



Veteran Transportation Assistance

Client's Information

Last		First		Middle Initial	
Street Address			City		State
Home Phone ()			Work Phone ()		Mobile Phone ()
Age:			Duty Status (Active/Guard/Reserve/Veteran/Dependent):		Branch:
Zip Code					

Special Accommodations

Traveling with a service animal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Type
Traveling with oxygen / respirator?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Traveling with mobility aid?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Type
Traveling with Personal Care Attendant (PCA)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Transportation Information

Transportation Requested: <input type="checkbox"/> One Way <input type="checkbox"/> Round Trip	
Departure Date:	Departure Time:
Return Date:	Return Time:

Travel Itinerary (Departing From)

Street Address	City	State	Zip Code
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Travel Itinerary (Arriving At)

Street Address	City	State	Zip Code
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I hereby certify that the facts set forth in this transportation assistance request are true and complete to the best of my knowledge

Signature and Title of Military Representative: _____ Date: _____

Return Via Email to Tim.Bothe2@redcross.org or Fax at 303-698-7820

***Assistance requests must be made at least 5 business days in advance of travel date.**

*Both the referrer and beneficiary will be notified by Red Cross whether or not assistance can be provided.

Red Cross Use Only	
Date Received	
Date Approved	