

**VA HEALTH CARE SYSTEM  
St. Cloud, Minnesota**

**Application: Fishing Trip for Veterans with Disabilities  
May 18-21, 2015  
Veterans on the Lake Resort at Ely, MN**

**PLEASE PRINT**

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

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

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

**Home phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **T-Shirt/Sweatshirt size:** \_\_\_\_\_

**Type of disability/diagnosis:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

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

**Home phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Briefly describe your physical disabilities:**

\_\_\_\_\_  
\_\_\_\_\_

**Describe any special needs, assistance, and/or equipment you will need:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you require the use of a wheelchair: Yes \_\_\_ No \_\_\_**

**Please circle items used: walker cane crutches other:** \_\_\_\_\_

**List any current medications taken:** \_\_\_\_\_

\_\_\_\_\_

**Date of last appointment at St. Cloud VA:** \_\_\_\_\_

**Name of physician:** \_\_\_\_\_

Allergies (be specific): \_\_\_\_\_

Please list any other medical information concerning your current health status:

\_\_\_\_\_

\_\_\_\_\_

Last year that you participated in the Ely fishing trip: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

WWII: \_\_\_\_\_ Korea: \_\_\_\_\_ Vietnam: \_\_\_\_\_ Desert Storm: \_\_\_\_\_ Afghanistan \_\_\_\_\_ Iraq \_\_\_\_\_

Years served: \_\_\_\_\_

**Eligibility requirements:**

1. You must be a veteran enrolled at the St. Cloud VA Healthcare System for your medical services.
2. You must be an outpatient-for at least 30 days.
3. You must be independent with administration of your medications; no medical staff will be available.
4. You must agree to abstain from alcohol and drug usage during this trip.
5. You must have a valid Minnesota fishing license.
6. You must be independent with activities of daily living; such as eating, dressing, toileting, getting in and out of a vehicle, wheelchair, or scooter. No staff will be available to help you.

OR

-If you qualify for all the above except # 6 and you would like to bring a care giver, we have limited spots available. Please fill out page 3 of this application and return along with this application

Questions concerning this trip should be directed to Karon Scherer (320) 252-1670 EXT 6804

Applications must be submitted by Friday March 27, 2015. Our screening committee will review all applications. All applicants will be notified by mail whether you have been selected or not.

Confirmation phone calls will be made to those veterans who have been selected.

Return applications to: Karon Scherer  
VA Health Care System (EC-117)  
4801 Veterans Drive  
St. Cloud, MN 56303

By signing this application, you attest to your ability to administer your own medications and provide own cares or you will bring a companion for cares; also you are giving our staff permission to consult with your provider and / or review your medical record if necessary to process your application.

Applicant's Signature \_\_\_\_\_

**This section is to be filled out by anyone who needs to bring a Care giver on this trip.**

**(You must provide your own Caregiver)**

**Caregivers Name:** \_\_\_\_\_

**Relationship to the Veteran:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_