



# Honor Flight Chicago Veteran Application

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 WWII and Korean War veterans: our most senior veterans. Vietnam veteran applications are prioritized based on the date they are received. To be eligible, a veteran needs to have served on active duty during a war era. Veterans will receive a longer medical form when we anticipate flying them within a calendar year. For questions, contact us at 773-227-8387 or visit [honorflightchicago.org](http://honorflightchicago.org). **PLEASE NOTE: A valid passport, Veteran Health ID Card, OR state-issued REAL ID IS REQUIRED for domestic air travel after May 7, 2025.**

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

PHONE

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? \_\_\_\_\_

Veteran of:  WWII (12/41-12/46)  Korean War (6/50-1/55)  Vietnam War (11/55-5/75)

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

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: \_\_\_\_\_

\_\_\_\_\_

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](http://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?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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.



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: \_\_\_\_\_