



Operation Silver Star Caregivers Program Application

First Name: _____

Last Name: _____

Relationship to Service Member:

Spouse

Family Member

Family Friend

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Branch of Service*

Air Force Army USMC Navy Coast Guard

Please List any children you have? (Names and ages):

***Attach PDF copy of Caregiver Award Letter or Service Members DD-214:**

Please feel free to black out any PII related items on the DD-214. For example Social Security Number, Date of Birth, and Place of Birth. But please leave the name on them so we can verify who it belongs to.

The information you are submitting is strictly confidential

IF MAILING, MAIL TO OPEARATION SILVER STAR, 26100 Newport Rd Ste 12 PMB 13, Menifee Ca 92584. IF EMAILING, EMAIL TO delia@operationsilverstar.org (YOU MUST CONVERT THIS DOCUMENT AND SEND ALL DOCUMENT IN PDF FORM)