

# Prospective Gain Questionnaire

Command Sponsorship Coordinator  
Naval Health Clinic Quantico

Please answer the following questions and return via email. Your prompt response will allow us to assign you to an appropriate sponsor. In addition, your sponsor will be able to better meet your needs for your upcoming transfer.

1. Name:
2. Rank:
3. I am:  **married**     **single**
4. I have  **accompanied**     **unaccompanied** orders  
I have children.  YES  NO
  - a. My children are enrolled in the EFM Program:  Yes  No
  - b. My children are in the \_\_\_\_\_ grade(s) in school
6. I have  **received**     **not received** the No-Fee Passport(s) and visa(s) for my dependents.
7. I have pets.  YES  NO If yes, how many?
8. Upon arrival, I intend to live in:  **GOVT QTRS**     **Local Economy Rental**
9. I am shipping \_\_\_\_\_ lbs of HHG and my express shipment was sent on:
10. My current contact phone number/email is:
11. My current mailing address:
12. My transfer date from my current command is:
13. A good phone number to contact me during leave/transit is:
14. I expect to arrive in Quantico, on or about:
15. Navy Medicine work experience [ex: patient care or admin] :

If you have any additional requests or questions regarding your pending transfer please contact [CMDSPONSOR@MED.NAVY.MIL](mailto:CMDSPONSOR@MED.NAVY.MIL)