



## Injured OIF/OEF Veteran Application

*Please Print or Type and Provide Complete Information*

*If you are completing this application on behalf of the injured serviceperson, please fill out the following section:*

Applicant Name \_\_\_\_\_

Relationship to veteran/serviceperson: \_\_\_\_\_

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



Name of injured serviceperson: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best time to call \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Please briefly describe serviceperson's involvement in Operation Iraqi Freedom or Operation Enduring Freedom:

Please describe the type of injury and related symptoms:

Please describe how the injury affects the daily activities of the applicant:

Active Duty       Discharged      Date of Discharge\_\_\_\_\_

Please note that in many cases, active duty military are not eligible to receive services outside the military. Before applying to receive services through this program, it is advised that you consult your superior officer or case manager to confirm that participation will not compromise your health benefits or other services provided by the military.  **I have done so.**

Please note that this program services owner-occupied homes. If the injured serviceperson will reside with a family member once released from military care, that family member's home is considered eligible for this program. Please note the relationship of the homeowner to the injured serviceperson:

Self       Spouse       Partner       Child       Parent       Grandparent

Branch of the Military: \_\_\_\_\_ Rank: \_\_\_\_\_

Rebuilding Together has specific programs to provide services to severely injured servicepersons. Which of the following apply to the nature of the serviceperson's injury:

- Loss of Vision       Loss of Hearing       Paralysis  
 Loss of Limb       Brain Trauma       Other

Where did you receive treatment for your injuries? \_\_\_\_\_

(Projected) Date of Discharge from facility: \_\_\_\_\_

Please list any other health care providers (physicians, physical therapists, etc.) you have consulted with respect to your injuries \_\_\_\_\_

Approximate annual family income prior to injury: \$ \_\_\_\_\_

Projected annual family income post hospitalization: \$ \_\_\_\_\_

Number of Family Members residing in home: \_\_\_\_\_ Number of dependent children: \_\_\_\_\_

Have your special housing needs been evaluated by an occupational or physical therapist, or other housing or rehabilitation specialist?  yes  no

If yes, is the information available for review by Rebuilding Together?  yes  no

If yes, please provide contact information for this specialist:

Please provide a brief description of the nature of the serviceperson's injuries and/or obstacles presented in your current housing situation:

Is the applicant the homeowner or does the applicant anticipate living with the care giver for an extended period of time?

Number of bedrooms in the home: \_\_\_\_\_

Number of bathrooms in the home: \_\_\_\_\_

Number of levels to the home: \_\_\_\_\_

## Accessibility Improvements

Please take a moment to review the list of accessibility improvements that you think you may need to make your home more user-friendly, safer, and accessible.

### Exterior

- Ramp or Lift to gain entrance to front door
- Walkways (i.e. a path to get to main door)
- Lighting
- Steps repairs or widened
- Handrails along walkways or stairs
- Widened front doorway
- Low threshold for wheelchair access
- Flashing or Motion Sensored Lighting
- Doorbell, monitor, or call-box
- Widened stop for access to main door from wheelchair

### Interior - General

- Flooring (smooth or level)
- Widened hallways
- Widened doorways
- Lever handles to replace knobs/handles
- Improved lighting
- Handrails/ Banisters
- Elevator
- Stair Lift
- Paddle light switches
- Large-print digital thermostat
- Raised plugs, lowered switches
- Security system
- Reduced glare
- Flashing or vibrating alarms (smoke, doorbell, etc.)
- Control of background noises
- Laundry on first floor
- Accessible switch/fuse boxes

### Kitchen

- Raised or lowered counter tops
- Accessible cabinets
- Task lighting
- Raised dishwasher
- Roll under sink
- Levered handle faucets
- Side by side refrigerator
- Non-slip flooring
- Stove with controls on front
- Raised cabinet curbs
- Clear turning space for wheelchair

### Bedroom

- Grab Bars, support poles for bed transfer
- Accessible storage/closet
- Improved lighting
- First floor bedroom
- Pulsing/flashing alarm clock
- Adjoining bathroom
- Increased space for medical equipment

### Bathroom

- Raised toilet
- Grab bars by toilet
- Grab bars in shower or tub area
- Replace tub with roll in shower
- No-lip shower
- Hand held showerhead
- Caregiver controls for bath/shower off-center
- Improved lighting
- Non-slip flooring
- Transfer bench
- Roll-under sink
- Storage closet
- Emergency call system
- Angled mirror
- Bathroom on first floor
- Turning space for wheelchair

***By submitting this form, the applicant grants Rebuilding Together access to the medical and personal information attached. Rebuilding Together reserves the right to share this information with partners and local affiliate offices, but will treat this information as sensitive and confidential until such time as applicant is selected and agrees to participate in the Rebuilding Together program.***

**FAX COMPLETED APPLICATION TO 202-483-9081**

Rebuilding Together  
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