

Once again with my brothers...as we were together then...we are together now..



SHOULDER TO SHOULDER

A Nationally acclaimed and award winning Veteran Newsletter & Website

QUAD CITIES CHAPTER 299

WWW.QCVVA299.ORG

DECEMBER 2016

"We sleep safely in our beds because rough men stand ready in the night to visit violence on those who would harm us." George Orwell

HOLIDAY EDITION SHOULDER TO SHOULDER

We take the opportunity of this Holiday Season to advise our Membership contained in the "In Fold" of this issue is an Application for You to travel to Washington, D.C. on an Honor Flight for Vietnam Veterans. Every Member is aware that Vietnam Veterans are dying from ancient wounds whether those wounds are seen or unseen. Agent Orange continues to kill at an alarming rate.

Honor Flight is served on a 1st Come / 1st Served Basis. Your application must be sent to Honor Flight not Chapter 299. We do recommend should you apply for the Honor Flight that you send a copy of your DD-214 with the application so there is no question of your service record. It is our understanding that the most unwell Vietnam 'in country' Veterans would be 1st choice for those that have a diagnosed short-term lifespan due to service in Vietnam. Vietnam Era Veterans can make application as well but

Chapter 299 recommends "Era Vets" stand down for in country Veterans.

In the spirit of the Holiday Season, we advise you a Chapter Christmas Party will be held at the East Moline America Legion Hall on December 17th for all Members and their Families. The Hall is located on the One Way Avenue headed West just past the E.M. Police Department at 829 – 16th Avenue – should you get lost call the Legion at [309] 755-5622 or Jerry Goodwin at [309] 230-1392

This is a potluck dinner and Chapter 299 will provide 2 Turkeys and 1 Ham as the entrees so plan your "pot luck" contributions around these two centerpieces. Dinner will be served from 5 – 6 PM. At 6:30 PM Santa Claus will arrive. Feel free to bring Grandchildren to visit Santa or anyone who is a 'child at heart'.

In the September issue your editors reported on an event – "Vette's On the River" in LeClaire, Iowa, August 27, 2016. The final tally of contributions Chapter 299 received were \$15,500 making it the largest single fund raising event last year – Thank You Mid-West Corvette Club for including us in your very special event.

Merry Christmas To All and a Happy, Healthy New Year 2017.

CHAPTER 299

**VETS IN CRISIS
HOTLINE
1.800.273.8255**

President - LARRY TSCHAPPAT
309 - 788-2729

LET289@HOTMAIL.COM

Vice President - RAY HAMILTON
1-563-650-7486

R.HAMILTON@MCHSI.COM
Secretary - VACANCY

Treasurer - Mike Haney
309-755-7935 –

MHANEY32@YAHOO.COM

Membership - STEVE BRENNER
563-355-6499

BNUC7@aol.com

Veteran Service Officers (VSO)
Al "Butch" Huber - VSO

309.721.1453

VVA National Offices
800.882.1316

VA Outpatient Clinic Bettendorf
563.332.8528

VA Med Cent IA City
319.338.0581 & 800.346.1843

IL Dept of Veterans Affairs
VSO Carla Waibel

309.793.1460

RI Cty Vet Ast & VSO
Todd Harlow

309.558.3546

VET CENTER (Counseling)
309-762-6955

IA Vet Affairs & VSO
David Woods

563.326.8723

Honor Guard Co-Captains
Dennis Laird - Funerals

309.721.7468

Andy Andersen - Parades
C: 563.940.5980

IA Workforce Vet Reps

Craig Norris - 563.445.3219
Jennifer Toenjes –

1-563-445-3200 EXT. 43348

Jennifer.toenjes@iwd.iowa.gov



Date Received _____/_____/_____



VETERAN APPLICATION – Vietnam Era

These are the dates set by congress for the Vietnam War. **Applicants must have served during these dates to be considered a Vietnam War Era Veteran: February 28, 1961 – May 7, 1975**

Honor Flight Network recognizes the American veteran for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial and others at no cost. Top priority however continues to be for WWII Veterans, followed by Korean Veterans and terminally ill veterans from all wars. *For Honor Flight to achieve this goal a Guardian will be assigned to provide assistance in helping you and the other veterans have a safe, memorable, and rewarding experience.* For all you and your comrades have sacrificed for us, please consider this a small token of appreciation from all of us at Honor Flight. For Honor Flight of the Quad Cities information, please check our website at www.HonorFlightQC.org or call us at (563) 388-3592. ***Thank You for your service.***

YOUR NAME: _____ NICK NAME: _____
 Please Print First Full Middle Last (If used)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: DAY: _____ EVENING: _____ MOBILE _____

E-MAIL: _____ WEIGHT: _____ AGE _____ BIRTH DATE (M/D/Y): _____

GENDER (M, F) _____ TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: DAY: _____ EVENING: _____ MOBILE: _____

ALTERNATE CONTACT (SON, DAUGHTER, ETC): NAME _____

PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

LIST DATES OF SERVICE: _____

MEDICAL: INFORMATION PROVIDED WILL **NOT** DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? _____ YES/NO.

MEDICATIONS (name and how often you take it):

<u>MEDICATION</u>	<u>TAKEN HOW OFTEN</u>	<u>MEDICATION</u>	<u>TAKEN HOW OFTEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **drug allergies**? _____

Do you have a history of seizure? YES NO Please describe what type (i.e. grand mal. petit mal. other) _____

Date of last seizure. _____. If within past 5 years, **STRONGLY** advised you discuss trip with your private physician!

Do you have problems with **motion sickness (sea or air)**? YES NO. If yes, is it controlled with medications? YES NO
If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES NO. If YES, please describe _____

Do you use a home nebulizer machine? YES NO. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

Do you have a **problem walking the length of a football field** without assistance? YES NO. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): _____

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO

If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician.

Do you have a **urostomy or colostomy bag**? YES NO. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.

Additional Comments or Concerns:

PLEASE REVIEW CAREFULLY AND SIGN: (*Honor Flight refers to Honor Flight of the Quad Cities and Honor Flight Network*)

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that **Honor Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injury/illness incurred by me while participating in the **Honor Flight** program.
3. **I understand that Honor Flight of the Quad Cities has a Guardian for me, and is not accepting additional Guardian applications at this time.**

SIGNED: _____ DATE: ____/____/____
(E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:

Honor Flight of the Quad Cities
c/o Ridgecrest Village
4130 Northwest Blvd.
Davenport, IA 52806
Or fax to: (563) 388-3287



Vietnam Veterans of America
Chapter 299
PO Box 6076
Rock Island, IL 61204-6076
www.QCVVA299.org

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