##### DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 436TH AIRLIFT WING (AMC)



MEMORANDUM FOR 436th SFS/S5V/VCC

SUBJECT: Request Hardship for Base Access

Hardship badges are used when personnel need unescorted access to the base for the purposes of providing help to DOD members and their families. Power of Attorney’s and/or Doctor’s notes will be asked for as proof of hardship. Member is only authorized two (2) personnel to assist them, a primary and alternate.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsor's Rank and Full Name DoD ID Number ID Card Expiration**

**Street Address Phone Number**

**City, State, Zip Code**

2.

 **Visitor’s Name Relationship to Sponsor**

**Street Address Phone Number**

**City, State, Zip Code**

**SSAN Date of Birth**

**Drivers License Number State of Issue**

3. **Reason for Hardship Request**

 Signature of Sponsor Date

1st Ind,

I have fully reviewed the member circumstances and feel that they merit consideration/do not merit consideration for a Hardship Request. If you have any questions, please contact me at

Printed Name, Rank, Organization Signature

**For Internal Use Only**

**Request received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo copy of ID Cards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physicians Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Care Package: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background Check Conducted By:**

**Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorable: \_\_\_\_\_\_ Unfavorable: \_\_\_\_\_\_**