



OPERATION SILVER STAR REQUEST FOR ASSISTANCE APPLICATION

NAME:	SERVICE MEMBER <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/>	
(PLEASE INDICATE RELATIONSHIP):		
COMPLETE ADDRESS:	PHONE:	EMAIL:
PLEASE INDICATE WHAT OTHER ORGANIZATIONS YOU HAVE CONTACTED:		
BEST TIME AVAILABLE FOR CONTACT:		
BRANCH OF SERVICE:	RANK:	
DISCHARGE DATE (IF APPLICABLE):		
STATUS OF DISCHARGE (HONORABLE/MEDICAL/OTHER):		
DEPLOYMENT DATE(S) AND LOCATION(S):		
DO YOU HAVE A CASEWORKER? YES <input type="checkbox"/> NO <input type="checkbox"/> , IF SO PLEASE INDICATE NAME AND CONTACT INFO:		
ARE YOU A COMBAT VETERAN? WHAT ARE THE EXTENT OF YOUR WOUNDS AND HOW DID YOU RECEIVE THEM?		
DO YOU HAVE A COPY OF YOUR DD-214? IF SO PLEASE SEND A COPY OF THE FIRST TWO PAGES OF THIS DOCUMENT ALONG WITH A COPY OF THIS APPLICATION, A COPY OF YOUR VA RATING LETTER AND COPY OF YOUR MILITARY ID TO; 26100 NEWPORT RD., Ste 12 PMB 13, MENIFEE CALIFORNIA, 92585. TO EXPEDITE THE PROCESS, YOU MAY ALSO SCAN (AS A PDF) ALL OF THESE DOCUMENTS AND SEND THEM VIA EMAIL TO ADMINISTRATOR@OPERATIONSILVERSTAR.ORG . PLEASE UNDERSTAND THAT WITHOUT THIS INFORMATION WE CANNOT CONTINUE WITH YOUR REQUEST.		
NATURE OF YOUR REQUEST (HOW CAN WE HELP YOU?)(Please be Specific)		

THE INFORMATION YOU ARE SUBMITTING IS STRICTLY CONFIDENTIAL AND WILL REMAIN SO THROUGHOUT THE PROCESS. IF YOU HAVE REQUESTED ASSISTANCE BEFORE AND ARE REQUESTING ADDITIONAL SERVICES, PLEASE UNDERSTAND THAT BECAUSE OF HIGH DEMAND YOUR SECOND AND SUBSEQUENT REQUEST WILL BE SUBJECT TO APPROVAL BY WAY OF COMMITTEE. PLEASE BE THOROUGH IN YOUR DESCRIPTION FOR ASSISTANCE AS WE ARE HANDLING MULTIPLE REQUEST AND NEED AS MUCH CLARITY AS NECESSARY TO OBTAIN AS MUCH OF YOUR REQUEST AS POSSIBLE. ALL REQUESTS WILL BE PROPERLY VETTED FOR ACCURACY AND TRUTHFULNESS AND ALL INACCURACIES WILL BE REPORTED TO THE VA AND OTHER AGENCIES FOR PROPER DOCUMENTATION. THERE ARE NO GUARANTEES THAT ALL OF YOUR REQUEST WILL BE DISBURSED AS ALL RESOURCES ARE SUBJECT TO AVAILABILITY.

I HAVE READ THIS STATEMENT AND AGREE WITH THE TERMS AS STATED .

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

REC'D DATE: _____ BY: _____ CASE NO# _____ VIEWED BY: _____