

HUMS REQUEST CHECKLIST

Yes No Incomplete

Command Endorsement _____

Brief statement outlining how the HUMS will alleviate or resolve the hardship. _____

Requested HUMS locale and location of nearest CG unit _____

Dependents current address _____

Names of both the member's and spouse's family members, listing their age, marital status, and address, with a statement about each adult family member's ability to assist _____

States "This unsolicited request is made for my own convenience. I realize no expense to the Government will be authorized in connection with any travel authorization that may be issued incident to this request" Or full justification of member's financial situation. _____

A statement as to whether the member intends to request a discharge by reason of hardship _____

A current BAH/Dependency/Emergency Data and SGLI Validation, CG-4170-A _____

Statements from two or more persons personally knowledgeable about the situation _____

N/A

If feasible a statement from the dependent concerned about the nature of the hardship and why the member's presence is necessary _____

N/A

If illness involved, a statement from attending physician that includes diagnosis, prognosis, and if applicable, life expectancy described so an average person and ascertain the illness's cause and determining factors _____
