



# ARIZONA MARINES ASSISTING MARINES

PRINT CLEARLY IF MAILING

Hover over the button to the right for instructions



**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City ST ZIP

**Mail:** Same as above PO Box: \_\_\_\_\_  
City ST ZIP

**Phone:** Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Message: \_\_\_\_\_ Other: \_\_\_\_\_ Notes: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Service Dates:** (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

**Branch:** \_\_USA \_\_USMC \_\_USN \_\_USAF \_\_USCG \_\_MM \_\_Other: \_\_\_\_\_

**Service Dates:** (Month/Year) \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

**Branch:** \_\_USA \_\_USMC \_\_USN \_\_USAF \_\_USCG \_\_MM \_\_Other: \_\_\_\_\_

**Detachment Submitting:** \_\_\_\_\_

**DD214 service verified by:** \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**HON** = Honorable. *Less than honorable is not a disqualifier.* **GEN**= General Honorable conditions **OTH**=Other than Honorable

**Has the veteran been helped by Marines Assisting Marines or any other organization or agency during the past year?** \_\_\_\_ YES \_\_\_\_ NO if YES briefly explain how.

**Reason for the present problem.**(Brief description of current problem add separate sheet if needed)

**What type of funding is needed at this time?** (Attach separate page if needed)

**How is the Veteran going to avoid this problem in the future?** (Attach separate page if needed)

### TO BE COMPLETED BY MARINE ASSISTING MARINE STAFF

**Date of request:** \_\_\_\_\_ **Date approved:** \_\_\_\_\_

**Total Amount Approved:** \_\_\_\_\_

Date Denied: \_\_\_\_\_ List reason for denial.

Department officers making decision \_\_\_\_\_ / \_\_\_\_\_  
Name / Title

**PLEASE PROVIDE INFORMATION ON WHO PAYMENT(S) ARE TO BE MADE OUT TO AND CONTACT INFORMATION**

Attach documents and added pages as needed

1: \_\_\_\_\_  
(Name of person or company check is made out to OR account information if paid by DC)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

Invoice # \_\_\_\_\_ Phone #: \_\_\_\_\_ EXT: \_\_\_\_\_

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TO BE COMPLETED BY MARINE ASSISTING MARINE STAFF

Check # \_\_\_\_\_ Paid by DC \_\_\_ AMT: \_\_\_\_\_ Check Mailed (date) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

2: \_\_\_\_\_  
(Name of person or company check is made out to OR account information if paid by DC)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

Invoice # \_\_\_\_\_ Phone #: \_\_\_\_\_ EXT: \_\_\_\_\_

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TO BE COMPLETED BY MARINE ASSISTING MARINE STAFF

Check # \_\_\_\_\_ Paid by DC \_\_\_ AMT: \_\_\_\_\_ Check Mailed (date) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

3: \_\_\_\_\_  
(Name of person or company check is made out to OR account information if paid by DC)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

Invoice # \_\_\_\_\_ Phone #: \_\_\_\_\_ EXT: \_\_\_\_\_

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TO BE COMPLETED BY MARINE ASSISTING MARINE STAFF

Check # \_\_\_\_\_ Paid by DC \_\_\_ AMT: \_\_\_\_\_ Check Mailed (date) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

4: \_\_\_\_\_  
(Name of person or company check is made out to OR account information if paid by DC)  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY ST ZIP

Invoice # \_\_\_\_\_ Phone #: \_\_\_\_\_ EXT: \_\_\_\_\_

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TO BE COMPLETED BY MARINE ASSISTING MARINE STAFF

Check # \_\_\_\_\_ Paid by DC \_\_\_ AMT: \_\_\_\_\_ Check Mailed (date) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Department staff notes:

If MAM can assist you in any of the following areas, please provided a BRIEF description for those that apply.

**Basic Needs:** \_\_\_ YES \_\_\_NO Basic daily needs, including food security, affordable housing, meaningful employment and healthy relationships with support systems.

**Employment:** \_\_\_ YES \_\_\_NO Access to meaningful employment, transitioning from military service, resume assistance, interview preparation for advancing skills and career opportunities.

**Family & Social Supports:** \_\_\_ YES \_\_\_NO Building, maintaining and growing healthy relationships with family members, friends and those closest to you, no matter where they are located.

**Finances & Benefits:** \_\_\_ YES \_\_\_NO Assistance with understanding financial planning, disability payments and medical bills.

**Higher Education:** \_\_\_ YES \_\_\_NO Expanding the knowledge, skills and expertise for you and your family members through higher education to maximize your learning and earning potential.

**Housing & Homelessness:** \_\_\_ YES \_\_\_NO Securing access to affordable, permanent housing to provide stability, security and promote ongoing health for you and your family.

**Legal:** \_\_\_ YES \_\_\_NO Supporting you and your family's needs in legal matters.

**Mental Health & Substance Abuse:** \_\_\_ YES \_\_\_NO Managing your unique and specific needs to address the immediate requirements and work toward long-term success.

**Physical Health:** \_\_\_ YES \_\_\_NO Supporting your total body wellness including nutrition and exercise and ensuring all of your appropriate partners are coordinating total care.

**Spirituality:** \_\_\_ YES \_\_\_NO Promote the sense of connectedness, faith and thoughts that provide reassurance, hope, and a system of beliefs and values for you and your family.