I Will Not Be #22
Application for Assistance

Print, Complete, Scan, & Email to help@iwillnotbe22.org
If you are unable to print, simply message our Facebook or email help@iwillnotbe22.org

Name: _____ Rank: _____ Branch: _____

Street: _____ City: _____ State: _____ Zip: _____

Household Information:

Adults:	Age & Gender:	Minors:	Age & Gender:

List additional household members on back of form.

Optional Information:

Income:	Race/Ethnicity (check all that apply):	
○ $0 – $35,000	○ American Indian/Alaska Native	○ Hispanic/Latino
○ $35,000 – $75,000	○ Asian	○ Native Hawaiian/Pacific Islander
○ $75,000+	○ Black/African American	○ White

Are you currently or have you ever experienced suicidal thoughts/tendencies?	○ Yes	○ No	○ Prefer not to say

Please provide a brief description of your situation and the assistance you need:

_____

_____

_____

_____

_____

_____

_____

_____

_____

If you need more room, please write on the back of this form.

Thank you for reaching out for assistance. Help is on the way.