

# Honor Flight Connecticut

*A Hub of the National Honor Flight Network*



## VETERAN APPLICATION



Honor Flight CT recognizes American veterans for their sacrifices and achievements by flying them to Washington, DC to see THEIR memorials at no cost. Current priority is chronological by conflict (WWII, Korea and Vietnam) with special consideration given to terminally ill veterans from all wars. Guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience.

**Please note: Veterans are only eligible once for the Honor Flight experience.**

**Your information MUST be exactly as it appears on your ID For Airline Travel (License, Passport, Govt ID):**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name to use on Name Tag \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Weight (lbs) \_\_\_\_\_ Birthday Month/Day/Year \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_

How did you hear about Honor Flight CT? \_\_\_\_\_

T-Shirt Size (Check One)  S  M  L  XL  2XL  3XL

### Service History

World War II  Korean War  Vietnam War  Other \_\_\_\_\_

Date Of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ (Attach DD214 Form if available)

Branch of service:  Air Force  Army  Coast Guard  Marines  Navy

Did you serve in combat?  YES  NO (\*This is for informational purposes only. Combat is not a prerequisite for approval.)

**Tell us about your service...medals, ships, planes, battles, locations (use back of sheet if needed):**

Rank at discharge (ex: PFC, CPO, SSG)? \_\_\_\_\_

Where/when did you serve?

Activities during the war,  
special commendations,  
medals, recognition?

**GUARDIAN** Veterans may request a family member (son, daughter, grandson, etc.) or friend to accompany them. The spouse of the veteran may NOT serve as the guardian. **Guardians must be able-bodied** between the ages of 18-70 and, ideally, one generation removed. If a family member/friend is not available, one will be provided. All guardians must submit a Guardian Application that is available on our web site or can be requested.

A guardian fee will be assessed and MUST be paid one (1) week before the flight.

Guardian's Name (First + Last)	Phone
Address	Cell
City State Zip	DOB

**VETERANS FLYING TOGETHER** If you wish to experience your trip to Washington, D.C. with another veteran who served during the same era, please list his/her name and phone number. He/she must also submit a Veteran Application which can be downloaded from our web site or we will mail them the form. If possible, submit all applications together to help in your request. Honor Flight CT will do its best, but makes no guarantee that the veteran's request will be honored.

Veterans Name (First + Last)	Phone
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**Alternate Contact Information: Provide two names that can be contacted now and on travel day**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_ Relationship \_\_\_\_\_

This information permits assessment of support services needed during your trip. Information is for Honor Flight CT and administrative use only.

Talk to your doctor about this trip!

YES	NO	If yes, to ANY question, it is <b>STRONGLY</b> advised that you discuss the trip with your physician!	Attach additional information on separate sheet if needed
		Do you have a pacemaker and/or defibrillator (AICD)?	
		Do you use mobility equipment?	If yes, please check type of device(s) <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Wheelchair confined? <input type="checkbox"/> Walker <input type="checkbox"/> Scooter <input type="checkbox"/> Other
		Are you able to walk, ascend, descend tour bus with assistance?	
		Do you have problems with motion sickness?	If yes, is it controlled with medications?
		Do you have balance issues or problems with being dizzy?	If yes, please describe...
		Do you have diabetes?	If yes: Do you take medication? If yes: <input type="checkbox"/> Injected <input type="checkbox"/> Oral If yes: How often?
		Do you have any dietary requirements?	If yes, please describe (e.g., vegetarian, gluten free, etc.)
		Do you have a urostomy or colostomy bag?	If yes, please specify. Please make sure the bag is vented prior to flight. Are you incontinent? If yes, please describe.
		Do you have a history of seizures?	If yes, please describe If yes, when was your last seizure?
		Do you have any breathing problems?	If yes, please describe
		Do you use oxygen at any time?	If yes, when do you use it?
		Do you use a home nebulizer machine?	If yes, will you be able to use portable, hand-held nebulizers during the trip?
		Do you use a CPAP?	
		Do you have a history of open head injuries?	If yes, to open head injury, sinus or ear problems please answer the following:
		Do you have a history of sinus and/or ear problems?	<ul style="list-style-type: none"> <li>• Have you flown since the last occurrence?</li> <li>• If you have flown, did you have any problems? _____</li> <li>• If there were problems, please describe</li> </ul>
		Can you walk the length of a football field?	
		Do you have any drug or food allergies?	If yes, please list
		Do you have a history of an Irregular heart rate, Atrial fibrillation, Valve replacements, history of blood clots, high blood pressure, Congestive Heart Failure.	If yes, please describe

**PRESCRIPTION MEDICATION:**

MEDICATION NAME:		TIME OF DAY:		QUANTITY:	
Reason medication taken + other remarks:					
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Reason medication taken + other remarks:					
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Reason medication taken + other remarks:					

**IF YOU HAVE MORE MEDICATIONS, PLEASE LIST ON A 8.5 X 11 SHEET OF PAPER ADD ATTACH TO APPLICATION**

**PLEASE REVIEW CAREFULLY AND SIGN**

The undersigned acknowledges and agrees that:

- 1 As photographic and video equipment are frequently used to memorialize and document Honor Flight Connecticut trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the Honor Flight/Honor Flight Connecticut program. I hereby release the photographer and Honor Flight/Honor Flight Connecticut from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight/Honor Flight Connecticut activities through video, photo, or other media, to be used solely for the purposes of Honor Flight/Honor Flight Connecticut promotional material and publications and waive any rights or compensation or ownership thereto.
- 2 I further understand that Honor Flight/Honor Flight Connecticut does not provide medical care. I understand that I accept any risks associated with travel and other Honor Flight activities and will not hold Honor Flight/Honor Flight Connecticut responsible for any injuries incurred by me while participating in the Honor Flight/Honor Flight Connecticut program.
- 3 Your signature on this page grants us the right to share your information with our volunteer, flight and administrative staff.
- 4 I authorize Honor Flight Connecticut officials to release my contact information (home phone and address) to other requesting individuals in the same flight for purposes of communication and camaraderie with the other participants.

**\*\*\*If available, please attach copies of: Driver's License and DD214 (eliminate SS# prior to sending)**

NAME PRINTED \_\_\_\_\_ SIGNED \_\_\_\_\_

DATE: \_\_\_\_\_



**Please mail this form to:**

Honor Flight Connecticut  
 c/o Amy Casey  
 26 Copperstone Lane  
 Madison, CT 06443

**Or email it to:**

HFCTCoordinator@gmail.com