



Honor Flight Chicago Veteran Application 2019

Honor Flight Chicago recognizes America's senior war 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 our most senior veterans, our WWII and Korean War veterans. Vietnam veteran applications will be prioritized based on the date they are received.

Veterans will receive a seven-page application to update their medical information when we anticipate inviting them to fly for their day of honor. For further information, please contact us at **773-227-8387** or go online to **honorflightchicago.org**.

<p>Please <i>complete</i> and submit all three pages of this form with required signature(s) as soon as possible to:</p>	<p>Honor Flight Chicago Attn: Veteran Application 2019 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4703</p>	<p>Email: applications@honorflightchicago.org **Fax: 773-289-0909 **Confirm <u>all 3 pages</u> have sent.</p>
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PHONE

Your name: _____ (As it appears on your state ID for airline travel) Nickname: _____ (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 Polo shirt size: S M L XL XXL XXXL

How did you hear about Honor Flight Chicago? _____

I am a: WWII Veteran Korean War Veteran Vietnam War Veteran

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

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

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

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 veteran from your service era would like to travel together, please ask him/her to complete a 2019 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): _____

Honor Flight Chicago will provide trained Guardians to ensure you have a safe and memorable experience. If you believe there is a medical need that necessitates a family member (aged 18 - 66) be considered to act as your Guardian, 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 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: _____ 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 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: _____