American Red Cross
663-3907
Apple Valley Chapter
Military & Social Services

Call 1-877-272-7238 Select #2

Case # _____ NHQ # _____
Date _____ Time _____
New ☐ Re-opened ☐

CASE NAME Male ☐ Female ☐ RANK _____

_____
Last First Middle

S Security # _____ DOB _____

Service Branch: Veteran ☐ DOD ☐ Civilian ☐ Retired ☐

Army ☐ USAF ☐ Navy ☐ USMC ☐ USCG ☐ MerMar ☐

Military or Other Address:

_____

_____

_____

_____

Phone # (if known) _____

INQUIRER NAME Male ☐ Female ☐

_____
Last First Middle

Relationship to Case Name: (please check one)

Father ☐ Mother ☐ Sister ☐ Brother ☐ Aunt ☐

Uncle ☐ Grandmother ☐ Grandfather ☐ Spouse ☐

Other _____

Address: _____

_____

_____

_____

Phone _____ Msg _____

Caseworker _____

Regarding _____

Request Type: H&W ☐ Birth ☐ Death ☐ Other ☐

Illness/Hospital ☐ Financial ☐ _____

Relationship to Service Person _____

Verified by _____
Business Persons name/title Phone #

Problem and Action Taken:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_

Case Name **Case #** **Page #** **Caseworker**

Date_____Progress Notes: