



Hands for Heroes- Assistance Request

MAIL REQUEST TO:

Hands for Heroes
3255 Pioneer Drive
Green Bay, WI 54313

Requirement: Must include a copy of your DD214, NGB-22 or current military ID card with the request (blackout SSN).

REQUESTOR INFORMATION

Full Name: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email Address: _____

UNIT INFORMATION (If currently serving)

Unit Name: _____

Unit Address: _____

City/State/Zip: _____

First Line Supervisor: _____

FLS Phone Number: _____

Branch of Service

- Army
- Air Force
- Marine Corps
- Navy
- Coast Guard
- Space Force

Dates of Service (MO/YR)

Start: _____

End: _____

Type of Discharge

- Honorable
- General **
- Other**

**Explain in additional
comments section

BASIS FOR ASSISTANCE

Please explain the reason for your request and what assistance is needed.

ADDITIONAL INFORMATION

Were you referred to us by another organization? If so, please provide the name of the organization.

What other organizations have you requested assistance from? What type of assistance was provided and amount received?

Have you requested assistance from Hands for Heroes in the past? If yes, when and what type of assistance was received?

ADDITIONAL COMMENTS**

PROCESS AND SIGN

We are an organization of veterans, family members and civilians that volunteer our time to work hard within our communities. You can expect a phone call to better understand your situation, need and depth of project. We will verify your identity. Our Board of Directors will review your request and then present it for discussion at the next monthly membership meeting. It could take a few weeks to work through our process. We will contact you via phone or email with the outcome of your request.

I affirm that all information provided above and attached to this form is true and accurate. I have made no false claims or altered the documents provided. I do not hold Hands 4 Heroes, Inc. liable for any promise of personal assistance. I understand that by completing this request for assistance, I am not guaranteed to receive assistance and it is at the discretion of Hands 4 Heroes to provide assistance as they see fit.

REQUESTER SIGNATURE: _____ DATE: _____

HANDS FOR HEROES USE ONLY

Approved Approved Partial Denied President Initials _____ Date _____