

Reserve Health Readiness Program II (RHRP II)

Service Request Form

Service Request Number

SC	-	-	-	-
Yr	#	(completed by FA)		

To be completed by the Service Component requesting a New, Change, or Deletion to a RHRP II service(s).
Please use the blank page below or add additional pages if necessary.

Service Component (SC):	
SC Requestor:	Name:
	Phone:
	E-mail:
Date Request Submitted:	

Service Request (check one): New () Change in Guidance () Delete ()

Check all that apply: Medical (<input type="checkbox"/>) Dental (<input type="checkbox"/>) PDHRA (<input type="checkbox"/>) MHA (<input type="checkbox"/>)	Individual In Clinic (<input type="checkbox"/>) Group Event (<input type="checkbox"/>) Choose one: Call Center (<input type="checkbox"/>)
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Requirements of service request:	Please use page(s) below, if applicable
Estimated Quantity:	Desired Implementation Date:

Forms and/or regulations required to support request:
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Information Technology Requirements (include name of system(s) & nature of access):	
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Special reports request (Explanation of report type and frequency – monthly, quarterly, annually):

Service Members (SM) eligible to receive services (e.g., all SMs, SC will provide list, deployment only, etc.):
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To be completed by RHRP Management Office (RHRPMO).

Request received by:	Additional action/information received/date:
Date request received:	
Contract modification:	
RHRPMO confirmed & communicated costs:	
Request by:	LHI acknowledgement of receipt/date:
CDR April Kidd, RHRP Director	

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Please use space below to include additional information:

Please use page(s) below, if applicable