Kansas Honor Flight Veteran Application Form

Kansas Honor Flight, Inc. recognizes American Veterans for your sacrifices and achievements by flying you to Washington, D.C. to see your Memorial at no cost to the veteran. Priority is given to terminally ill Veterans who qualify. Veteran selection is by war (WW II, Korean War, and Vietnam War) and then by the date the application is received by Kansas Honor Flight, unless other circumstances prevail. Kansas Honor Flight strives to provide a safe and comfortable trip for the veterans. Guardians will accompany those Veterans needing physical assistance to have a safe, memorable and rewarding experience. For additional information, please contact us by phone at (620) 546-2400 or by e-mail at Info@KansasHonorFlight.org or visit our website at www.KansasHonorFlight.org.

NOTE: AS OF OCTOBER 1ST, 2021, ANYONE GOING ON A KANSAS HONOR FLIGHT WILL BE REQUIRED TO HAVE A VALID "REAL ID" IN ORDER TO TRAVEL BY AIR. THIS IS A DEPARTMENT OF HOMELAND SECURITY REQUIREMENT. For more information about this, visit the DHS website at https://www.dhs.gov/real-id.

Applicant Information:
(Name as it appears on photo i.d.- driver's license)
First Name: __________________________________
Middle Name: ________________________________
Last Name: ____________________________________
Name to be used on badge: ____________________________ Gender: ________________
Birthdate: ___________________________

Phone (Day): ________________________________
Phone (Evening): ________________________________
Phone (Mobile): ________________________________
Email: ____________________________________
Mailing Address: _______________________________________________________________
Physical Address: _______________________________________________________________
City: ____________________________________
State: _____________ Zip: _________________ County: __________________________

Emergency Contact:
First Name: ____________________________ Middle Name: ____________________________
Last Name: ______________________________
Relationship: ______________________________
Phone (Day): ______________________________

(1)
Phone (Mobile): ___________________________
Email: ___________________________________
Address: _______________________________________________________
City: __________________ State: ___________ Zip: __________________

Alternate Contact:

First Name: ___________________________ Middle Name: ___________________________
Last Name: ___________________________

Relationship: ___________________________

Phone (Day): ___________________________
Phone (Evening): ___________________________
Phone (Mobile): ___________________________
Email: ___________________________________
Address: _______________________________________________________
City: __________________ State: ___________ Zip: __________________

Service History:

Conflicts: WWII: _____ Korean War: _____ Vietnam War: _____

Branch(es) of Service: ________________________________________________

Rank at Discharge: ________________________________________________

Service Dates: ________________________________________________

Activity during service period: ________________________________________________

Home Town: ________________________________________________

Medical Info:

General

Weight: ___________ Height: ___________

Medications: _______________________________________________________

(2)
Does Applicant have any condition(s) or circumstances which might limit your ability to travel with a commercial airline, or could limit their ability to physically participate in this event?

_____________________________________________________________________________

Surgeries: ________________________________________________________________

Medical Comments: _________________________________________________________

Mobility

Mobility Device(s): None:____ Cane:____ Walker:____ Wheelchair:____

Does Applicant need Wheelchair day of flight? Yes:____ No:____

Can Applicant walk up & down a set of eight bus steps with assistance? Yes:____ No:____

Has problems walking the length of a football field without assistance? Yes:____ No:____

Please describe the reason (lung problems, arthritis, heart problems, etc.):
_______________________________________________________________________

How far can Applicant walk down a plane aisle? Yes:____ No:____

Is Applicant able to get in and out of a bus/plane seat? Yes:____ No:____

Does Applicant need an Aisle Seat? Yes:____ No:____

Does Applicant need a Seatbelt Extender? Yes:____ No:____

Respiratory

Does Applicant have any breathing problems? Yes:____ No:____

Breathing Problems Info: __________________________________________________

Does Applicant use oxygen at any time? Yes:____ No:____

Oxygen Info: _____________________________________________________________

Does Applicant have a portable oxygen concentrator? Yes:____ No:____

Does Applicant use a home nebulizer machine? Yes:____ No:____

Allergies

Does Applicant have Drug Allergies? Yes:____ No:____

Drug Allergy Info: __________________________________________________________

Does Applicant have Food Allergies? Yes:____ No:____

Food Allergy Info: _________________________________________________________

(3)
Diet
Does Applicant require a special diet? Yes:____ No:____
Special Diet Info: ____________________________________________________________

Conditions
Is Applicant Claustrophobic? Yes:____ No:____
Does Applicant have a Visual Impairment? Yes:____ No:____
Is Applicant deaf or hard of hearing? Yes:____ No:____
Does Applicant have Memory Problems? Yes:____ No:____
Does Applicant have Diabetes? Yes:____ No:____
How is Diabetes controlled? (Insulin or Pills): ________________________________
Does Applicant wear or have a heart pacemaker implanted? Yes:____ No:____
Does Applicant have urostomy, colostomy, or urinary catheter? Yes:____ No:____
Urostomy / colostomy / urinary catheter Info: ________________________________

Seizures
Does Applicant have a history of seizures? Yes:____ No:____
Information about Seizures: ________________________________________________
Last Seizure: _____________________________________________________________

Motion Sickness
Does Applicant have problems with motion sickness? Yes:____ No:____
Is motion sickness controlled with medications? Yes:____ No:____

Head Injuries / Sinus / Ear Issues:
Does Applicant have a history of open head injuries, sinus problems, or ear problems? ________
Has Applicant flown since the open head injury, sinus or ear problems occurred? ________
Did Applicant have any problems from flying? No:______ Yes:______
Describe:____________________________________________________________________
____________________________________________________________________________
(4)
Present or Former Occupation: __________________________________________________

Memberships: ________________________________________________________________

Has Applicant been the recipient of a previous Honor Flight trip? Yes:____ No:____

Is the applicant a smoker?: Yes: ____  No: ____

T-Shirt Size: _____________ (M-L-XL-2XL-3XL-4XL)

VETERANS FLYING TOGETHER If you wish to experience your trip to Washington, D.C. with another veteran who served during the same era, please list his/her name and phone number. He/she must also submit a Veteran Application which can be downloaded from our web site or we will mail them the form. If possible, submit all applications together to help in your request. Kansas Honor Flight will do its best, but makes no guarantee that the veteran's request will be honored.

Do you have fellow veteran you wish to travel with? No:_____ Yes: ______

Name: ___________________________________ Phone:_______________________

GUARDIAN (If required): For those veterans needing physical assistance, the veteran may request a family member (son, daughter, grandson, etc.) or friend to accompany them. The spouse or “significant other” of the veteran may NOT serve as the guardian. Guardians must be able-bodied between the ages of 18 & 70. If a family member/friend is not available, one will be provided. All guardians must submit a Guardian Application that is available on our web site or can be requested. All guardians will make a contribution to cover their travel expenses.

Guardian Name: _____________________________________ Phone:_____________

Relationship: __________________________________________________________________

Remarks/ Comments: __________________________________________________________________

Applicant request priority travel: Yes:_____ No:____

(ONLY for the terminally ill of qualifying wars) If priority travel is indicated, please also contact our office at 620-546-2400). It is STRONGLY advised that you discuss the trip with your physician!

Your signature on this page grants us the right to share your information with our volunteer medical, flight and administrative staff.

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 and or 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 hereto.

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 Kansas Honor Flight, Inc. or Honor Flight, Inc. responsible for any injuries incurred by me while participating in the Honor Flight program.

Signature:______________________________ Date: _______________________

Kansas Honor Flight, Inc. - P.O. Box 2371 Hutchinson, KS 67504-2371 – or E-mail to: application@kansashonorflight.org

Kansas Honor Flight, Inc. is a 501(c)3 tax-exempt non-profit organization. A letter acknowledging the generous donation will be mailed to the designated donor. All programs and services of Kansas Honor Flight, Inc. are offered on a non-discriminatory basis without regard to race, color, national origin, age, marital or family status, disability, or political beliefs.