**OFFICE SYMBOL UNIT ADDRESS DATE**

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Appointment of Unit Suicide Intervention Officer (SIO)

1. Effective **DAY MONTH YEAR**, the following Soldier is appointed as the Unit Suicide Intervention Officer for **UNIT NAME. *(List Primary, then all ASIST/SIO trained Soldiers)***

**LAST NAME, FIRST NAME RANK**

1. Purpose: To provide suicide intervention education awareness for Unit. Monitor for Soldiers in crisis and connect Soldiers with helping resources and agencies. Conduct Unit’s yearly required ACE or approved suicide prevention training.
2. References: IDARNG PAM 600-63, paragraph 4 i (6)

AR 600-92, paragraph 1-13 o (16)

1. Period: Indefinite until released or reassigned.
2. Special Instructions: Soldier will attend a 2-Day Applied Suicide Intervention Skills Training (ASIST) course and additional Suicide Intervention Officer training.
3. POC for this memorandum is **NAME or UNDERSIGNED** at **PHONE & EMAIL**.

**UNDERSIGNED’S SIGNATURE BLOCK**

*DISTRIBUTION:*

1. *Individual Concerned*
2. *Unit File*
3. *R3SP Program Manager*

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1. *Suicide Prevention Coordinator*

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