

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): _____

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: _____

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: _____

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: _____

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 FLY ING 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.