

[Unit Name]

2026 Holiday Food Gift Card Program (HFGCP) Unit Roster

Commanding Officer's Signature for Approval of Unit Roster: _____

Signature & Date for receipt of DeCA gift cards (HFGCP Unit Rep Only): _____

Total: 0

	Service Member DoD ID #	Service Member Name (Last, First)	Rank	Dual Military	Eligibility Requirement	# of Dependents	DeCA Gift Card #:	DeCA Gift Card #:	Signature of DeCA Gift Card Recipient (Only the Service Member or their spouse are authorized to sign for gift cards)
	Due no later than: Friday, 6 November 2026						Due no later than: Friday, 4 December 2026		
Ex.	123456789	Smith, John	E-4	No	Financial need exists	3	XXXXXX	XXXXXX	John Smith
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