

# SALUTE, INC.

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## **WOUNDED WARRIOR LAPTOP PROGRAM**

Revised December, 2009

### **DESCRIPTION OF PROGRAM**

This Program provides laptop or notebook personal computers to wounded, injured or disabled veterans of recent armed conflicts who are undergoing an extended recuperation and/or rehabilitation in military hospitals or VA facilities.

### **ELIGIBILITY REQUIREMENTS**

1. You must have been wounded or injured while on active duty in the military campaigns associated with the recent armed conflicts and be willing and able to provide requested documentation to prove your status.
2. You must have sustained a permanent disability or be currently in a rehabilitation or recuperation program that exceeds thirty (30) days, and be willing and able to provide supporting documentation to prove your status.
3. Provide a copy of DD214 (copy 2 or 4) or a statement showing your present status with the military.
4. A written reason for the need of the laptop.
5. A medical statement from the military or a VA facility as to the nature of your disability/disabilities (need not be in medical terms).
6. Proof of enrollment in trade, college or specialty school.
7. Distance recuperation program is from your immediate family (wife, children or parents).
8. Application must be completed in full. Any additional information may be submitted on a separate sheet of paper.
9. Mail application and necessary information to: SALUTE, INC. P.O. Box 236, Prospect Heights, Il 60070-0236, Attn: Ron White.

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## **APPLICATION**

*Note: If application is submitted by someone other than the intended recipient, please provide the additional information at the bottom of this application.*

Name of Recipient Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street Address, including Apartment Number, if applicable)

\_\_\_\_\_  
(City, State, Zip Code)

Current Phone Number (with Area Code): \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street Address, including Apartment Number, if applicable)

\_\_\_\_\_  
(City, State, Zip Code)

Permanent Telephone Number (with Area Code): \_\_\_\_\_

Branch of Service: US Army \_\_\_ USN \_\_\_ USAF \_\_\_ USCG \_\_\_ Date of Birth: \_\_\_\_\_

Beginning active duty date: \_\_\_\_\_ Ending active duty date: \_\_\_\_\_

Military Unit: \_\_\_\_\_ Military Rank: \_\_\_\_\_

**I hereby attest that I served in the following campaigns and am willing and able to furnish documentation to verify my assignment:**

\_\_\_ Operation Noble Eagle

\_\_\_ Operation Northern Watch

\_\_\_ Operation Enduring Freedom

\_\_\_ Executive Order #13223

\_\_\_ Operation Iraqi Freedom

\_\_\_ Other \_\_\_\_\_

\_\_\_ Operation Southern Watch

**I hereby attest that at the time I was on active duty in the above campaign(s), I was wounded or injured in the time of duty and the following applies:**

\_\_\_ I have a permanent disability.

\_\_\_ I am currently undergoing a rehabilitation or recuperation program that has lasted or is scheduled to last thirty (30) days or more.

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Is veteran currently employed? Yes \_\_\_ No \_\_\_ If No, why not? \_\_\_\_\_

If employable, have steps been taken to secure employment? Yes \_\_\_ No \_\_\_

List steps \_\_\_\_\_

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## Spouse

Spouse's Full Name \_\_\_\_\_

Is spouse currently employed? Yes \_\_\_ No \_\_\_ If No, why not? \_\_\_\_\_

If employable, have steps been taken to secure employment? Yes \_\_\_ No \_\_\_

List steps \_\_\_\_\_

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## RECORD OF CHILDREN (under age 18 – under age 21 if disabled)

First Name	Age	Present School Grade	Is Child Working?	Where is Child, if not at Home?
1.				
2.				
3.				
4.				

## FINANCIAL RECORD

### MONTHLY INCOME

Earnings of Veteran .....\$ \_\_\_\_\_

Earnings of Spouse .....\$ \_\_\_\_\_

Earnings of Others in Household .....\$ \_\_\_\_\_

Veterans Compensation/  
Pension from VA .....\$ \_\_\_\_\_

### MONTHLY NEEDS

Shelter .....\$ \_\_\_\_\_

Food .....\$ \_\_\_\_\_

Clothing .....\$ \_\_\_\_\_

Fuel for Heating .....\$ \_\_\_\_\_

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Aid to Families with  
Dependent Children.....\$ \_\_\_\_\_

Old Age and Survivors  
Insurance (Social Security).....\$ \_\_\_\_\_

Other forms of Public Aid  
(Local, state, federal).....\$ \_\_\_\_\_

Private Charity (Red Cross, Family  
Welfare Society, Inc.) .....\$ \_\_\_\_\_

Aid from Other Veteran  
Organizations .....\$ \_\_\_\_\_

Other Income  
(Specify).....\$ \_\_\_\_\_

**TOTAL INCOME**.....\$ \_\_\_\_\_

Utilities (electricity,  
gas, water, etc.) .....\$ \_\_\_\_\_

Minor current medical needs  
(For family members not covered  
by insurance, Champva or  
Tricare).....\$ \_\_\_\_\_

School Expenses .....\$ \_\_\_\_\_

Other (itemize) .....\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL NEEDS** .....\$ \_\_\_\_\_

\_\_\_\_\_

**Personal Comments:**

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**If requested by SALUTE, INC., I am willing and able to provide documentation to support this claim.**

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form is voluntary. Failure to provide the requested information, however, will prohibit the processing of this application. In accordance with applicable laws, SALUTE, INC. will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or an otherwise required by law. I am, hereby, submitting my application for a laptop or notebook PC to be provided by SALUTE, INC. I have read and understand the Application Process and fully understand that the decision to furnish this equipment is at the discretion of SALUTE, INC.

\_\_\_\_\_  
*Signature of Applicant Recipient – Required*  
*(Must be signed not printed or typed)*

\_\_\_\_\_  
*Date - Required*

***If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:***

Name of Representative: \_\_\_\_\_

Relationship to Intended Recipient: \_\_\_\_\_

Address of Representative: \_\_\_\_\_  
(Street Address, including Apartment Number, if applicable)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
Signature of Representative – *(Must be signed not printed or typed)*

\_\_\_\_\_  
Date – Required

***Office Use:***

***Date Received:*** \_\_\_\_\_ ***Accepted*** \_\_\_\_\_ ***Denied/Reason:*** \_\_\_\_\_

***Computer Delivered via:*** \_\_\_\_\_ ***on*** \_\_\_\_\_

***Officer Approved Signature:*** \_\_\_\_\_

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Note:

1. Laptops issued subject to availability.
2. If a laptop is shipped to your address & is not accepted for any reason and unit is returned to SALUTE, INC., recipient must either make arrangements to pick-up unit or submit a money order or cashier's check for the amount of shipping, insurance & delivery confirmation before laptop will be reshipped.

## **Donations**

If you would like to donate to this Program or to contribute to SALUTE, INC., please go to the "Donate Now" star on our website [www.saluteinc.org](http://www.saluteinc.org) or send your donation directly by mail to:

SALUTE, INC.  
P.O. Box 236  
Prospect Heights, Illinois 60070-0236

**MAIL APPLICATION TO  
SALUTE, INC.  
P.O. BOX 236  
PROSPECT HEIGHTS, IL 60070**