



IDAHO DIVISION OF VETERANS SERVICES  
351 Collins Road  
Boise, Idaho 83702

## **DISABLED VETERANS ELK HUNT APPLICATION**

**(MUST BE TGEKXGF NO LATER THAN O C[ '3, 2019)**

The Idaho Division of Veteran Services will coordinate an all-expenses-paid deer or elk hunt for two disabled veterans in 201 . The purpose of the hunt is to offer disabled veterans an opportunity to participate in a big-game hunt when they might otherwise be prevented from doing so by the seriousness of their disability.

Tags are provided at no charge to the successful applicant by the Idaho Department of Fish and Game under a special program. The selected veteran may choose antlered or antlerless deer or elk in compliance with established seasons. Specific tag information will be provided to the selected veteran.

The hunt will occur on a private ranch in Unit 45, north of Mountain Home, Idaho. Hunt dates will need to be coordinated well in advance, based on established seasons. In most cases, hunts occur in October or early November.

Hunters will be expected to provide their own transportation to Mountain Home or Boise. Rustic cabin/bunkhouse accommodations, meals and on-site transportation and assistance will be provided at the ranch at no cost to the veteran. If the veteran has or requires a medical caregiver, these items will also be provided at no charge for the caregiver. The cabin/bunkhouse is not barrier-free, so hotel accommodations in Mountain Home will be provided if necessary. Hunters will need to make arrangements for their prescription and medical supplies, if any. Hunters will be responsible for their own meat processing and mounting in the event their hunt is successful.

Please fill out the application found on the Idaho Division of Veterans Services web page at [veterans.idaho.gov](http://veterans.idaho.gov), and either mail it to Idaho Division of Veterans Services, Attn: Disabled Veterans Deer or Elk Hunt, 351 Collins Road, Boise, Idaho 83702; fax it to 208-780-1301 or email it to [kevin.wallior@veterans.idaho.gov](mailto:kevin.wallior@veterans.idaho.gov). **All personal information submitted will be confidential and used only by the selection committee.**

A committee consisting of personnel from Idaho Division of Veterans Services and Idaho Veterans will make the final selections. The selected veterans will be notified by IDVS and will be contacted by the ranch to coordinate hunt dates and other specifics.

Please contact Kevin Wallior, 208-780-1300 or [kevin.wallior@veterans.idaho.gov](mailto:kevin.wallior@veterans.idaho.gov) if you have any questions.



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## **DISABLED VETERANS ELK HUNT**

### **APPLICATION CHECKLIST**

Before mailing, faxing, or e-mailing your application please ensure that you have reviewed the checklist to ensure that you have included all required documentation. We will be unable to process your application or consider you for this hunt if you have not provided all required documentation.

- Completed Application
  - Make sure yours and your emergency contact's phone numbers and addresses are up to date. If either of the addresses or phone numbers change after submitting your application, please contact IDVS at 208-780-1300 as soon as possible to update that information.
  - Please answer all of the questions.
  - Don't forget to sign the signature block.
- Copy of your DD Form 214
- Copy of your VA Disability Rating Letter

**PERSONAL DATA**  
**PLEASE PRINT**  
**ALL PERSONAL INFORMATION SUBMITTED WILL BE CONFIDENTIAL AND**  
**USED ONLY BY THE SELECTION COMMITTEE**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS (OPTIONAL): \_\_\_\_\_

**EMERGENCY CONTACT**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS (OPTIONAL): \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Will you be bringing your own firearm and ammunition? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If not, a firearm and ammunition will be provided)

Will a caretaker be accompanying you? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you want the meat? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the necessary clothing? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your percentage of disability? \_\_\_\_\_ %

Is your disability combat related? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the nature and extent of your disability: \_\_\_\_\_

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Please describe how and where you received your disability: \_\_\_\_\_

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Do you have a copy of your DD Form 214? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please enclose a copy of your DD Form 214.

Do you have a disability letter from the Department of  
Veterans Affairs? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please enclose a copy of your disability letter.

Do you require special meals? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what do you require?

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Do you have any other special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Would the extent of your disability require special transportation  
during the hunt? (e.g., ATV, wheelchair, crutches, walker) Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a medical condition other than your disability that  
could be aggravated during the hunt? If so, list below Yes \_\_\_\_\_ No \_\_\_\_\_

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