



## 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](mailto:Info@KansasHonorFlight.org) or visit our website at [www.KansasHonorFlight.org](http://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>.

### Veteran Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

(As it appears on your photo i.d.)

Last Name \_\_\_\_\_

Name to be used on Name Badge: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

### Contact Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Service History

Branch of Service (check all that apply)

Army \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ Coast Guard \_\_\_\_\_ Other \_\_\_\_\_

Conflicts during your service (check all that apply)

WW II: \_\_\_\_\_ Korean War: \_\_\_\_\_ Vietnam War: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Home Town: \_\_\_\_\_

Activity during your service period including Duty Assignments:

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## Emergency Contact

*The Emergency Contact should be someone available on the day of the trip.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Alternate Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Medical Information

What is your Weight? \_\_\_\_\_ What is your Height? \_\_\_\_\_

T-Shirt Size: Circle One: (M—L—XL—2XL—3XL—4XL—5XL)

Do you use mobility equipment? (Check all that apply)

Cane \_\_\_\_\_ Scooter \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_ Wheelchair (Wide) \_\_\_\_\_

Can you walk up & down a set of eight bus steps with assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications (attach additional medications on a separate sheet to the back of this form if necessary)

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Surgeries (attach additional information on a separate sheet to the back of this form if necessary)

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Do you have any drug allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, List: \_\_\_\_\_

Do you have any food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, List: \_\_\_\_\_

Do you have a history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have problems with motion sickness (sea or air)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any breathing problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use a home nebulizer machine? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use oxygen at any time? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, describe: \_\_\_\_\_

Do you have a problem walking the length of a football field without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a history of open head injuries, sinus problems, or ear problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you claustrophobic? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you visually impaired? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you deaf or hard of hearing? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a urostomy, colostomy, or urinary catheter? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been diagnosed with memory problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Cognition / Sundowning? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use insulin? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, describe: \_\_\_\_\_

Do you wear or have a heart pacemaker implanted? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event?

(Attach additional conditions on a separate sheet to the back of this form if necessary)

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Do you require a special meal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

## Additional Information

Have you been the recipient of a previous Honor Flight? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about Honor Flight?

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## VETERANS FLYING TOGETHER

If you wish to experience your trip to Washington, D.C. with another veteran, please list his/her name and phone number. He/she must also submit a Veteran application. 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?

Yes \_\_\_\_\_ No \_\_\_\_\_ If 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 at no cost to the veteran. 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: \_\_\_\_\_

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!

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 (5) 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.

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

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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