorized Absences, COMDTINST M1000.8 (series).
		6. For single sponsors of dependents or military couples with dependents, have their annual requirements for dependent
		7. Does the member have a record of military offenses? E.g. NJP, unauthorized absence(s), or any major offense.
		8. Are all eligible dependents enrolled in DEERS?
		9. Are all eligible dependents enrolled in Tricare/Tricare Dental Program (TDP)?
		10. Does the member have a spouse or dependent(s) with special needs, or enrolled in a special education program? IF YES→Ensure that a Special Needs Enrollment form has been submitted thru the local work-life staff.
		11. Is there any evidence that the member, spouse, or dependent(s) had any family violence incident(s) within or outside of family in the past two years? **If YES**→Ensure that the member has enrolled with the Work-Life Staff's Family
		12. Has the member and dependent(s) completed all applicable medical screenings and physicals?
		13. Does the member meet the family guidelines as outlined in Article 1.H.6.b.? **IF NO** →A waiver must be obtained from the Entry Approval Point?
		14. Is the member in compliance with current weight standards?
		15. For enlisted personnel assigned to duties involving flying: Upon reporting, will the member's qualification in the 9D5 Dunker have at least 36 months remaining.
		16. If the member is single, do they plan on acquiring dependents by any means (marriage, adoption, etc.) prior to reporting to their new duty station? **IF YES**→Overseas screenings must include future dependents and member shall be counseled about accompanied tour lengths. Member shall also be counseled on travel and transportation entitlements, including exactly when and how they are accrued for their new dependents.

Remarks:

Section Four – Screener's Endorsement

I have reviewed Sections One, Two and Three of the Overseas Screening Checklist with the member and their spouse. I further verify that the member consulted with medical and work-life personnel about issues they did not wish to discuss with me due to privacy concerns. I have provided the specific names and contact information for those personnel below.

Check one of the below:

☐ To the best of my knowledge, I believe that this member and the spouse are fully informed about their transfer overseas and are prepared for the challenges associated with the new duty location. I recommend them for overseas transfer.

☐ To the best of my knowledge, I believe that this member and/or the spouse are not prepared for, or fully informed about their potential transfer. I recommend that they be more carefully screened by the XO or CO of the transferring command.

_____	_____	_____
Screeners Name & Grade	Screener's Signature	Date

Remarks: (Include specific contact information (names & phone numbers) for anyone consulted by the member about private issues. Include any amplifying information you believe is important for the Transferring Command or the Entry Approval Point to know when considering this member and their dependents for assignment overseas.)

Section Five – Medical & Command Endorsement

Member's Name:

Unit/Location to Which Transferring:

Medical Endorsement (required for dependents only)

Check one box:

❑ I certify that I have reviewed the Dependent Medical Screening form this member's dependent/s. I certify that there are no apparent or disclosed medical reasons to delay or prohibit them from transfer to the location above. **Recommend approval**.

❑ I certify that I have reviewed the Dependent Medical Screening form for this member and his/her dependents. There are existing medical conditions or needs that cannot be met at the assigned location. **Do not recommend approval**.

Date	**Medical Authority Name/Grade/Signature**	**Phone Number**

Command Endorsement

Check one box:

❑ RECOMMEND APPROVAL. I have reviewed sections one thru four of the checklists for this member. I believe that this member is fully prepared for assignment overseas. I recommend the member for transfer.

❑ RECOMMEND DISAPPROVAL. I have reviewed sections one thru four of the checklist for this member. I do not believe that this member is qualified for assignment overseas, nor can they be made ready in time for this transfer. (Explain in remarks.) I do not recommend the member for transfer. (Contact CG PSC))

Commanding Officer's Signature	**Date**

Remarks:

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CG-3307 (Rev. 3-03)

ADMINISTRATIVE REMARKS

Entry Type: Assignment and Transfer (A&T-6)
Reference: Section 1-H, , Military Assignments and Authorized Absences, COMDTINST M1000.8 (series)
Responsible Level: Unit
Entry:

OVERSEAS SCREENING

(DDMMMYYYY): I, [Rate FirstName MI LastName, USCG or USCGR], am aware that failure to divulge disqualifying information, or amplifying information (medical, dental, psychological, physical, or educational problem(s)) pertaining to the questions on the checklist for overseas screening, may ultimately result in disciplinary action punishable under the UCMJ.

FIRST MI LAST (Member's Signature)

FIRST MI LAST (Spouse's Signature)

DDMMMYYYY: On the basis of all available information I [endorse] or [do not endorse] the member's orders to the overseas assignment. (A copy of the completed checklist will be forwarded to the receiving command.)

A. B. SEA, CAPT, USCG
Commanding Officer

1. NAME OF PERMANENT UNIT	2. NAME OF UNIT PREPARING THIS FORM		
3. NAME OF MEMBER *(Last, First, MI)*	4. Employee ID Number.	5. GRADE/RATE	6.

PREVIOUS EDITION MAY BE USED The CG-3307 must be prepared in original and one copy as follows: The original is filed in the SPO PDR, and the copy is mailed/emailed to Commander (CG PSC-PSD-MR) for electronic imaging into the EI PDR.