

**TRANSITION ASSISTANCE PROGRAM (TAP) CHECKLIST  
FOR DEACTIVATING/DEMobilIZING NATIONAL GUARD AND RESERVE SERVICE MEMBERS**

*(Please read Privacy Act Statement and Instructions in Section III before completing this form.)*

**SECTION I - PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C .1142, Preseparation Counseling; E.O. 9397, as amended (SSN).

**PRINCIPAL PURPOSE(S):** To record transition services and benefits requested by and provided to Service members; to identify transition counseling areas of interest as a basis for development of an Individual Transition Plan (ITP). The signed transition counseling checklist will be maintained in the Service member's official personnel file. Title 10, USC 1142, requires that not later than 90 days before the date of separation, for anticipated losses, transition counseling for Service members shall be made available. For unanticipated losses, transition counseling shall be made available as soon as possible.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Disclosure of SSN is mandatory. Disclosure of other information in Section II is voluntary; however, it may not be possible to initiate pre-separation counseling and other transition assistance services or develop an Individual Transition Plan (ITP) for a Service member if the information is not provided.

**SECTION II - PERSONAL INFORMATION** *(To be filled out by all applicants)*

<b>1. NAME</b>		<b>2. SSN</b>	<b>3. GRADE</b>	<b>4. DATE OF BIRTH</b> (YYYYMMDD)
a. Last Name	b. First Name	c. Middle Initial		
5. SERVICE <i>(X one)</i>		6.a. PLACE OF RELEASE FROM ACTIVE DUTY		
<input type="checkbox"/> ARMY NATIONAL GUARD	(1) MILITARY INSTALLATION/CITY		(2) STATE	(3) ZIP CODE
<input type="checkbox"/> ARMY RESERVE				
<input type="checkbox"/> NAVY RESERVE				
<input type="checkbox"/> MARINE CORPS RESERVE	6.b. CIVILIAN PLACE OF RESIDENCE UPON RELEASE FROM ACTIVE DUTY			
<input type="checkbox"/> AIR NATIONAL GUARD	(1) CITY		(2) STATE	(3) ZIP CODE
<input type="checkbox"/> AIR FORCE RESERVE				
<input type="checkbox"/> COAST GUARD RESERVE				
7. ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY (YYYYMMDD)	8. DATE CHECKLIST PREPARED (YYYYMMDD)	8.a. Place an X in this box ONLY if you have 89 days or less remaining on active duty prior to demobilization or deactivation. <i>(Please read the following instructions: If you have 89 days or less remaining on active duty before your demobilization or deactivation, why was your transition counseling not conducted earlier? Please go to Section VI - REMARKS and check the response that best describes the reason why transition counseling was not conducted earlier.)</i>		
9. IS YOUR SPOUSE/FAMILY MEMBER/LEGAL GUARDIAN/DESIGNEE PRESENT DURING TRANSITION COUNSELING? <i>(X one)</i>				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
9.a. Are you willing to be contacted after your demobilization or deactivation regarding the value of the transition assistance programs and services you received? <i>(X one)</i>		9.b. Applies only to personnel with multiple deployments and with documented transition counseling from a previous deployment. <i>(X if applicable)</i> I decline transition counseling for this deployment. I hereby certify transition counseling was received in conjunction with a prior deployment and therefore decline additional transition counseling. I understand a copy of this DD Form 2648-1 will be filed in my military personnel records.		
<input type="checkbox"/> YES <input type="checkbox"/> NO				

**SECTION III - INSTRUCTIONS**

**All demobilizing/deactivating National Guard and Reserve Service members shall read these instructions before completing Sections IV, V, and VI of this form. After being counseled, Service member shall sign and date the form in items 28.a. and 28.b.**

**This form will be used for eligible deactivating/demobilizing National Guard and Reserve Service members.**

- (1) Items checked "YES" indicate that you require additional information or referral to a subject matter expert on the installation or to an appropriate person in another agency or organization outside of DoD or attendance at a scheduled employment or VA session (Section IV).
- (2) Shaded areas on the form mean: (a) the information is not applicable (example: item 11.b. is shaded under "Spouse" because DD Form 2586, "Verification of Military Experience and Education - VMET", does not apply to spouses); or (b) the item is referring to a Web site address and URLs require no further explanation. URLs are provided so Service members can research information at their leisure on a given topic or subject.
- (3) **Department of Labor (DOL) TAP Employment Workshop:** In accordance with DoDI 1332.35, all eligible demobilizing/deactivating National Guard and Reserve Service members who request attendance, by checking "YES" in item 11.a. on DD Form 2648-1, shall be released to attend the workshop in its entirety during normal duty hours. Units shall contact the Director Veterans Employment and Training (DVET) or the Department of Labor to schedule the appropriate employment workshop. Units are encouraged to schedule a DOL employment workshop in conjunction with the Yellow Ribbon Program during one of the 30, 60, 90 day reintegration events. Workshops shall take place at unit home stations or any other location mutually agreed upon by the Unit and the DVET or DOL official representative. The TAP services available include but are not limited to RC TAP and virtual TAP resources. In the event that a DOL workshop is unavailable, the Service member may attend a Reserve Component TAP or DOL equivalent employment workshop conducted by the Military Services. Service members shall be released to complete the workshop in its entirety and will be exempt from normal duty the full 24 hour period of each workshop day and the 12 hours immediately preceding and following workshop/briefing.
- (4) **Post Government (Military) Service Employment Restrictions Counseling** (item 24). Service members are required to receive this counseling prior to release from Active Duty. Transition/Command Career Counselors shall refer demobilizing/deactivating National Guard and Reserve Service members to an installation legal office (Staff Judge Advocate or Counsel's Office) to ensure Service members receive guidance on post government (military) employment restrictions from an ethics official. Transition/Command Career Counselors can coordinate with their supporting Staff Judge Advocate or Solicitor General Office or an Ethics Official to ensure they provide this counseling at demobilization sites prior to National Guard and Reserves being released from active duty (item 23).
- (5) **Veterans Benefits Briefing:** In accordance with DoDI 1332.35, all demobilizing/deactivating National Guard and Reserve Service members who check "YES" in item 19 shall be released to complete the Veterans Benefits Briefing sponsored and offered by the Department of Veterans Affairs (VA) in its entirety. Service members will be exempt from normal duty the full 24 hour period of each VA Benefits Briefing day and the 12 hours immediately preceding and following the VA Benefits Briefing.





TAP CHECKLIST FOR DEACTIVATING/ DEMOBILIZING NATIONAL GUARD AND RESERVE SERVICE MEMBERS	NAME (Last, First, Middle Initial)	SSN																
SECTION IV (Continued)		SERVICE MEMBER		SPOUSE		REFERRED TO												
		YES	NO	YES	NO													
<b>17. FINANCES</b>																		
a. Financial Management (TSP, Retirement, SBP, military vs. civilian pay and benefits)																		
b. Separation pay (Eligible Involuntary Separatees)																		
c. Unemployment Compensation																		
d. General money management (budgeting, debt reduction)																		
e. Personal savings and investing																		
<b>18. DO YOU WANT TO ATTEND THE VETERANS BENEFITS BRIEFING?</b> (See Instructions, Section III, item 5)																		
<b>19. DISABLED VETERANS BENEFITS</b>																		
a. Do you want to attend the Disabled Transition Assistance Program (DTAP) Briefing? See Section III - Instructions, item 6 and VA Vocational Rehabilitation and Employment Service at <a href="http://www.vba.va.gov/bln/vre">www.vba.va.gov/bln/vre</a>																		
b. VA Disability Benefits <a href="http://www.vba.va.gov/VBA/benefits/factsheets">www.vba.va.gov/VBA/benefits/factsheets</a>																		
c. Benefits Delivery at Discharge and Quick Start <a href="http://www.vba.va.gov/predischarge">www.vba.va.gov/predischarge</a>																		
<b>20. SERVICEMEMBERS CIVIL RELIEF ACT (SCRA)</b> <a href="http://usmilitary.about.com/od/sscra/Servicemembers_Civil_Relief_Act.htm">usmilitary.about.com/od/sscra/Servicemembers_Civil_Relief_Act.htm</a>																		
<b>21. STATE VETERANS BENEFITS</b>																		
<b>22. 2-YEAR COMMISSARY AND EXCHANGE PRIVILEGES</b> (Eligible Involuntary Separatees)																		
<b>23. LEGAL ASSISTANCE</b>																		
<b>24. POST GOVERNMENT (MILITARY) SERVICE EMPLOYMENT RESTRICTION COUNSELING</b> Information on post government (military) employment counseling (restrictions on employment, imposed by statute and regulation) shall be conducted by the Military Services as appropriate. Transition/Command Career Counselors shall refer eligible National Guard and Reserve Service members to an installation legal office (Staff Judge Advocate or Counselor's Office) to ensure they receive a post government (military) employment restrictions briefing or counseling from an ethics official. Transition/Command Career Counselors can coordinate with their supporting Staff Judge Advocate or Solicitor General Office or an Ethics Official to ensure they provide this counseling at demobilization sites prior to National Guard and Reserves being released from active duty.																		
<b>25. INDIVIDUAL TRANSITION PLAN (ITP)</b>																		
<p>a. As a separating Service member, after receiving Transition Counseling information and completing this checklist, you and your spouse/family member/legal guardian/designee (if applicable) are entitled to receive assistance in developing an Individual Transition Plan (ITP) based on the areas of interest you have identified on this checklist. The Transition Counseling Checklist addresses a variety of transition services and benefits to which you may be entitled. Each individual is strongly encouraged to take advantage of the opportunity to develop an ITP. The purpose of the ITP is to identify educational, training, and employment objectives and to develop a plan to help you achieve these objectives. It is the Military Department's responsibility to offer Service members the opportunity and assistance they need to develop an ITP. It is the Service member's responsibility to develop an ITP based on his/her specific objectives and the objectives of his or her spouse, if appropriate.</p> <p>Based upon information received during Transition Counseling, do you and/or your spouse/family member/legal guardian/designee desire assistance in developing your ITP? If YES, the Transition staff/counselor/Command Career Counselor is available to assist you (see <a href="http://www.TurboTap.org">www.TurboTap.org</a> website).</p> <table border="1" style="float: right; margin-left: auto; margin-right: 0;"> <thead> <tr> <th colspan="2" style="text-align: center;">SERVICE MEMBER</th> <th colspan="2" style="text-align: center;">SPOUSE</th> </tr> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>							SERVICE MEMBER		SPOUSE		YES	NO	YES	NO				
SERVICE MEMBER		SPOUSE																
YES	NO	YES	NO															
<p>b. To assist your transition counselor, choose the answer that best describes your post-military goal(s): (X all that apply)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> I already have post-military employment.</td> <td style="width: 50%;"><input type="checkbox"/> I plan to go to school and use my VA education benefits.</td> </tr> <tr> <td><input type="checkbox"/> I plan to get a job and start work as soon as possible.</td> <td><input type="checkbox"/> I don't know what I plan to do.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please describe/write in)</td> </tr> </table>							<input type="checkbox"/> I already have post-military employment.	<input type="checkbox"/> I plan to go to school and use my VA education benefits.	<input type="checkbox"/> I plan to get a job and start work as soon as possible.	<input type="checkbox"/> I don't know what I plan to do.	<input type="checkbox"/> Other (please describe/write in)							
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<b>TAP CHECKLIST FOR DEACTIVATING/ DEMOBILIZING NATIONAL GUARD AND RESERVE SERVICE MEMBERS</b>	<b>NAME</b> <i>(Last, First, Middle Initial)</i>	<b>SSN</b>

**SECTION V - LANGUAGE SKILLS/REGIONAL EXPERTISE**

Counselors will ensure all transitioning Service members, Active, Guard and Reserves with language skills and/or regional expertise complete Item 26.

**26.** The Department of Defense and other Federal agencies have placed a high level of importance on critical foreign language skills and regional expertise to meet emerging requirements during times of need, crisis, and/or national emergency. The Department of Defense and other Federal agencies may want to contact you in the future to determine if you would be willing to volunteer your services or to offer you potential employment that would take advantage of your language proficiency and/or regional expertise.

a. Do you consent to being contacted by the Department of Defense for such purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Do you consent to having the Department of Defense share your information with other Federal agencies for such purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SECTION VI - REMARKS** *(Attach additional pages if necessary)*

Complete the following ONLY if you placed an X in Item 8.a. *(See page 1, Section II, Item 8.a.)*

**27. MY COUNSELING WAS CONDUCTED 89 DAYS OR LESS BEFORE MY TRANSITION BECAUSE OF:** *(X one)*

<input type="checkbox"/> Mission requirements	<input type="checkbox"/> Legal separation
<input type="checkbox"/> Personal reasons	<input type="checkbox"/> Change in career decision
<input type="checkbox"/> Medical separation/discharge	<input type="checkbox"/> Other <i>(Please provide a brief explanation)</i>

**28. SERVICE MEMBER ACKNOWLEDGEMENT**

By signing and dating this form, you, the Service member, are acknowledging that you received Transition Counseling on the date below (item 28.b.), and that you understand the transition benefits and services available to assist you in your transition as required by Title 10, U.S.C., Chapter 58, Section 1142.

<b>a. SERVICE MEMBER SIGNATURE</b>	<b>b. DATE</b> <i>(YYYYMMDD)</i>	<b>c. TRANSITION COUNSELOR SIGNATURE</b>	<b>d. DATE</b> <i>(YYYYMMDD)</i>