



UNITED STATES MARINE CORPS  
MARINE CORPS BASE  
QUANTICO, VIRGINIA 22134-5001

MCBO 1754.1A  
B 01  
2 2 FEB 1999

MARINE CORPS BASE ORDER 1754.1A w/ch 1+2

From: Commanding General  
To: Distribution List

**Subj:** PERSONAL SUPPORT/ADOPT-A-FAMILY HOLIDAY PROGRAM

Encl: (1) Application for Adopt-A-Family Program  
(2) Sponsorship Form for Adopt-A-Family Program

1. Purpose. To establish policy and guidance for the combination of the Adopt-A-Family Program and the Personal and Family Support Program, henceforth to be called the Personal Support/Adopt-A-Family Holiday Program.

2. Cancellation. MCBO 1754.1 and MCBO 1754.5.

3. Summary of Revision. This Order has a significant number of changes and should be reviewed in its entirety.

4. Background. The Community Services Center (CSC), MCB, Quantico, has conducted the Adopt-A-Family Holiday Program since 1989 to support readiness and enhance morale by assisting needy families during the holiday season. The CSC also coordinates the Personal and Family Support Program which enhances morale and readiness by providing a one-time support grant not to exceed \$200.00 (in the form of a check or a DFAS commissary voucher) to Marines and their families who are experiencing emergencies and have been denied assistance by local aid societies on MCB, Quantico. Financial support through this program is one time only per family, and only as a last resort. The combination of both programs will eliminate duplication of services and enhance the effectiveness and the intent of the programs.

5. Fiscal Instructions

a. Monetary donations for the Personal Support/Adopt-A-Family Program are accepted in the form of personal or organizational checks, and Marine Corps Community Services (MCCS) or commissary vouchers. Cash cannot be accepted for the Personal Support/Adopt-A-Family Program. From 1 January to 1 September, monetary donations to this program will be used to provide one-time support grants to needy families. From 2 September to 31 December, all donations will support the Holiday Adopt-A-Family Program.

b. The sponsor must make checks out to "MCCS/120" and write "Personal Support/Adopt-A-Family Program" on the memo line (lower left corner) of the check. The donation is exchanged by MCCS into

22 FEB 1999

negotiable instruments for use at the commissary and/or MCCS activities, or to provide financial assistance in the form of a grant not to exceed \$200.00. Commissary Vendors' Community Support Donations, when authorized by the CG, may also be accepted for this program.

\* c. Negotiable instruments are issued to families as specified by the Director, MCCS Division. Recipients are to acknowledge receipt by signature.

\* d. The Director, MCCS Division is responsible for the audit trail/accounting procedures for all donated funds.

e. Gifts and/or negotiable instruments are distributed no later than 15 December or the next working day during the Adopt-A-Family season.

f. Director, CSC shall ensure all Marines in need of support grants have been denied assistance by local aid societies on MCB, Quantico, and have seen the CSC's financial counselor to determine if a need exists.

#### 6. Action

\* a. Director, MCCS Division. Assume overall responsibility for the Personal Support/Adopt-A-Family Program.

(1) Specify process to issue negotiable instruments to families.

(2) Be responsible for audit trail/accounting procedures for donated funds.

b. Director, CSC

(1) Assume operational responsibility for the Personal Support/Adopt-A-Family Program.

(2) Oversee the Personal Support/Adopt-A-Family Program information brief to unit representatives.

(3) Coordinate all donor and recipients marketing and oversee donations and disbursements in conjunction with the Personal Support/Adopt-A-Family Program.

(4) Designate CSC Personal Support/Adopt-A-Family Program representatives.

**2 2 FEB 1999**

c. CSC Personal Support/Adopt-A-Family Program Representatives

(1) Act as a point of contact for all representatives, organizations, agencies, and other sponsors regarding this program.

(2) Establish type and size of family each sponsor prefers to adopt (single parent, traditional, dual military, etc.).

\* (3) Initially screen referred families for eligibility using enclosure (1). Eligibility is determined by grade (active duty, E-5 and below, or for special needs/hardship in the grade of E-6 and above) and endorsed by the unit commander, or Director, CSC. Application approvals, may also be endorsed by those given "By direction" authority in the absence of the unit commander.

(4) Record complete and accurate information to ensure appropriate matching of sponsors and families.

(5) Coordinate receipt and delivery of donated funds for families without sponsors due to late registration.

(6) Coordinate interaction between sponsors and adopted families.

(7) Coordinate receipt and distribution of gifts.

d. Unit Representatives

\* (1) Publicize and distribute information on the Personal Support/Adopt-A-Family Program to personnel (enclosure (2)). Provide names to CSC on the date published by MCCS.

(2) Identify needy families as referrals for the program, ensuring that referrals are made to the Director, CSC, using the appropriate application form, (enclosure (1)), for the Adopt-A-Family Program and CSC intake for personal support. Inform families that their nomination does not guarantee sponsorship or support due to the limited number of sponsors and funds available.

(3) Refer cases not meeting the Personal Support/Adopt-A-Family Program grade requirements to the Director, CSC for approval of special needs/hardships eligibility.

(4) Take every precaution to maintain the confidentiality of all families referred to the program.

(5) Identify sponsors to the Personal Support/Adopt-A-Family Program.

MCBO 1754.1A

**2 2 FEB 1999**

**c.** Director, Comptroller Division. Conduct an annual evaluation of the financial records to ensure compliance with appropriate directives.

  
E. CAVAZOS, JR.  
Chief of Staff

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UNITED STATES MARINE CORPS

MARINE CORPS BASE

QUANTICO, VIRGINIA 22134-5001

MCBO 1754.1A Ch 1

B 01

13 APR 1999

MARINE CORPS BASE ORDER 1754.1A Ch 1

From: Commanding General  
To: Distribution List

Subj: PERSONAL SUPPORT/ADOPT-A-FAMILY HOLIDAY PROGRAM

1. Purpose. To direct pen changes to the basic Order.
2. Action. Page 3, paragraph 6c(3), line 4, add "or" before "activity head" and delete ", or Executive Director, Navy/Marine Corps Relief Society."
3. Filing Instructions. File this Change transmittal immediately following the signature page of the basic Order.

R. P. ROOK  
Chief of Staff

DISTRIBUTION: A



UNITED STATES MARINE CORPS  
MARINE CORPS BASE  
QUANTICO, VIRGINIA 22134-5001

MCBO 1754.1A Ch 2  
B 37  
5 DEC 2000

MARINE CORPS BASE ORDER 1754.1A Ch 2

From: Commanding General  
To: Distribution List

Subj: PERSONAL SUPPORT/ADOPT-A-FAMILY HOLIDAY PROGRAM

Encl: (1) New page inserts to MCBO 1754.1A

1. Purpose. To transmit new page inserts to the basic Order.

2. Action

a. Remove pages 2, 3, enclosure (1), page 1, and enclosure (2), page 1 of the basic Order and replace with the corresponding pages contained in the enclosure.

b. Insert new page 4 in the basic Order.

3. Change Notation. Paragraphs denoted by an asterisk (\*) symbol contain changes not previously published.

4. Filing Instructions. File this Change transmittal immediately following the signature page of Change 1 of the basic Order.

  
E. CAVAZOS, JR.  
Chief of Staff

DISTRIBUTION: INTERNET

APPLICATION FOR ADOPT-A-FAMILY PROGRAM

Date \_\_\_\_\_ Unit \_\_\_\_\_

Full name of family to be sponsored \_\_\_\_\_

Rank \_\_\_\_\_ Duty phone \_\_\_\_\_

Home address (local) \_\_\_\_\_

Home phone \_\_\_\_\_

Number of family members \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Please indicate the following information for each child in the family:

NAME	AGE	SEX	CLOTHING SIZE	TOY/GIFT PREFERENCE

IS THERE A FAMILY PET? DOG \_\_\_\_\_ CAT \_\_\_\_\_ OTHER \_\_\_\_\_

Please indicate any household items that the family may require:  
 (check no more **than** 2 items)

- |                              |   |
|------------------------------|---|
| 1. _____ Iron                | 6. _____ Toaster                          |
| 2. _____ Dishes (everyday)   | 7. _____ Blender                          |
| 3. _____ Pots/pans           | 8. _____ Towels (kitchen or bath)         |
| 4. _____ Coffee Maker        | 9. _____ Flatware                         |
| 5. _____ Kitchen utensil kit | 10. _____ Other (food items, books, etc.) |

Name of family \_\_\_\_\_

Please circle any of the following hardships present in the family such as single parent, recent PCS, recent financial hardship, recent death/illness in immediate family, or exceptional family member(s). All eligible families must be E-5 or below.

\*\*SPECIAL EXCEPTIONS APPLY IF THE FAMILY NOMINATED IS NOT E-5 OR BELOW AND/OR HAS OTHER HARDSHIP FACTORS NOT LISTED.

SPECIAL EXCEPTIONS \_\_\_\_\_

Does the family wish to remain anonymous? YES \_\_\_\_\_ NO \_\_\_\_\_

\* IT IS VERY IMPORTANT TO COMPLETE THIS APPLICATION AND RETURN IT TO THE COMMUNITY SERVICES CENTER (BLDG 2034) NO LATER THAN THE DATE PUBLISHED BY MCCS.

ADDITIONAL COMMENTS/HARDSHIPS/JUSTIFICATIONS FOR THE FAMILY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unit Representative who completed this application:

Name \_\_\_\_\_  
Unit phone \_\_\_\_\_

\_\_\_\_\_  
COMMANDING OFFICER

\_\_\_\_\_  
DIRECTOR, CSC

\* "WE CARE"  
COMMUNITY SERVICES CENTER  
(703) 784-5816/5815  
1-800-336-4663

ENCLOSURE (1)  
Ch 2 ( 5 DEC 2000 )

SPONSORSHIP FORM FOR ADOPT-A-FAMILY PROGRAM

DATE \_\_\_\_\_ INDIVIDUAL( ) GROUP( ) UNIT( ) FAMILY( )

SPONSOR NAME: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

If unit or group, point of contact: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Work hours: \_\_\_\_\_

Please indicate the size family you are able to sponsor: \_\_\_\_\_  
\_\_\_\_\_

DO YOU WISH TO REMAIN ANONYMOUS? YES \_\_\_\_\_ NO \_\_\_\_\_

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**RETAIN FOR YOUR INFORMATION**

- \*\* Eligible families will be those of service members E-5 or below and/or families with special hardships.
- \*\* No perishable goods should be included in the gifts.
- \*\* Gifts should be wrapped and identified **as** to sex and age. Gifts too bulky to be wrapped should be identified for correct recipient.
- \* \*\* Gifts **MUST** be brought to the Community Services Center, Little Hall, between 0830 and 1630 no later than on the date published by MCCA.

Return this form no later than 20 November.

ENCLOSURE (2)  
Ch 2 ( **5 DEC 2000** )