



Operation Help a Hero
 Providing for those who serve at home and abroad

Operation Enduring Support Application for Operation Enduring Support Assistance

Service Member Contact Information—Must be ACTIVE duty		
Name (First, M.I., Last):		
Phone Number(s): Home	Cell	
Best Time of Day to Contact: AM AFTERNOON PM (Please circle the best time to reach you above)	Email Address (must be military email address):	
Full Address (Where you are currently staying):		
Permanent Address (only necessary if different from address above):		
Preferred Method of Contact after initial confirmation through military email address:		
Active Duty Military Service Information		
Branch of Service:	Active Duty? Yes No (circle one)	Rank:
Unit:	Is the unit currently or soon-to-be deployed? Explain.	
Has the command, chaplain, Ombudsman, and/or Family Readiness Officer been made aware of your situation/need? Please tell us who has been contacted, any course of action they've helped you take.		
Unit Contact Information/Verification of Active Duty Service: Please include a copy of your current LES statement for verification of service. * Please list a name and military email address for a unit representative (command, chaplain or FRG leader) we may contact to verify service if needed.		
*OHH takes the Stolen Valor Act of 2013 very seriously. All fraudulent claims of service will be reported.		
Family Member Information (if applicable)		
Spouse's Name:		
Spouse's Contact Information if Different from Above:		
Name, sex and age of each child deemed as your dependent:		
Any special needs, medical needs or food allergies we should be aware of?		

Assistance Needed

Please indicate (with an X) the type(s) of assistance you are requesting.

<input type="checkbox"/> Groceries	<input type="checkbox"/> Diapers	<input type="checkbox"/> Clothing	<input type="checkbox"/> Toiletries	<input type="checkbox"/> Emergency Babysitting	<input type="checkbox"/> Spiritual Support
<input type="checkbox"/> Maintenance Assistance	<input type="checkbox"/> Upkeep Help	<input type="checkbox"/> Transportation Help	<input type="checkbox"/> Recovery Meal Delivery	<input type="checkbox"/> Hospital Visits	<input type="checkbox"/> Other (describe below)

Operation Help a Hero's Operation Enduring Support Project is only able to provide assistance in emergency circumstances out of your control. We are unable to process requests to pay off debts or assist with issues due to mismanagement of funds or overspending due to financial limitations. Please share all information which may help us best serve your needs and fully understand your emergency situation.

Please describe your situation and your specific request to OHH.

Privacy and Hold Harmless Agreement

Operation Help a Hero works hard to protect your privacy. When financial assistance is provided, your case is presented to our Board of Directors to determine how we can assist. No other individuals will be privy to your case without your permission or as deemed necessary within our Board of Directors to provide you assistance.

Operation Help a Hero does have the capability to send out an "Operation Enduring Support Alert" to volunteers and subscribers asking for donations and further assistance. When these alerts are sent out, we remove personal information but include enough of your story to make our community understand your emergency situation. Please indicate how you would like OES alerts to be used in your situation.

I do NOT want OHH to issue an OES Action Alert for Assistance. I understand that OHH's resources may be limited without an action alert.

I give permission for OHH to issue an OES Action Alert for Assistance. I understand that my name and identifying information will be removed from this alert but some details of our situation may be shared to get donation responses. INITIALS, please: _____

I understand that Operation Help a Hero's Operation Enduring Support is a program put in place to assist active duty service members in emergency/crisis situations.

I have provided OHH with truthful and accurate information about myself, my family, my service and my needs.

Signature: _____ Relationship to service member: _____

Printed name of person filling out form: _____ Date: _____