



FISHER HOUSE FOUNDATION, INC.

*“Dedicated to our greatest national treasure ...
our military service men and women and their loved ones”*

Dear Service Member:

On behalf of Fisher House Foundation, thank you for your service to our nation. You are truly one of America's heroes.

If you are undergoing treatment at a military medical center or VA medical center incident to your service in Iraq, Afghanistan, or the surrounding areas, you and your family members may be eligible for complimentary airline tickets that have been donated to our Foundation. We would be honored to provide these tickets to you and your loved ones under the following conditions:

- For you: We are prepared to provide you with a round trip airline ticket for a trip from the medical center to your home and return if you have an approved leave of five or more days and are not eligible for military funded airfare.
- For your family and friends: In medically serious cases, the military provides a transportation entitlement for up to three family members for travel to the military medical center where you are hospitalized. If you do not qualify for that government funded travel, we may be able to provide your family or a friend with round trip airline tickets to visit you. Please bear in mind that we are providing only airline tickets. There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses.

The tickets that we have for this purpose are through agreements with individual airlines. It is important that you understand that you must comply with all terms and conditions established by each airline. Reservation and ticket agents are not authorized to make exceptions to the stated terms and conditions. **IT IS IMPORTANT THAT YOU GIVE THOUGHT TO THE DATES AND TIMES YOU REQUEST FOR FLIGHTS AS MANY AIRLINES CHARGE ADMINISTRATIVE FEES OR PENALTIES FOR CHANGES.**

For many of the airline programs, we are dependent on the generosity of an airline's frequent flyers who donate the miles that are exchanged for tickets. We encourage you to tell others to donate miles on these airlines to Fisher House Foundation. The most current listing of airline accepting donations of miles can be found at www.fisherhouse.org.

For travel to the Washington, D. C. area, we are pleased to provide complimentary ground transportation to and from one of the three area airports to the major medical centers, through the generosity of the Georgetown Wounded Patriot Support Project. Information about this program will be provided when the tickets are issued.

If you or your loved ones can meet all the criteria, please complete the attached request form and submit it to the family assistance center or other designated office that will forward the request to us. Please print legibly and remember that incomplete forms will not be accepted.

Thank you. These tickets are an expression of our appreciation for your service and sacrifice.

Sincerely,

David A. Coker
President

FROM: OIF/OEF Patient

Date: _____

RANK AND NAME OF OIF/OEF PATIENT _____

(Name of Medical Center/Treatment Facility) (Installation or City and State)

THRU: **Primary Physician or Social Work Staff:** (please complete)

Service Member is being treated as inpatient /outpatient (circle appropriate status) due to service in Iraq or Afghanistan (please circle one), or other combat theater.

Estimated remaining length of treatment as in or outpatient at this medical center is:

Under 15 days

15-30 days

Over 30 days

I certify the above information to be correct and that patient has signed DD Form 2870, "Authorization for Disclosure of Information,"[or comparable form from other service or agency] authorizing release of necessary health information to the Fisher House Foundation to process the request for airline tickets. (*Attach copy of signed DD Form 2870 or comparable form to this application.*)

Signature of Health Care Provider

Print Name, Rank, & Title of Health Care Provider

Tel: (____)_____ Fax: (____)_____
Health Care Provider's Phone Number & Fax Number

THRU:

TO: Fisher House Foundation

Ticket Request Section: You can **either** request a ticket for yourself or for family/close friends.

ORDINARY LEAVE (5 OR MORE DAYS): I would like a complimentary round trip airline ticket for myself for a non-government funded trip from _____ (name of medical treatment center) to _____ (airport city & state). Contact phone number (mobile phone preferred): (____)_____
Service member must attach a copy of the document approving the leave (DA Form 31 for Army or Form 1050 for USMC).

Earliest date for outbound travel is: _____.

Latest date for return travel is: _____.

Service Member's Name (Last, First): _____

FAMILY TRAVEL: I would like a complimentary round trip airline ticket(s) for the following members of my family or friend to visit me while I am a patient at _____
_____ (name of medical treatment center and city/state).

Please PRINT and use legal name that will match government issued identification and provide a current mailing address & phone number:

1. _____ Relationship: _____

(Address)

(City/State/Zip Code)

(_____) _____
(daytime phone number)

Mobile Phone Number: (_____) _____

E-Mail (PRINT CAREFULLY): _____

Round Trip travel from (airport) _____ to (airport) _____

Earliest date for travel to commence: _____

Latest date for return travel: _____

Special considerations (i.e. aisle/window, handicap, infant sharing seat, etc.)
If passenger is 18 years or young, please include date of birth. _____

2. _____ Relationship: _____

(Address)

(City/State/Zip Code)

(_____) _____
(daytime phone number)

Mobile Phone Number: (_____) _____

E-Mail (PRINT CAREFULLY): _____

Round Trip travel from (airport) _____ to (airport) _____

Earliest date for travel to commence: _____

Latest date for return travel: _____

Special considerations (i.e. aisle/window, handicap, infant sharing seat, etc.)
If passenger is 18 years or young, please include date of birth. _____

If there are more than two family members, please reproduce this page and complete the form for the additional names.

Service Member's Name (Last, First): _____

There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses. If travel is to the Washington, D. C. area, please read the following:

IN MAKING THIS REQUEST, I SPECIFICALLY ACKNOWLEDGE WASHINGTON, DC, IS A HIGH COST LIVING AREA AND THAT NEITHER THE DEPARTMENT OF THE ARMY NOR THE FISHER HOUSE FOUNDATION WILL PROVIDE FOR ANY ASSISTANCE , FINANCIAL OR OTHERWISE, IN ANY ASPECT OF TRAVEL RELATED TO THIS REQUEST, INCLUDING HOUSING ACCOMMODATIONS OR MEALS. IN SIGNING BELOW I CERTIFY THAT I OR MY FAMILY WILL MAKE ARRANGEMENTS AND PAY FOR ALL ASSOCIATED COSTS AND WILL SEEK NO ASSISTANCE FROM THE FISHER HOUSE FOUNDATION OR THE DEPARTMENT OF THE ARMY.

FOR TRAVEL BY A HOSPITALIZED SERVICE MEMBER, THIS REQUEST MUST INCLUDE A COPY OF AN APPROVED LEAVE. FREE AIRLINE TICKETS CAN NOT BE USED FOR TRAVEL WHILE ON PASS.

Signature of OIF/OEF Patient: _____

Printed Name: _____

Rank & Service: _____

Room/Ward: _____ Today's Date: _____

Telephone number where you can be contacted: (_____) _____

Email (PRINT CAREFULLY): _____

Alternate local contact: _____
(e.g., Platoon Sergeant, Social Worker) Name & Phone number

Action by Fisher House Foundation:

Ticket(s) Issued (Airline/Record Locator or Ticket Number):

Completed form must be faxed to Fisher House Foundation at (301) 294-8562 during normal business hours (Monday through Friday, 8:00 a.m. to 5:00 p.m. EST). Foundation office is closed on weekends and federal holidays. Messages left on voice mail are normally responded to during business hours.