



Honor Flight Chicago Korean War Veteran Application 2017

Honor Flight Chicago honors America's war veterans for their service and sacrifice by flying them to Washington D.C. to see their memorials at no cost. Although we are currently flying WWII and Korean War veterans only, we are accepting applications for Vietnam War veterans. This application is to be completed by Korean War veterans only. All Honor Flight Chicago trips depart and return from Chicago Midway International Airport. For further information, please contact us at **773-227-8387** or go online to **honorflightchicago.org**.

Please complete and submit all three pages of this form with required signature(s) as soon as possible to:

Honor Flight Chicago
Attn: Korean War Veteran App 2017
938 West Montana Street
Chicago, Illinois 60614-2409

or Fax to 773-289-0909

**** Please check your fax machine to confirm all three pages have been sent.**

Note: If completing the form electronically, please save the document to your computer first before printing. Electronically completed forms will not print properly if not saved first.

PHONE _____

Your name: _____ Nickname: _____
(As it appears on your state ID for airline travel) (If applicable)

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

Date of birth (Month/Day/Year): ____ / ____ / ____ Height: _____ Weight: _____

Gender: Male Female Polo shirt size (Please choose your size): S M L XL XXL XXXL

How did you hear about Honor Flight Chicago? _____

I am a: Korean War Veteran *If you are a veteran of WWII or the Vietnam War, please visit **honorflightchicago.org** and complete the veteran application tailored to your service.*

Dates you served in the military (Month/Year to Month/Year): ____ / ____ to ____ / ____

Branch of service: Army Air Force Navy
 Marines Coast Guard Other _____

Rank: _____ Service number: _____

Hometown (From which city and state did you enter the service)? _____

Country(ies) where you served: _____

Activity during the war: _____

REFERRED BY _____

CONTACT INFORMATION

Primary emergency contact (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran from the same war would like to travel together, please ask him/her to complete a 2017 Korean War Veteran Application. In addition, please include your buddy's name and number below so that we may try to pair you together on the same flight.

Buddy's name: _____ Buddy's phone: _____

Buddy's email (if applicable): _____

Based on the age of our veterans and on the length of the day, Honor Flight Chicago will provide a wheelchair for each veteran as well as an Honor Flight Chicago Guardian. These trained guardians will accompany and assist you throughout the day to help ensure a safe and memorable experience. If you believe there is a medical need that necessitates a family member be considered to act as your guardian, who is aged 18 – 66 and in good health, please list that person's contact information below and ask the family member to complete a guardian application found at honorflightchicago.org. Guardians must attend a three hour training class and pay a fee that covers a portion of the cost of the day. Completion of the 2017 Guardian Application combined with your written request below, will assure that your request is considered, however selection is not guaranteed. Your spouse is NOT eligible.

Requested guardian name: _____ Phone: _____

Requested guardian email: _____

Additional comments or concerns: _____

YOUR MEDICAL INFORMATION

The following medical information is necessary for Honor Flight Chicago's volunteer, medical and administrative staff to ensure that you have you have a safe and memorable day.

1. Please check any mobility equipment used: Cane Walker Wheelchair Scooter
2. Can you climb 5 stairs using handrails with minimal assistance? Yes No
If not, we can provide a wheelchair lift to get into and out of the bus.
3. How far can you walk without assistance?
 None 0-10 steps 25 feet One block or more
4. Do you have a history of seizures? Yes No Please describe: _____
(i.e. grand mal, petit mal, other)
When was your last seizure? _____
5. Do you have any breathing problems? Yes No
If yes, please describe: _____
6. Do you use oxygen at any time? Yes No
7. Do you smoke? Yes No
8. Do you have diabetes? Yes No If yes, injected or oral? Injected Oral
Do you carry glucose with you? Yes No

Other health problems: _____

Allergies: _____

MEDICATIONS (name and how often taken - If necessary, please attach additional sheets):

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Veteran acknowledges and agrees that the information on this application is correct.

Veteran's signature is required. Please sign and print your name below.



Veteran's signature: _____

Print name: _____ Date: _____

If you are completing this application for your veteran, please print your name, relationship to the veteran and provide a phone number for us to contact you.

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____