



## **Preliminary Request Action Trackchair / Specialized Motorized Chair**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you assigned to a warrior transition unit, and/or do you have a wounded warrior advocate assigned to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide Warrior Advocate: name \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

DD214: \_\_\_\_\_ Yes - attach copy \_\_\_\_\_ No - why not?

VA Disability Rating: \_\_\_\_\_ attach proof

Does someone else handle your personal affairs for you? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide: name \_\_\_\_\_

email \_\_\_\_\_ phone \_\_\_\_\_

Current living arrangement environment?

\_\_\_\_ specialized housing

\_\_\_\_ private home - modified \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ waiting for home to be built (doorways need 41"-45")

\_\_\_\_ other - please explain \_\_\_\_\_

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Please list current physical and mental limitations:

\_\_\_\_ caregiver \_\_\_\_ % of time

\_\_\_\_ amputated limbs - number\_\_\_\_ type\_\_\_\_\_

\_\_\_\_ TBI - Traumatic Brain Injury - what are the effects?\_\_\_\_\_

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\_\_\_\_ Other - please explain \_\_\_\_\_

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Please tell us what your lifestyle was before your disability/entrance into the service. Attach any proof.

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How do you see this wheelchair improving your way of life?  
How often will it be utilized? \_\_\_\_\_

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Do you already own a vehicle that can transport this type of motorized chair? If so, what type? Lift weight capacity (need 350 - 390 lbs)

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Supporting Documentation and needs:

Please check off when completed:

- DD214
- VA Disability rating letter
- Prior Disability lifestyle verification - (any pictures)
- Vehicle to tow chair
- Hitch for chair mount - 400 lb capacity
- Letter telling us about yourself: Your service - branch and length of time. Your injury - when, how received, lasting effects. What and how getting this chair will improve your lifestyle?

The above supporting documentation was sent by:

Email to [patty@thehonorgroup.org](mailto:patty@thehonorgroup.org)

Regular mail to The Honor Group

I personally filled out this request form.  Yes  No

My caregiver or someone else filled out or helped me fill out this request form.  Yes  No

Do you want?      Media Coverage      Remain Anonymous

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person who filled out or helped fill out this request

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

You have the option to save your form and email to [patty@thehonorgroup.org](mailto:patty@thehonorgroup.org)

**Click Here to Send Completed Form**