**HFC USE ONLY:** Last name _____ Date received _____

# Honor Flight Chicago Veteran Application

Honor Flight Chicago recognizes America's Veterans for their bravery, determination, and patriotism with an all-expense-paid, one-of-a-kind journey to Washington, D.C., for a day of honor, thanks, and inspiration. Priority is given to WWII and Korean Veterans: our most senior Veterans. Vietnam and Desert Shield/Desert Storm applications are prioritized based on the date they are received, with Vietnam Veterans receiving invitations first. To be eligible, a Veteran needs to have served on active duty during a defined era. Veterans will receive a longer medical form when we anticipate flying them within a calendar year. Questions? Contact us at *773-227-8387* or visit *honorflightchicago.org*. **NOTE: A valid passport, Veteran Health ID Card, OR state-issued REAL ID IS REQUIRED for domestic air travel.**

| | | |
|---|---|---|
| **Please *complete* and submit <u>all three pages</u> of this form with required signature(s) as soon as possible to:** | Honor Flight Chicago<br>Attn: Veteran Application<br>9701 W. Higgins Rd., Suite 310<br>Rosemont, IL 60018 | **Email:**<br>applications@honorflightchicago.org<br>****Fax:** 773-289-0909<br>***Confirm <u>all 3 pages</u> have sent.* |

Your name: _____ Nickname: _____
(As written on your state ID. **NOTE: REAL ID or equivalent required**) (If applicable)

Address: _____ Unit #: _____

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

Home phone: _____ Cell phone: _____

Email address: _____

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

Gender: ☐ Male ☐ Female ☐ Other Polo shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

How did you hear about Honor Flight Chicago? _____

Dates of active duty military service (Month/Year to Month/Year): _____ /_____ to _____ /_____

☐ WWII/Korea (12/41-1/55) ☐ Vietnam (11/55-5/75) ☐ Post-Vietnam to Desert S/S (6/75-7/91)

Branch of service: ☐ Army ☐ Air Corps/Force ☐ Navy ☐ Other _____
☐ Marines ☐ Coast Guard ☐ Merchant Marines

Rank: _____ Service number (optional): _____

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

Country(ies) where you served: _____

_____

Activity during the war: _____

_____

PHONE

REFERRED BY

Please list your current work experience (if retired, please list your most recent work experience):

Organization: _____ Title: _____ Dates (from/to): _____

Primary responsibilities/accomplishments: _____

## CONTACT INFORMATION

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

## BUDDY & GUARDIAN INFORMATION

If you and a fellow eligible veteran would like to travel together, please ask him/her to complete a 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. Since we invite our veterans to fly based on date order of applications received, we may not be able to accommodate your request if they do not apply around the same time as you.

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

Buddy's email (if applicable): _____

Honor Flight Chicago provides trained Guardians to ensure you have a safe and memorable experience. If you would prefer to have a family member (child, grandchild, niece, nephew, etc., aged 18+) be considered as your Guardian, provide their name below and have them complete a Guardian Application at honorflightchicago.org. Guardians must attend a two hour training class and pay a fee to cover a portion of the day's cost. Completion of the Guardian Application combined with the information below ensures that your request is considered, however selection is not guaranteed. Medically necessary family Guardians are seated first, then all other requests are considered for any available open seats. **Your partner or spouse is NOT eligible.**

Requested guardian name: _____ Phone: _____

Requested guardian email: _____ Relationship: _____

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 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 you on and off the bus.
3. How far can you walk without assistance?
   ☐ None ☐ 0-10 steps ☐ 25 feet ☐ One block or more
4. Do you have diabetes? ☐ Yes ☐ No If yes, insulin or oral treatment? ☐ Injected ☐ Oral
   Do you carry glucose with you? ☐ Yes ☐ No
5. Do you use Oxygen at any time? ☐ Yes ☐ No
6. Do you have any breathing problems? ☐ Yes ☐ No
   If yes, please describe:_____
7. Do you have a history of seizures? ☐ Yes ☐ No Please describe: _____
   When was your last seizure?_____ (i.e. grand mal, petit mal, other)
8. Do you smoke? ☐ Yes ☐ No

**Allergies:**_____

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

| Medication | Taken how often? | Medication | Taken how often? |
|---|---|---|---|
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**Other health considerations:**_____

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.

Sign Here

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: _____