

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>.

Veteran Information

First Name _____

Middle Name _____

Last Name _____

Name to be used on Badge _____

Date of Birth _____

Gender - Male Female

Contact Information

Street Address _____

City _____

State _____

Zip code _____

County _____

Daytime Phone _____

Evening Phone _____

Mobile Phone _____

Email Address _____

Service History

Branch of Service (circle all that apply)

Army

Navy

Air Force

Marines

Coast Guard

Other _____

Conflicts during your service (check all that apply)

WW II (Dec. 7, 1941 - Dec. 31, 1946)

Korea (June 29, 1950 - Jan. 31, 1955)

Vietnam (Feb. 28, 1961 - May 8, 1975)

Service Dates / Comments: _____

Rank _____

Home Town _____

Activity during your service period including Duty Assignments:

Form and type of discharge received from the military (if applicable):

Emergency Contact

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

First Name _____

Last Name _____

Relationship _____

Address _____

City _____

State _____

Zip code _____

Daytime Phone _____

Evening Phone _____

Mobile Phone _____

Email Address _____

Alternate Contact

First Name _____

Last Name _____

Relationship _____

Address _____

City _____

State _____

Zip code _____

Daytime Phone _____

Evening Phone _____

Mobile Phone _____

Email Address _____

Medical Information

What is your Weight? _____

What is your Height? _____

Do you use mobility equipment? (Circle 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)

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

Do you have any drug allergies? Yes No

Do you have any food allergies? Yes No

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

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

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)

Do you require a special meal? Yes No

Do you have a Living Will or Advance Directive? Yes No

Do you have Medical Insurance? Yes No

Do you have a Medical Supplementary Insurance Policy? Yes No

Additional Information

Have you been the recipient of a previous Honor Flight trip or visited the WW II, Korean, Marine Corps or Vietnam War Memorials? Yes No

T-Shirt Size (M – L – XL - 2XL - 3XL - 4XL - 5XL)

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? Yes No

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!

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

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.