## Log into www.my.af.mil

\*Note: Add "af.mil" to compatibility view settings to ensure pop-ups work



Select the AFPAAS link

Log in using CAC or User Name/Password

A window will pop up, select the appropriate status for the sponsor and each dependent (i.e. at work or evacuated) and "Save"







Select "Displaced Location" and then "Edit"

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Contact Information Sponsor In	nformation		Family Inform	nation : 2 of 2 Confirmed Out			
Displaced Location						$\sim$	-
Emergency Contacts	Mona supplied						
Event Information	taona pahônani						
Family Member Info							

Select the appropriate event (Florence), update displaced sponsor information (if on Ride Out, do NOT update this information and annotate in remarks), and update dependent evacuation location information, then "save"

Last Updated: 09-12-2018 13:08 PDT	
I you or your family have been DISPLACED out of oy an active event and have now returned to your no lease CONFIRM YOUR RETURN below.	he affected geographic area ormal living/working location,
Confirmed Return	
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Complete this form if either you or your family have Isaster event. This means that you or at least one rable to return to your work location or living location EXPRAS to update your displaced location informat	been DISPLACED by a of your family members are on due to the event. Log in to on as it changes.
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Which event does this apply to? Florence	×
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If there are any sponsor or dependent needs, complete the needs assessment to be provided with resources

First, verify home information, ensuring special considerations are marked, then "Step 2"

Step 1 of 3:	Step 1: Verify and Update Home Information		
Vering and opposed your nome monimation: This information is ggential to contact you during this orisis. What's the Disconse?	Display Name: Lett First Middle WILLIARS JOEY M J Country: USA V		
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Select appropriate answer to complete the survey or skip the survey

	Step 2 of 3: Needs Assessment Survey (Introduction)
	If you or your family needs IMMEDIATE help with basic necessities such as water, food, shelter, or medical care, please call 1-800-438-9941, 210-568-2020/DSN 668-202
	About This Survey
	Please review each of the 19 categories in the survey and check whether you have disaster-related needs: In each area of need that you answer "Need Assistance" or "Not Surv", you will then be shown a more detailed checklist to serving your specific needs. It is important that you specify you meeds howeing and a accurately as possible Assistance will be provided as quickly as possible based on the servery and type of needs you identify.
	1. Who is slighte for AF Force Fundy Disaster Assistance? 2. Why should I consisted in this survey? 3. What Independent after I consistent in survey?
	Him and when will be contacted?     Who will have access to see advantation?
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	• I prefer to skip the survey.
	Contrue 3x
	Of: Who is eligible for Air Force Family Desister Assistance?     Air Force Family Desister Assistance?

If you skip the survey, **all actions are complete**.

If you asked to complete the survey, fill out requested items that you are requesting assistance with and "continue". A case worker will be assigned to you/your family and contact you ASAP. **All actions are complete.** 

