

VETS to VA CLINICS

Date _____ Last 4 of SSN _____

Last Name _____ First Name _____ Middle I _____

Home Address _____ Apt # _____

City _____ Zip _____ Age _____ Male or Female _____ Date of Birth _____

Home phone _____ Work phone _____ Cell _____

Emergency Contact Name _____ Phone _____

Emergency Contact Address _____

1. Do you live in an ALF/nursing home or facility that can transport you? _____
 2. Do you have relatives/friends in this area that can transport you? _____
 3. Are there any special conditions regarding your disability that we need to know? _____
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The following information is used to ensure that an appropriate vehicle is utilized to provide your transportation.

1. Do you use any of the following for mobility? _____ Approx. total weight of vet & chair _____

Manual wheelchair _____ Power wheelchair _____ Powered Scooter _____ Wide/Oversized Wheelchair _____

Cane _____ Crutches _____ Walker _____ Personal Care Attendant _____ Guide Dog _____ Oxygen _____

2. Please be specific in order for us to better serve you...
 - A. Distance you can travel without assistance: 200 ft _____ 1/4 mile _____ 3/4 mile _____
 - B. Can you climb a 12" step without assistance? _____ With assistance? _____
 - C. Can you wait outside without support for 10 minutes? _____
 - D. Can you give your address and phone number upon request? _____
 - E. Can you recognize a destination or landmark? _____
 - F. Can you ask for and follow directions? _____
 - G. Can you handle unexpected situations or changes in your routine? _____
 - H. Can you safely & effectively travel through crowded or complex facilities without an escort? _____

Comments: _____

Vet must show ID and/or VA appointment slip. Limited space available.

**** Riders can be refused transportation due to conduct. ****

Mail applications to: Veterans Memorial Foundation
5191 C Willing Street
Milton, FL 32570
VETS to VA CLINICS
(850) 981-2653

Or fax to: (850) 981-2653

Email: vpowers.vets2va@yahoo.com

After approval, call 476-8130 to schedule transportation and mention VETS to VA CLINICS.

Tax deductible donations may be made out to Veterans Memorial Foundation and mailed to above address.

My signature confirms I am unable to obtain my own transportation and authorizes permission to maintain and release the above information to be used for transportation needs.

Signature