

## Operation Happy Holidays Recipient Application

The proponent agency is Family Morale, Welfare & Recreation (FMWR)  
OHH will only accept and provide GIFT CARDS. NO OTHER ITEMS WILL BE ACCEPTED.

<b>AUTHORITY:</b>	10 U.S.C. 3013, Secretary of the Army, 26 U.S.C. 6041, Information at Source; DoD Directive 1015-2, Military Morale, Welfare and Recreation (FMWR); DoD Instruction 1015.10, Program for Military Morale, Welfare and Recreation (MWR); AR 215-1, Morale Welfare and Recreations Activities and Non-appropriate Fund Instrumentalities.
<b>PURPOSE:</b>	To administer programs devoted to the mental and physical well-being of Army personnel, other authorized users, and MWR-type activities and events sponsored by the Army
<b>ROUTINE USE:</b>	Used to obtain information on individuals needing assistance for Operation Happy Holidays (OHH).
<b>DISCLOSURE:</b>	Voluntary; however, failure to provide the required information may impede OHH personnel from being able to assist individuals effectively. Only the "Family Member Information" section below will be provided to corresponding sponsor in order to assist families. For more information, call the Army Community Service (ACS) Financial Readiness Program at 301-619-3455

**Eligibility:**

1. Active Duty (AD) Service members and their families, E1-E5, assigned to Fort Detrick or Forest Glen, or AD members and their families residing in the Fort Detrick area.
2. Active Duty families residing in the Fort Detrick area and NOT locally assigned.
3. Department of Army (DA) Civilians GS 01-04, and Non-Appropriated Funds (NAF) employees NF 1-2 assigned to Fort Detrick or Forest Glen.
4. FAMILIES WITH AT LEAST ONE CHILD LIVING IN THE HOME. ELIGIBLE CHILDREN MUST BE UNDER THE AGE OF 18.

**Program Requirements:**

1. Complete this application and submit between November 1 and November 23, 2018 as described below.
2. If AD and locally assigned, turn in application to your Commander or First Sergeant for signature and submission to OHH.
3. If a DA or NAF Civilian employee applicant, have your supervisor sign your application. Submit application to ACS.
4. If AD and not locally assigned, submit application to ACS.

**\*\*\* APPLICATION MUST BE COMPLETED AND RETURNED TO ACS BY COB 23 NOVEMBER 2018\*\*\***

Name:	Rank / Grade:	Date:
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Sponsor Status: Active Duty  DA Civilian  NAF Employee

Unit / Activity:	Unit / Activity Phone:
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Address:	Primary E-mail:
	Primary Phone: <span style="float: right;">Secondary Phone:</span>

Marital Status: Married  Single Parent  Single Parent with Custody

**If Married:**

- Is spouse employed? No  Full-time  Part-time  | If Part-time, hours per week?
- Is spouse attending school? No  Full-time  Part-time  | If Part-time, how many hours per week?
- Are you dual military? Yes  No  | If Yes, is your spouse deployed or TDY? Yes  No  | Assigned locally? Yes  No

Total family members in home:

Total children in home (high school senior and below):

Do you have a disabled family member? Yes  No

**Staff Use Only:**

The above-named individual requests to have his/her name placed in nomination for the OHH Program and hereby states that all information provided to us is true to the best of his/her knowledge. THIS FAMILY WILL NOT BE RECEIVING ASSISTANCE FROM ANY OTHER SIMILAR COMMUNITY AGENCY OR ORGANIZATION. If accepted for OHH assistance, the individual agrees to make arrangements to pick up the family's OHH gift card(s) on the designated date, as specified by the OHH staff. OHH will only accept and provide GIFT CARDS. NO OTHER ITEMS WILL BE ACCEPTED.

Applicant Signature:	Date:
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Commander / 1st Sergeant / Supervisor Signature:	Date:
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Commander/1st Sergeant/Supervisor Name:	Phone:	E-mail:
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Please keep in mind that OHH is designed to supplement, not fulfill, your holiday season. The OHH Staff solicits sponsors from the community for each family and these sponsors raise funds to purchase gift cards for qualifying families. OHH will only accept and provide GIFT CARDS. NO OTHER ITEMS WILL BE ACCEPTED.