



**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 _____

Please list current physical and mental limitations:

_____ caregiver _____ % of time

_____ amputated limbs - number _____ type _____

_____ TBI - Traumatic Brain Injury - what are the effects? _____

_____ Other - please explain _____

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

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

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)

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

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

Click Here to Send Completed Form