



DEPARTMENT OF THE NAVY

NAVAL AIR STATION OCEANA
1750 TOMCAT BOULEVARD
VIRGINIA BEACH, VIRGINIA 23460-2168

Canc: Jan 05

IN REPLY REFER TO:

NASOCEANANOTE 1754

16

16 Sep 04

NAS OCEANA NOTICE 1754

Subj: HOLIDAY ASSISTANCE PROGRAM FOR 2004

Encl: (1) Thanksgiving 2004 HAP Nomination Form
(2) Christmas 2004 HAP Nomination Form

1. Purpose. To promulgate the Naval Air Station (NAS) Oceana and Dam Neck Annex Holiday Assistance Program (HAP) for Thanksgiving and Christmas 2004.

2. Background. HAP is an annual tradition whereby Navy and Marine Corps personnel and their families are offered assistance through the generous spirit of their shipmates. The combined efforts of NAS Oceana and Dam Neck Annex during the 2004 HAP will consist of two elements:

a. Thanksgiving and Christmas "Food Baskets" assembled from donations of canned and non-perishable food items.

b. Thanksgiving and Christmas Turkey Dinners assembled from items obtained from the Commissary.

3. Nomination Process

a. Separate nomination forms, enclosures (1) or (2), are required for Thanksgiving and Christmas. Forms shall be completed by the service member requesting assistance. Completed forms shall be reviewed by individual department representatives, and signed by the department representative and Leading Chief Petty Officer (LCPO) for either approval or disapproval. Forward all Thanksgiving nominations to the HAP Coordinator by 17 November 2004 and all Christmas nominations by 16 December 2004. Command representatives shall ensure that the service member requesting assistance will not be out of the local area during the time of distribution.

b. Successful operation of the 2004 HAP greatly depends upon supervisors knowing the needs of people in their work centers. Chief Petty Officers/Financial Counselors of each department, squadron or tenant activity should evaluate their personnel for HAP nomination using the following criteria:

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- (1) E3 and below (top priority)
 - (a) Single parent or spouse not employed
 - (b) Spouse employed, one child, no base housing
 - (c) Spouse employed, two or more children
- (2) E4 (second priority)
 - (a) Single parent or spouse not employed, one child, no base housing
 - (b) Spouse not employed, two or more children
 - (c) Spouse employed, three or more children
- (3) E5 (third priority)
 - (a) Single parent or spouse not employed, two or more children, no base housing
 - (b) Spouse not employed, three or more children
 - (c) Spouse employed, four or more children

Service members requesting assistance who do not meet the above criteria may be approved if the Department Master Chief or LCPO recommends assistance. Additionally, those who are deserving but who do not request this assistance may be recommended by the chain of command. In both cases, enclosures (1) and (2) must be completed.

4. Collection Process

a. The collection of canned or non-perishable food items begins immediately and shall continue until 21 December 2004. Command HAP Representatives are responsible for placing a large, decorated collection box in a central location. Additionally, command representatives are responsible for storing and securing items collected. Donations shall be transported to a central location (to be announced later) and assembled into "Food Baskets" accompanied by Turkey Dinners.

b. Cash donations support Thanksgiving and Christmas Turkey Dinners prepared by the NAS Oceana Commissary.

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c. Assembly dates for "Food Baskets" and Turkey Dinners are 23 November 2004 for Thanksgiving and 21 December 2004 for Christmas. Individual HAP representatives are expected to arrange for delivery to recipients from their units.

5. Action

a. The NAS Oceana HAP Coordinator shall supervise all HAP activities.

b. Department HAP Representatives shall attend organization and progress meetings convened by the Command Master Chief or HAP Coordinator.

c. Commanding officers, officers in charge and department heads are requested to publicize this event and provide the name and telephone number of their HAP Representative to the 2004 HAP Coordinator, RPC(SW/AW/FMF) Aguirre at 433-2871 no later than 1 November 2004.



P. J. LORGE
By direction

Distribution:
NASOCEANAINST 5216.1X
Lists I, III and IV

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HOLIDAY ASSISTANCE PROGRAM NOMINATION FORM - THANKSGIVING 2004

1. Obtain Privacy Act signature from sponsor (spouse if deployed).
2. Submit to the NAS Oceana HAP Coordinator not later than 17 November.
3. Retain copy for Departmental records.

SPONSOR NAME: _____ RATE/RANK: _____

UNIT, DEPT, DIV: _____ PHONE: _____

SPOUSE NAME: _____ PHONE: _____

MILITARY: YES/NO

EMPLOYED: YES/NO

HOME ADDRESS: _____

GOVERNMENT HOUSING: YES/NO HOUSING AREA: _____

CHILDREN:	AGE	SEX	AGE	SEX	AGE	SEX	AGE	SEX
	_____	M/F	_____	M/F	_____	M/F	_____	M/F
	_____	M/F	_____	M/F	_____	M/F	_____	M/F

MIRACLE TREE PROGRAM: YES/NO

BRIEF STATEMENT OF NEED: _____

PRIVACY ACT STATEMENT: Authority to collect this information is derived from 5 U.S., 301. The purpose is to provide background information for conducting the Holiday Assistance Program. The disclosure of requested information is completely voluntary. No penalties of any kind are attached.

Nominee Signature

Date

RECOMMENDATION: The above named member has been reviewed for the Holiday Assistance Program. Respectfully recommend provision of a Holiday Food Basket:

Command HAP Representative Signature

Date

Telephone

DEPT Master Chief /LCPO Signature
Phone
(Required for special cases)

Date

Telephone

HAP COORDINATOR:

COMMAND MASTER CHIEF:

Signature

Date

Signature

Date

Encl (1)

HOLIDAY ASSISTANCE PROGRAM NOMINATION FORM - CHRISTMAS 2004

1. Obtain Privacy Act signature from sponsor (spouse if deployed).
2. Submit to the NAS Oceana HAP Coordinator not later than 16 December.
3. Retain copy for Departmental records.

SPONSOR NAME: _____ RATE/RANK: _____

UNIT, DEPT, DIV: _____ PHONE: _____

SPOUSE NAME: _____ PHONE: _____

MILITARY: YES/NO

EMPLOYED: YES/NO

HOME ADDRESS: _____

GOVERNMENT HOUSING: YES/NO HOUSING AREA: _____

CHILDREN:	AGE	SEX	AGE	SEX	AGE	SEX	AGE	SEX
	_____	M/F	_____	M/F	_____	M/F	_____	M/F
	_____	M/F	_____	M/F	_____	M/F	_____	M/F

MIRACLE TREE PROGRAM: YES/NO

BRIEF STATEMENT OF NEED: _____

PRIVACY ACT STATEMENT: Authority to collect this information is derived from 5 U.S., 301. The purpose is to provide background information for conducting the Holiday Assistance Program. The disclosure of requested information is completely voluntary. No penalties of any kind are attached.

Nominee Signature

Date

RECOMMENDATION: The above named member has been reviewed for the Holiday Assistance Program. Respectfully recommend provision of a Holiday Food Basket:

Command HAP Representative Signature

Date

Telephone

DEPT Master Chief /LCPO Signature
Phone
(Required for special cases)

Date

Telephone

HAP COORDINATOR:

COMMAND MASTER CHIEF:

Signature

Date

Signature

Date

Encl (2)