



Honor Flight Chicago Veteran Application

Honor Flight Chicago recognizes America's war veterans for their service and sacrifice by flying them to Washington DC to see their memorial, at no cost. Although we are currently flying our WWII veterans only, we are also accepting applications for Korean and Vietnam War veterans. When we no longer have WWII veterans interested in flying with us, we will begin flying Korean War veterans. 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 submit all three pages of this form with required signature(s) as soon as possible to:

Honor Flight Chicago
Attn: Veteran Application
938 West Montana Street
Chicago, Illinois 60614-2409

or Fax to 773-289-0909

PHONE No.: _____

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

Address: _____

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

Primary phone: _____ Cell phone: _____

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

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

How did you hear about Honor Flight Chicago? _____

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

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

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

Rank: _____ Service Number: _____

Home Town (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 _____

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

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

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 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: _____

To help ensure a safe and memorable experience, Honor Flight Chicago assigns each veteran their own personal companion for the day. These trained "Guardians" will provide excellent care and are responsible for being by the veteran's side throughout the trip. If you believe there is a medical need that necessitates that a specific relative or friend (aged 18-65) be considered to act as your guardian, please list that person's contact information below. Please also ask them to fill out a Guardian application found at honorflightchicago.org, which assures they will be considered, however selection is NOT guaranteed. Your spouse is NOT eligible.

Requested guardian name: _____ Phone: _____

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.

Please check any mobility equipment used? ☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter

If you are in a wheelchair, are you able to climb stairs with assistance? ☐ Yes ☐ No

Do you have a history of seizures? ☐ Yes ☐ No Please describe: _____
(i.e. grand mal, petit mal, other)

When was your last seizure? _____

Do you have problems with motion sickness (sea or air)? ☐ Yes ☐ No

If yes, is it controlled with medications? ☐ Yes ☐ No

Do you have any breathing problems? ☐ Yes ☐ No If yes, please describe: _____

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

If yes, your private physician must write a prescription for oxygen to be used during the flight and during the tour.

Oxygen will be provided by Honor Flight Chicago. The prescription **MUST** be turned in with your application.

Do you smoke? ☐ Yes ☐ No

Do you have a problem walking the length of a football field unassisted? ☐ Yes ☐ No

If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc): _____

Do you have diabetes? ☐ Yes ☐ No

If yes, injected or oral? ☐ Injected ☐ Oral

Does your medication require refrigeration? ☐ Yes ☐ No

Do you carry glucose with you? ☐ Yes ☐ No

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

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

The undersigned acknowledges and agrees that the information on this application is correct. Please print your name and sign below it:

Print Name: _____

Signature: _____ 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.

Name: _____ Phone Number: _____

Relationship to Veteran: _____