

Virginia Peninsula Military Officers Association

Comrades-in-Arms Support Team (CAST)

Request for Support Form

Section 1 – Member Information

Name of Member in Need: _____

Service Branch (Optional): _____

Address: _____

City/State/ZIP: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Section 2 – Requestor Information

(Complete only if you are requesting support on behalf of another member)

Name: _____

Relationship to Member: _____

Phone: _____ Email: _____

Section 3 – Consent

☐ I am a member requesting assistance.

☐ I am requesting on behalf of the member **and have their permission to do so.**

By signing below, I confirm that the information provided is accurate to the best of my knowledge and that I consent to the CAST contacting me or the member to coordinate support.

Signature: _____ Date: _____

Section 4 – Reason for Request

☐ Illness or Injury (Recovery Period)

☐ Hospitalization or Surgery Follow-up

☐ Bereavement

☐ Family Crisis

☐ Other (please describe): _____

Section 5 – Requested Support Services

(Select all that apply)

- ☐ Wellness/Morale Check-In (phone calls, visits, emails, or cards)
- ☐ Meal/Care Package Delivery
- ☐ Transportation Assistance
- ☐ Home Assistance (light chores, lawn watering, mail pickup)
- ☐ Recognition or Celebration (milestones, birthdays, anniversaries)
- ☐ Memorial Attendance or Condolences
- ☐ Other:

Section 6 – Availability & Preferences

Preferred contact method: ☐ Phone ☐ Email ☐ Text Message

Best days/times for contact:

Any restrictions or special considerations?

Section 7 – CAST Use Only (*Confidential*)

Date Received:

Assigned Coordinator:

Initial Contact Date:

 Service Start Date:

Notes:
