Kansas Honor Flight Veteran Application Form

(rev 6-1-2021)

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 May 3, 2023, 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 (As it appears on your photo i.d.)

First Name ________________________________ Middle Name __________________________________

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 _______________

Dates of Service:__________________________

Rank at Discharge:________________

Activity during your service period including Duty Assignments:
____

____

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

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

What is your Weight? ____________

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

____

____

____

Surgeries

____

____

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 _____
If Yes, describe: ____
When was your last seizure? ____

Do you have problems with motion sickness (sea or air)? Yes _____ No _____
If Yes, Is your motion sickness controlled with medications? Yes _____ No _____

Do you have any breathing problems? Yes_____ No _____
If Yes, Please describe: ____

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 _____
If Yes, describe: ____

Do you have a history of open head injuries, sinus problems, or ear problems? Yes _____ No _____
If Yes, Have you flown since the open head injury, sinus or ear problems occurred? 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 _____
If Yes, describe: ____

Have you been diagnosed with memory problems? Yes _____ No _____

Cognition / Sundowning? Yes _____ No _____

Do you use insulin? Yes_____ No _____
If Yes, how is it controlled? (Insulin or Pills) ____

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 _____
If yes, describe: ____

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: Circle One: (M—L—XL—2XL—3XL—4XL—5XL)

If you wish to have someone that meets the criteria of a "QUALIFIED GUARDIAN" accompany you, please list their full first, middle and last name, relationship and contact information here:
NOTE: The Guardian MUST submit an application as well.
First Name:_____________________________ Last Name:____

Relationship: ___________________ Address: ____

City: ________________________ State:_________________ Zip: _____________________

Daytime Phone: ________________________ Evening Phone: ___________________________________

Mobile Phone:_________________________ Email: ____

How did you hear about Honor Flight?

____

Additional Questions

Applicant requests priority travel (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! ? Yes _____ No _____

If you wish to travel with another veteran, please list his/her name & phone number. He/she must also submit a Veteran application. If possible, submit all applications together to help in your request.:
First Name:_____________________________ Last Name:____

Home Phone: ________________________ Mobile Phone: ___________________________________

Conflicts during your service (check all that apply)

WW II: (12/7/1941 - 12/31/1946) _____
Korean War: (6/25/1950 - 1/31/1955) _____
Vietnam War: (2/28/1961 - 5/7/1975) _____

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