Fort Meade Chaplains' Office

Operation Helping Hand (OHH) Assistance Request Form

(This form MUST accompany ALL requests for Commissary Gift Cards)

REQUESTOR

Name of Requestor/Sponsor _____ Sponsor's Rank_____

Sponsor's Last Four _____ Branch of Service_____

Sponsor's Unit _____

Name of dependent you are assisting (if not the sponsor) _____

Number of Sponsor's Dependents _____ Dependent's Ages _____

REFERRAL TO AER/ACS/FAP

Name/Rank of Commander,1SG, or First Line Supervisor _____

_____ _____

COMMANDER'S SIGNATURE DATE

AER/ACS/FAP REVIEW FOR ASSISTANCE

IAW OHH guidelines, an AER/ACS/FAP counselor provides a memorandum to the Service Member (SM) whether or not they obtained assistance.

Memorandum provided from AER/ACS/FAP? ☐ YES ☐ NO

Assistance from other agencies recently? ☐ YES ☐ NO (If yes, list below)

Agency: _____

Requestor's statement. I certify that the above information is true and accurate and I have not withheld any information that may cause me to be ineligible to receive assistance from Operation Helping Hand (OHH). I certify this is my first request from OHH this fiscal year. I also understand that the Chapel Tithes & Offering Funds (CTOF) is legally constituted as an instrumentality of the US Government and administration of CTOF must be able to pass the test of public scrutiny through an accounting process. Consequently, several individuals must process the request and thus **complete** confidentiality is not guaranteed.

_____ _____

REQUESTOR'S SIGNATURE DATE

UNIT CHAPLAIN APPROVAL

Chaplain: I have interviewed the requestor and certify that, to the best of my knowledge, the above information is true and accurate and the requestor meets all the requirements of the OHH SOP. I have contacted the Garrison RSO at (301) 677-6703/7887 to ensure Funds personnel are available to dispense OHH Commissary Gift Cards and receive the requestor's signature.

AMOUNT CHAPLAIN RECOMMENDED $ [ ]

_____ _____

CHAPLAIN'S SIGNATURE DATE

_____ _____

APPROVED BY SIGNATURE DATE

$_____ _____

AMOUNT ISSUED/SIGNATURE DATE