

Application for
North Carolina HBOT Assistance

1. Signed and completed History Form
2. A personal biography of your situation (pages provided below)
 - a. Testimony about your situation and why you'd like to be considered for this HBOT assistance program
 - b. A description of your symptoms and the impact they have had on: 1) your life; 2) your work; 3) your family
 - c. A short description of your goals for treatment
 - d. A short biography from your significant other (if applicable) explaining the impact of your injury on him/her and his/ her program goals
3. A diagnosis of Traumatic Brain Injury, Post-Concussion Syndrome, and/or Post Traumatic Stress Disorder.
4. Signed and dated attached Code of Conduct and Consent form
5. A copy of your most recent DD214 or if Active Duty, your ID card or most recent orders
6. A copy of your Drivers License and Insurance Card if applicable

*All six parts of the application must be submitted to be considered for the program.

Personal History Form

1. Name _____
2. Birthdate _____
3. Street Address _____
4. Mailing Address (if different): _____
5. City _____ State _____ Zip _____
6. Email Address: _____
7. Phone 1: _____ Phone 2: _____
8. Spouse/Caregiver Name _____
9. Spouse/Caregiver Phone _____
10. Spouse/Caregiver Email _____
11. Gender: Circle One Male Female
12. Military Status: Circle One Active Duty Veteran
13. Did you serve in OIF or OEF: Circle those that apply
14. Branch of Service: _____
15. Are/ were you part of the Special Operations Community? Yes No
- 16.** How did you hear about this program?

17. Have you been diagnosed with TBI, PTSD or PCS (Circle those that apply)?
18. Your annual household gross income: _____
19. Your annual household living expenses: _____

20. Your highest level of education: (Circle highest) GED HS
 Associate Degree Bachelors Degree Masters PhD

Personal Biography

We want to understand why you'd like to be considered for this HBOT assistance program; please simply explain your situation. You may use the following bullets as a guide.

- a. Testimony about your situation:

b. Describe your symptoms and the impact they have had on: 1) your life; 2) your work; 3) your family

c. Describe your goals for treatment

Code of Conduct and Consent

This HBOT Program was established to address the significant need for safe and effective treatment for TBI, PTSD or PCS of former military or active duty personnel. It is enabled by 2021 funding provided by the North Carolina legislature. The goal in providing this therapy is to successfully treat as many of these heroes as possible. Therefore, it is imperative that each applicant sign and date the following Code of Conduct:

If accepted into this HBOT Program and medically cleared for treatment, I agree to:

1. Attend treatment and/or therapy sessions consistently and timely as prescribed by the doctor and the treatment center.
2. Notify James Hooker, the treatment coordinator, as soon as possible, if any deviation from prescribed treatment or schedule is necessary, regardless of the reason; HBOTforVets@gmail.com phone 703-994-5201.
3. Honestly and accurately describe my experiences and results.
4. Keep confidential all personal information of others that may be acquire during treatment or interaction while receiving treatment.
5. Be courteous and respectful of others in care, as well as the treatment facility staff.
6. Abstain from using alcohol, tobacco, or any other non-prescribed medications, marijuana, cbd or illegal drugs, and from abuse of prescription and non-prescription drugs during the entire duration of treatment. (For over-the-counter medications, please consult your HBOT treatment physician.)

By signing below, you agree to each fo the above statements and consent to sharing your information with organizations that assist in the mission to help you; this consent may include providing your HBOT results to substantiate support for others needing this therapy.

Print Name: _____ Date: _____

Signature: _____

You Can Send Your Completed Application by Email, Fax, or Mail

By Email....scan your application, then email to:

HBOTforVets@gmail.com

By Fax/first call 252-756-8549 to tell us you are sending by fax.

Then Fax to 252-756-8549

By Mail To:

HBOT Application
The Community Foundation of NC East
P.O. Box 3985
Greenville, NC 27836