Combat Boots & High Heels

Request for Assistance

Applicant Information

Applicant Name: Last First MI

Address: Street Address City State ZIP

Email Address: Email

Phone Number: Cell or Home ONLY

How did you hear about us? Friend, Advocate, Volunteer?

Assistance Requested: Please be as specific as possible

Justification: Please be as specific as possible. Please attach any supporting documents, such as DD214s, to the email upon submission to CB&HH

I certify that the information contained within this request is true and accurate to the extent of my knowledge.

Requestor Signature *Date*

Please print this form upon completion, sign and date it, then scan and send it to cbhhorg@gmail.com. You can expect a response within 72 hours of submission.