



Kansas Honor Flight Veteran Application Form

(rev 12-5-2022)

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 further information, please contact us at (620) 546-2400 or e-mail us at info@KansasHonorFlight.org or visit our website at KansasHonorFlight.org.

NOTE: AS OF **May 7, 2025**, 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: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

REAL ID / Gold Star on Drivers License. MANDATORY to board plane effective May 7, 2025!

Do you have a REAL ID / Gold Star on your Drivers license? Yes _____ No _____

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: _____

Medical Information

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

What is your Weight? _____ What is your Height? _____

Medications

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)

Surgeries

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

Cane _____ Scooter _____ Walker _____ Wheelchair _____ Wheelchair (Wide) _____

Will you need a Wheelchair the day of flight? Yes _____ No _____

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

Will you have a problem walking the length of a football field without assistance? Yes _____ No _____

If Yes, describe:

Do you have any breathing problems? Yes _____ No _____

If Yes, Please describe:

Do you use oxygen at any time? Yes _____ No _____

If Yes, describe:

Do you use a home nebulizer machine? Yes _____ No _____

Do you have any drug allergies? Yes _____ No _____

If Yes, List:

Do you have any food allergies? Yes _____ No _____

If Yes, List:

Do you require a special meal? Yes _____ No _____

If yes, describe:

Are you claustrophobic? Yes _____ No _____

Are you visually impaired? Yes _____ No _____

Are you deaf or hard of hearing? Yes _____ No _____

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 a urostomy, colostomy, or urinary catheter? Yes _____ No _____

If Yes, describe:

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 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 _____

Service History

Branch of Service (check all that apply)

Army _____ Navy _____ Air Force _____ Marines _____ Coast Guard _____ Other _____

Rank at Discharge: _____

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) _____

Dates of Service: _____

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: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Alternate Contact

First Name: _____ Last Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

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)

FYI – The shirts seem to run a little small. Consider going one size larger!

How did you hear about Honor Flight? _____

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: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

The undersigned acknowledges and agrees that:

1. 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: _____ / _____ / _____

Mail to: Kansas Honor Flight, Inc. - P.O. Box 2371 Hutchinson, KS 67504-2371 OR

Email to: application@kansashonorflight.org

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