



Boots on the Ground Wisconsin Inc.

Assistance Request Form



Return completed forms to wiboatsontheground@gmail.com

Client Name	<input type="text"/>		
DOB	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>
Branch of Service	<input type="text"/>	Branch Component	<input type="text"/>
Separation Date	<input type="text"/>	Discharge Type	<input type="text"/>

Contact information for Person/Agency Referring Client for Assistance (if applicable)

Individual/ Agency Name	<input type="text"/>
Phone #	<input type="text"/>

Reason for Contact with Client including explanation of safety risk (if applicable):

CLIENT BACKGROUND

Yes No

- Does client have current financial means? Yes No
- Does client have any family members/friends in local area? Yes No
- Has client utilized/requested any other local resources for assistance? If yes, what resource was requested for assistance? Yes No
- Has client requested assistance from Boots on the Ground WI or any other organization in the past? If yes, what resource was requested for assistance? Yes No