



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 BC=Bad Conduct DC=Dishonorable EL=Entry Level Separation Med=Medical separation SCG=Separation for convenience of Government.

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: _____

=====

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: _____

=====

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: _____

=====

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: _____

=====

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.