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Soldier & Family Assistance Center (SFAC)
7919 Marne Rd, BLDG 9257
Fort Benning, GA 31905
Phone: 706-544-5702
Fax: 706-626-0695

FAX

To: Jamal Smith	From: SSG. Linda Chisolm
Phone: 803-734-5767	Pages:
Phone: 903-734-2100	Date: 10 Mar 2015
Re: Congressional	cc: 843-609-6252

Comments: Please call at your earliest convenience. I am an only child who has no support team to help in, taking care of my sick ill dying father I have resubmitted paperwork through unit again but they are still holding onto it here at Ft Benning when my father doctor has clearly stated a possible life expectancy. This has been a very trying time for me I need some help to resolve this matter.

?



2849 Tricorn Street
Charleston, SC 29406
Phone: (843) 797-0888
Fax: (843) 569-8854

Marion L. Cooper, M.D.
John J. Forney, M.D.

September 30, 2014

Re: Joseph C Chisolm

To whom it may concern,

Mr. Joseph C. Chisolm is my patient. On September 19, 2014, Mr. Chisolm was diagnosed with stage 4 prostate cancer. This diagnoses will require chemotherapy and radiation treatment and well as surgery. His prognosis is six months if this disease follows its natural course.

Mr. Chisolm needs close support from his daughter, Linda Chisolm for his treatments. Linda is her father's only child and his only source of transportation to and from medical appointments and treatments. It is imperative Linda be stationed close to her father not only to provide necessary support for her father during his treatments but also for her mother who is his primary caregiver.

This soldier's presence will have a tremendous bearing on the medical condition of her father.

Please contact our office if you have any questions.

Sincerely,

Marion L. Cooper, M.D.

APPLICATION FOR COMPASSIONATE ACTIONS
For use of this form, see AR 614-200; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, USC, Section 301.
PRINCIPAL PURPOSE: To determine eligibility for compassionate action.
ROUTINE USES: Information may be referred to appropriate authorities to determine if compassionate action can be approved.
DISCLOSURE: Disclosure is voluntary. Failure to furnish information requested may result in denial of request for compassionate action.

FORWARD APPLICATION TO HQDA (TAPC-EPC-S). SUBMIT ONE COPY ONLY. The soldier is advised that if this request for compassionate action is approved, he/she may be assigned to duties in other than PMOS; further, a waiver of any enlistment/reenlistment commitment must be accomplished (AR 601-210, chapter 8 and AR 601-280, chapter 4). If submitted by soldier on leave, DDALV or in attached status, a copy of DA Form 31 or orders must be included with this request.

1. I REQUEST:

- a. REASSIGNMENT TO Naval Weapon Station (Charleston South Carolina)
- b. DEFERMENT OF _____ DAYS FROM ORDERS TO _____
- c. DELETION FROM ORDERS TO _____
- d. PERMISSIVE ATTACHMENT OF _____ DAYS AT _____ EFFECTIVE _____

2. NAME (Last, First, MI) CHISOLM, LINDA		3. SSN 248-45-3801	4. RANK SSG	5. PRO-PAY CATEGORY N/A
6. ENL COMMITMENT Indefinite	7. PMOS 88M30	8. SMOS		9. LATEST PCS 29 Apr 14
10. CURRENT STATUS	<input checked="" type="checkbox"/> DUTY	11a. ASS/ATCH UNIT 233rd TC, CBT, HET, 4TH Ft Benning, GA 31905		11b. PHONE NO. DSN-706-544-4870
<input type="checkbox"/> ORDINARY LEAVE	<input type="checkbox"/> ATCH			
<input type="checkbox"/> EMERGENCY LEAVE	<input type="checkbox"/> DDALV			
12. DEROS 20100719	13. DROS 20110407	14. MARITAL STATUS Single	15. DATE OF MARRIAGE	
16a. NAME OF SPOUSE		16b. AGE	16c. PRESENT ADDRESS OF SPOUSE	
17. BASD 3 SEP 96	18. PEBD	19. ETS 30 SEP 2019	20. HOME PHONE NO. (include area code) 843-609-6252	

21. AUTHORIZED FAMILY MEMBERS, CHILDREN OR OTHERS AUTHORIZED AS FAMILY MEMBERS IAW AR 640-3.

NAME	AGE	RELATIONSHIP	ADDRESS
Joseph Chisolm	72	Father	1505 Sago Palm Dr Hanahan SC 29410
Gloria Chisolm	70	Mother	1505 Sago Palm Dr Hanahan SC 29410

22a. PARENTS (To be completed by all soldiers. Indicate if parents are deceased.)

NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH
FATHER: Joseph Chisolm	72	1505 Sago Palm Dr Hanahan SC 29410	\$553.00	Poor
MOTHER: Gloria Chisolm	70	1505 Sago Palm Dr Hanahan SC 29410	\$513.00	Fair
FATHER-IN-LAW:				
MOTHER-IN-LAW:				

22b. THIS REQUEST IS BASED ON LOCO PARENTIS. I RESIDED WITH THE FOLLOWING PERSONS FROM

N/A (Month/Year) TO: (Month/Year)

NAME	AGE	ADDRESS	MONTHLY INCOME	HEALTH

23. SOLDIER'S BROTHERS AND SISTERS WHETHER LIVING AT HOME OR ELSEWHERE AND OTHER MEMBERS OF FAMILY. (Include brothers/sisters-in-law, if request is based on in-law problems.)

NAME	AGE	RELATIONSHIP	ADDRESS	OCCUPATION	MONTHLY INCOME
N/A					

24. HAS SOLDIER SUBMITTED ANY PREVIOUS REQUESTS FOR COMPASSIONATE ACTION?

YES NO IF YES, INCLUDE DATE SUBMITTED, CIRCUMSTANCES PROMPTING THE REQUEST, AND FINAL DECISION.

2013 To assist parents in caring for seriously ill grandmother who had recently suffered a stroke and required 24 hour care. Packet was disapproved because grandmother was not in Deers

25. GIVE REASONS FOR REQUESTING COMPASSIONATE ACTION (If illness or injury is involved, attach statement from attending physician, IAW AR 614-200, chapter 5.)

Father Joseph Chisolm whom is my dependant has been diagnosed with stage four prostate cancer and it has spread through out his body causing him great pain, he has not been eating well and my mothers health is fair and she is legally blind in one eye. The prognosis for my dad cancer is very poor.

26. WHAT ATTEMPTS HAVE BEEN MADE BY SOLDIER TO REMEDY THE CONDITIONS OTHER THAN APPLYING FOR A COMPASSIONATE ACTION?

I have taken leave several times in order to assist my mom with taking my dad to his appointments and ensuring he is eating again. I am an only child with no family support to ensure my parents are properly taken care of. I am the sole provider for their health and welfare.

27. REMARKS

There is a Military installation in Charleston the Naval Weapons Station that can facilitate me in my career as I care for my father during this difficult time for our family.

28a. I have been interviewed by a commissioned officer and have been advised that false statements on this application will constitute a violation of the UCMJ 1951 (as amended) and may subject me to a trial by court-martial.

b. SIGNATURE OF APPLICANT

c. DATE

Ronda Chisolm

20140930

29a. I certify that the information on the request for compassionate action contained herein

HAS BEEN VERIFIED RECOMMEND APPROVAL RECOMMEND DISAPPROVAL

b. TYPED OR PRINTED NAME OF COMMANDER/AUTHORIZED REPRESENTATIVE

c. SIGNATURE

d. DATE

Kevin L. Kelly, CPT/1LT-CMDR

[Signature]

30Sep14

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT
 Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.

OIG No. 0704-0415
 OIG approval expires
 Jan 31, 2014

SECTION I - SPONSOR/EMPLOYEE INFORMATION

1. NAME (Last, First, Middle) CHISOLM, LINDA		2. GENDER F	3. SSN OR DOD ID NO. DoD#1059116610	4. STATUS AD	5. ORGANIZATION USA
6. PAY GRADE E6	7. GEN. CAT II	8. CITIZENSHIP US	9. DATE OF BIRTH (YYYYMMDD) 1966MAY23	10. PLACE OF BIRTH	
11. CURRENT HOME ADDRESS 1505 SAGO PALM DR			12. CITY HANAHAN	13. STATE SC	14. ZIP CODE 29410-8255
15. PRIMARY EMAIL ADDRESS linda.chisolm@us.army.mil		17. TELEPHONE NUMBER (Include Area Code/DSN) (843)609-6252	18. CITY OF DUTY LOCATION	19. STATE OF DUTY LOCATION	20. COUNTRY OF DUTY LOCATION

SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS

21. REMARKS (Cite legal documentation, as applicable)
 Verified by DEERS:

Taranail Weaver
 Site#620895
 taranail.weaver.civ@mail.mil
 706-344-5877

NOTARY SIGNATURE AND SEAL

I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)

22. SPONSOR/EMPLOYEE SIGNATURE

23. DATE SIGNED (YYYYMMDD)

SECTION III - AUTHORIZED BY

24. SPONSORING OFFICE NAME

25. CONTRACT NUMBER

26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)

27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)

28. OFFICE EMAIL ADDRESS

29. OVERSEAS ASSIGNMENT (Country)

30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)

31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)

32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)

33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)

I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the Uniformed Services.

34. SPONSORING OFFICIAL NAME (Last, First, Middle)

35. UNIT/ORGANIZATION NAME

36. TITLE

37. PAY GRADE

38. SIGNATURE

39. DATE VERIFIED (YYYYMMDD)

SECTION IV - DEPENDENT INFORMATION (Attach additional pages if necessary)

A 40. NAME (Last, First, Middle) CHISOLM, GLORIA J		41. GENDER F	42. DATE OF BIRTH (YYYYMMDD) 1944MAR31	43. RELATIONSHIP PAR	44. SSN OR DOD ID NO. DoD#1297709506
45. CURRENT HOME ADDRESS 1505 SAGO PALM DR			46. CITY HANAHAN	47. STATE SC	48. ZIP CODE 29410-8255
		49. COUNTRY US	50. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) 2007APR24	51. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) 2018MAY18	
B 62. NAME (Last, First, Middle) CHISOLM, JOSEPH C		53. GENDER M	54. DATE OF BIRTH (YYYYMMDD) 1942DEC23	55. RELATIONSHIP PAR	56. SSN OR DOD ID NO. DoD#1297709514
57. CURRENT HOME ADDRESS 1505 SAGO PALM DR			58. CITY HANAHAN	59. STATE SC	60. ZIP CODE 29410-8255
		61. COUNTRY US	62. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) 2007APR24	63. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) 2018MAY18	

SECTION V - RECEIPT

Receipt of new card is acknowledged.

64. SIGNATURE

65. DATE ISSUED (YYYYMMDD)



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT JACKSON
4325 JACKSON BOULEVARD
FORT JACKSON SC 29207-8015

IMFJ-HP

5 August 2014

MEMORANDUM FOR NEW DAY US BANK

SUBJECT: Statement of Active Duty Military Service

1. I certify that I am the Commanding Officer or official custodian of the personnel records of:

- a. Name: CHISOLM, LINDA
- b. Social Security Number: XXX-XX-3801
- c. Service Serial Number (If different than Social)
- d. Date of Birth: 19660523
- e. Rank or Rating: Staff Sergeant/E6

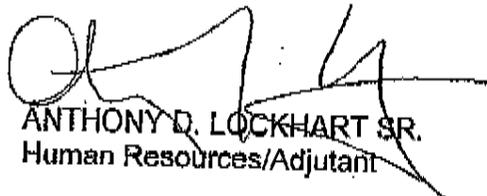
2. The following is a complete Statement of Service of active duty periods of service for the above mentioned Veteran.

- a. From: 19960903
- b. To: Present
- c. Status: Active Army
- d. Type of Separation and Forms Issued: N/A
- e. ETS: 20190930

3. I certify that said veteran has had 0 days lost during their current period of active service.

4. Service member is not barred from re-enlistment.

5. Point of contact is Mr. Lockhart at 803-751-7375 or
anthony.d.lockhart2.civ@mail.mil.


ANTHONY D. LOCKHART SR.
Human Resources/Adjutant

CF: Soldier Records

PRIVACY ACT INFORMATION
 EXCEPTIONAL FAMILY MEMBER PROGRAM
 REPORT 2
 EFMP SUMMARY REPORT
 DEPARTMENT OF THE ARMY
 DATE RUN: 01/27/2015

RCS EFMP

PCN ZJU-002

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FOR SPONSOR:

=====

NAME: CHISOLM LINDA
 RANK: SSG PMOS: 88M SSN: 248-45-3801
 ENROLLMENT DATE: 2014/10/23

HOME ADDRESS

1505 SAGO PALM DR

DUTY ADDRESS

FT JACKSON

HANAHAN SC

ZIP: 29410

PHONE: 843-553-5004

ZIP:

PHONE: 843-609-6252

=====

ACTIVE DUTY SPOUSE INFORMATION

SPOUSE NAME:

RANK:

SSN:

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THE FOLLOWING FAMILY MEMBERS ARE ENROLLED:

FAMILY MEMBER NAME	SEX	FAMILY MEMBER SEQUENCE NUMBER	MEDICAL DATA	EDUCATION DATA
CHISOLM JOSEPH	M	45	YES	NO

706-626-0695

PRIVACY ACT INFORMATION

RCS EFMP

PCN ZJU-002

SPONSOR NAME: CHISOLM LINDA SSN: 248-45-3801

FAMILY MEMBER MEDICAL INFO FOR:

NAME: CHISOLM JOSEPH VALIDATION DATE: 2014/10/23
 FAMILY MEMBER ID: 45 DOB: 1942/12/23
 RELATIONSHIP TO SPONSOR: FATHER
 MEDICAL DATA ENTERED BY: MTF: MONCRIEF ARMY COMMUNITY HOS
 CODE CENTER: BROOKE ARMY MEDICAL CENTER

HAS THERE BEEN ANY MENTAL HEALTH CARE WITHIN THE LAST FIVE YEARS: .. NONE
 LIMITED STEPS: ..
 COMPLETE WHEELCHAIR ACCESSIBILITY: .. NONE
 AIR CONDITIONING: ..
 PATIENT HAD CANCER/LEUKEMIA IN LAST 5 YEARS: .. NONE

CURRENT ACTIVE DIAGNOSIS	FREQUENCY OF PAST CARE (12 MONTHS)				
	SEVERITY	OUT	ER	HSP	ICU
185 CANCER OF PROSTATE	SEVERE	03	01	01	00

ARTIFICIAL OPENINGS/PROSTHETICS

ADAPTIVE EQUIPMENT/SPECIAL MEDICAL EQUIPMENT REQUIRED

HEALTH CARE PROVIDERS	FREQUENCY OF CARE
HEMATOLOGIST/ONCOLOGIST, ADULT	MONTHLY

MEDICATIONS REQUIRED ON A ROUTINE BASIS

NORCO, DOCOLACE

PROGNOSIS

POOR PX.

ADDITIONAL COMMENTS

PRIVACY ACT INFORMATION

RCS EFMP

PCN ZJU-002

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SPONSOR NAME: CHISOLM LINDA

SSN: 248-45-3801

NAME: CHISOLM JOSEPH

VALIDATION DATE: 2014/10/23

FAMILY MEMBER ID: 45

DOB: 1942/12/23

RELATIONSHIP TO SPONSOR: FATHER

CONTINUED FROM PREVIOUS PAGE

DIAGNOSIS

METASTATIC PROSTATE CANCER

TREATMENT PLAN

PT AND FAMILY HAVE NOT YET DECIDED CURATIVE OR PALLIATIVE CANCER.

DX: 9/19/2014

MARION COOPER, MD

849-797-0583/KE

GENERAL COMMENTS

INCREASED WEAKNESS, LIMITED MOBILITY, INCREASED CONFUSION.

PAGE 3

PRIVACY ACT INFORMATION