

**ARMY COMMUNITY SERVICE (ACS) ACCREDITATION REPORT\***

For use of this form, see AR 608-1; the proponent agency is OACSIM

REPORT CONTROL SYMBOL  
ACSIM-003

*The ACS Center is operated by the Department of the Army and is required to meet the standards prescribed in AR 608-1 (ACS Center).*

1. INSTALLATION VISITED		2. MAILING ADDRESS	
3. TELEPHONE NUMBER  a. DSN b. Commercial		4. DATE OF VISIT (YYYYMMDD)	5. ACCREDITATION TEAM CHAIR  a. Name b. Telephone Number DSN Commercial

6. ACCREDITATION TEAM MEMBERS		
a. NAME	b. AGENCY	c. TELEPHONE NUMBER

7. SUMMARY		
a. Number of standards in compliance	b. Number of standards in non-compliance	
c. STANDARDS	d. RATINGS (Check appropriate box below)	
	C-Compliance	N-Non-Compliance
<b>10000 STRUCTURE</b>		
11000 Criteria for Center		
12000 Service Delivery Model		
<b>20000 OVERSIGHT</b>		
21000 Internal Review		
22000 Strategic Planning		
23000 Recordkeeping		
24000 Reporting		
<b>30000 MANAGEMENT</b>		
31000 Funding		
32000 Personnel		
33000 Training		
34000 Physical Property Management		
35000 Marketing		
<b>40000 SERVICES</b>		
41000 Deployment or Mobilization and Stability and Support Operations Readiness		
42000 Soldier and Family Readiness		
43000 Relocation Readiness		
44000 Employment Readiness		
45000 Financial Readiness		

\*DA FORM 7419 (ARMY COMMUNITY SERVICE (ACS) ACCREDITATION CHECKLIST) MUST BE COMPLETED AND SUBMITTED WITH THIS FORM.

8. FOLLOW-UP REQUIRED FOR NON-COMPLIANCE <i>(Attach additional sheet if needed)</i>	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE	
9. FOLLOW-UP REQUIRED FOR NON-COMPLIANCE <i>(Attach additional sheet if needed)</i>	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE	
10. FOLLOW-UP REQUIRED FOR NON-COMPLIANCE <i>(Attach additional sheet if needed)</i>	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE	
11. FOLLOW-UP REQUIRED FOR NON-COMPLIANCE <i>(Attach additional sheet if needed)</i>	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE	
12. FOLLOW-UP REQUIRED FOR NON-COMPLIANCE <i>(Attach additional sheet if needed)</i>	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE	
13. FOLLOW-UP REQUIRED FOR NON-COMPLIANCE <i>(Attach additional sheet if needed)</i>	
a. STANDARD NUMBER	b. ACTION REQUIRED
c. COMPLETION DATE	

14. STRENGTHS

15. WEAKNESSES

16. ACCREDITATION TEAM CHAIR SIGNATURE

17. ACCREDITATION TEAM MEMBER SIGNATURE

a.

b.

c.

d.

e.

f.

g.

h.