

# 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? \_\_\_\_\_
- 

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      Or fax to: (850) 981-2653  
5191 C Willing Street  
Milton, FL 32570  
VETS to VA CLINICS  
(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