



The United States of Hope

Application for Assistance

USOH Application For Assistance

Please send all materials to the following address:

Samuel Redfern
President
P.O. Box 8576
Missoula, MT 59807

Or email all scanned materials to:

samuel@unitedstatesofhope.org
allie@unitedstatesofhope.org
marlayna@unitedstatesofhop.org

USOH APPLICATION FOR ASSISTANCE

First Name

Last Name

D.O.B. ____/____/____

Age _____

Address

Phone

Email

Country & State of Origin

Profession

Please circle any status that apply to you:

- Member of US Armed Forces
- Veteran of US Armed Forces
- Iraqi Interpreter for US Armed Forces
- Afghan Interpreter for US Armed Forces
- Family Member of Service Member of Armed Forces
- Widow or Orphan of Service Member of Armed Forces
- Widow or Orphan of War

Please explain why you are requesting assistance from USOH:

What type assistance are you requesting from USOH?

- Counseling
- Medical Health Care Assistance
- Transition/Relocation Assistance
- GI Bill Assistance
- Rent or Emergency Utilities
- Housing/Homelessness
- Food
- Clothing
- Hygiene Supplies
- Monetary Assistance
- Tutoring or Education Support
- Legal Counsel Support
- Child & Family Resources

_____ **signature**

_____ **date**