



**REQUEST FOR ASSISTANCE:**

Rank and Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Social Security Number (SSN): \_\_\_\_\_

Current home address \_\_\_\_\_

Current home City and State \_\_\_\_\_ Zip \_\_\_\_\_

Current home phone number \_\_\_\_\_ Cell number: \_\_\_\_\_

Current E-Mail address \_\_\_\_\_

Home station unit of assignment \_\_\_\_\_

Branch of Service \_\_\_\_\_

Registered with the VA? Yes or No If yes, where? \_\_\_\_\_

Case Manager's name and contact number \_\_\_\_\_

What percentage of disability from active service, if known? \_\_\_\_\_

What percentage of disability from VA, if known? \_\_\_\_\_

Do you receive social security benefits? Yes or No. If yes, how much? \_\_\_\_\_

Do you receive any other benefits? Yes or No. If yes, please list \_\_\_\_\_

Country of injury and/or conflict and date injured \_\_\_\_\_

Brief description of illness and/or injury \_\_\_\_\_

Description of the type of assistance needed \_\_\_\_\_

**Military point of contact for verification:**

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Phone number \_\_\_\_\_

**Applicant information (if other than the service member)**

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to member \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form, including social security number, is voluntary. However, failure to provide all and/or a portion of the requested information may prohibit the processing of this application. In accordance with applicable laws, *Support Our War Heroes* will maintain confidentiality regarding the application and any support granted or denied, except as required to process this or subsequent applications, or as otherwise required by law.

Submit request to: Support Our War Heroes  
P.O. Box 2115  
Covington, LA 70434

Voice: (985) 649-8137  
Fax: (985) 649-2389