

## Newsletter for SGT Michael A. DiRaimondo Chapter 750 Military Order of the Purple Heart

[moph-chapter-750.com](http://moph-chapter-750.com)

“To care for him who shall have borne the battle...”  
Abraham Lincoln’s second inaugural address, March 4, 1865.



### From the Commander

#### July Meeting

The July meeting will be at the Veterans Home of California, Ventura at 6 P.M. LAMOPH meets at the same time, same place as the Patriots.

#### Unit 750 MOPH Auxiliary

Happy Fourth of July to you and family. If you are participating in the many patriotic celebrations of America’s Declaration of Independence please send pictures.

Save the date: Department CA announced the mid-term conference will be in Bakersfield on October 9 and 10, 2018 Information to follow on website.

Our July meeting will be in Ventura. We’ll be discussing fundraising and support for Veterans and scholarship donation. Potluck dinner follows with our Patriots – we need volunteers. Will you be attending? Be kind and let us know in advance that you will be there and whether you can help with drinks, salad or dessert. Thank you for all you do in supporting our Patriots and caring for all Veterans. Questions or ideas you’d like to share – call or email me at 805-565-3759 or [ms@west.net](mailto:ms@west.net). Sally Irving, Unit 750 President.

#### Honor Flight Veteran Application

Honor Flight Network recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C. to see YOUR memorial at no cost. Top priority is given to World War II and terminally ill veterans from all wars.

Honor Flight Network has expanded to include Korean War and Vietnam War veterans. In order for Honor Flight Network to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience.

For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight Network.

If you are a Veteran and would like to experience an Honor Flight at no cost to you, please complete the application at left.

Know someone who is a World War II veteran or a veteran with a terminal illness, please fill out an application and send it in on their behalf. Remember, veterans flies free.

Very Important Note: Most Honor Flight Network hubs use their own Veteran application form. Before downloading the application form above, take a minute to check the website of the Honor Flight Network hub you wish to depart from on our Regional Honor Flight Hubs page ([www.honorflight.org/regional-honor-flight-hubs/](http://www.honorflight.org/regional-honor-flight-hubs/)). If the website has application forms, download the appropriate form and follow their instructions for submitting an application.

For further information, please contact us at 937-521-2400 or via email at: [applications@honorflight.org](mailto:applications@honorflight.org)

See the end of the newsletter for the application.

### **Thanksgiving Food Basket Drive**

We need organizers and workers for Santa Barbara and Ventura. Step up now and planning is easier. Volunteers welcome for each planning committee. David and Jane Hieter are running the Santa Barbara effort and Jon Williams, the Ventura effort.

### **National MOPH and MOPHA Annual Convention**

Spokane Washington July 30th - August 3rd, 2018.

Info: [www.mophnationalconvention.org](http://www.mophnationalconvention.org)

### **VA Decision Ready Claim**

With VA's new Decision Ready Claim (DRC) Program, you can get a decision on your claim within 30 days after it's submitted. Watch this helpful video to decide if the DRC Program is right for you and your claim:

<https://www.youtube.com/watch?v=l3P9CWCy9m4>

If you plan to file any of the following types of claims, work with an accredited veterans service officer or other accredited representative.

Direct Service Connection Claims:

Claims for a disability that was caused by or during your service.

**Presumptive Service Connection Claims:**

Claims for a disability that VA automatically presumes to be service-connected based on unique conditions or situations you experienced during your service.

**Secondary Service Connection Claims:**

Claims for a disability that you have as a result of another service-connected disability.

**Increased Disability Claims:**

Claims for a disability you have a VA rating for that has gotten worse.

With DRC, you and your accredited representative put in the time upfront to make sure your claim is decision-ready at the time of submittal. Once you submit your DRC, there's no more back and forth with VA. You will have a response within 30 days! To learn more, please visit: [www.benefits.va.gov/compensation/drc.asp](http://www.benefits.va.gov/compensation/drc.asp).

**Next Meeting**

Need a ride to the meeting? Contact me at 805 565 3759. Members may be able to car pool with you. Meetings are generally on the second Thursday of the month at 6:00 pm and at the Veterans Home of California, Ventura (805-659-7500); located at 10900 Telephone Road Ventura: Santa Paula Freeway (Rte. 126); Exit South Wells Road (Rte. 118) then two long blocks to Telephone Road and we're at the large campus on the corner. Monthly meetings generally are the 2<sup>nd</sup> Thursday at 6:00 pm.

**Chapter Meeting Schedule for 2018**

July 12 – August 9 – September 13



# Veteran Application

**Honor Flight** recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority is given to WW II and terminally ill veterans from all wars. In the future, **Honor Flight** will be expanded to include Korean and Vietnam veterans. In order for **Honor Flight** to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at **Honor Flight**.

**YOUR NAME:** \_\_\_\_\_ **NICKNAME:** \_\_\_\_\_  
(Use your full name as it appears on your driver's license or government ID)

**ADDRESS:** \_\_\_\_\_ **GENDER:** \_\_\_ M \_\_\_ F

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**IS THERE A SPECIFIC GUARDIAN YOU WISH TO TRAVEL WITH YOU?** \_\_\_ Y \_\_\_ N

If YES, what is his/her name? \_\_\_\_\_ Relationship to you? \_\_\_\_\_

**HOW DID YOU HEAR ABOUT HONOR FLIGHT?** \_\_\_\_\_

**T-SHIRT SIZE:** (S,M,L,XL,2XL,3XL,4XL) \_\_\_\_\_ **PREFERRED DEPARTING AIRPORT:** \_\_\_\_\_

## ALTERNATE CONTACT

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (Someone available on the day you travel)

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PHONE: DAY** \_\_\_\_\_ **EVENING:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**SERVICE HISTORY**

BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ SERVICE DATES: \_\_\_\_\_

HOMETOWN: (City and State from which you entered the military) \_\_\_\_\_

ACTIVITY DURING 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

IF YES, PLEASE CIRCLE: CANE | WALKER | WHEELCHAIR | SCOOTER | OTHER \_\_\_\_\_

MEDICATION	HOW OFTEN TAKEN	MEDICATION	HOW OFTEN TAKEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any **Drug Allergies**? \_\_\_\_ YES \_\_\_\_ NO

If yes, please describe: \_\_\_\_\_

Do you have a history of **seizures**? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe (grand mal, petit mal, other) \_\_\_\_\_

When was you last seizure? \_\_\_\_\_

If you have had a seizure within the last 5 years, it is strongly advised to discuss travel with your doctor

Do you get **motion sickness**? (sea, air, vehicle) \_\_\_\_ YES \_\_\_\_ NO

If YES, is it controlled with medication? \_\_\_\_ YES \_\_\_\_ NO

Do you have any **breathing problems**? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe: \_\_\_\_\_

Do you use a **home nebulizer**? \_\_\_\_ YES \_\_\_\_ NO

Do you use **oxygen** at any time? \_\_\_\_ YES \_\_\_\_ NO

If YES, you will need an oxygen prescription from your doctor to be able to use oxygen during the trip. Oxygen will be provided. The prescription should be included with the application.

Do you have a **problem walking** the length of a football field without assistance? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe (e.g., heart or lung problems, arthritis, etc.) \_\_\_\_\_

Do you have a history of **open head injuries, sinus problems, or ear problems**? \_\_\_\_ YES \_\_\_\_ NO

If YES, have you flown since the problem? \_\_\_\_ YES \_\_\_\_ NO

If Yes, did you have any problems flying? \_\_\_\_ YES \_\_\_\_ NO

Do you have a **urostomy or colostomy** bag? \_\_\_\_ YES \_\_\_\_ NO

If YES, please ensure the bag is vented prior to flight.

ADDITIONAL COMMENTS OR CONCERNS: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\* IF YOU ANSWERED YES TO ANY OF THE MEDICAL QUESTIONS, YOU ARE STRONGLY ADVISED TO DISCUSS THIS TRIP WITH YOUR DOCTOR \*\*\***

**PLEASE REVIEW CAREFULLY:**

**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 neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO:** **HONOR FLIGHT, INC.**  
**175 SOUTH TUTTLE RD**  
**SPRINGFIELD, OH 45505**

**OR EMAIL TO:** **APPLICATIONS@HONORFLIGHT.ORG**  
**OR FAX TO:** **937-521-2512**  
**OR CALL:** **937-521-2400**