



HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION ORIGINATING FROM LOUISVILLE, KY

Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see your respective memorial at no cost to you.

Top Priority is given to World War II veterans and any terminally ill veteran from any war period.

Korean War veterans receive the next priority for open seats once all WWII veterans are screened prior to a flight. Vietnam War veterans are offered seats once all WWII and Korean War veterans are screened prior to a flight. Applications are processed on a first come, first serve basis starting with wartime service and then the actual application date.

For Honor Flight to achieve this goal, “QUALIFIED GUARDIANS” travel with Veterans on every trip providing assistance and helping Veterans have a safe, memorable, and rewarding experience. **PLEASE UNDERSTAND GUARDIANS pay a \$500 fee, whether it is a family or a volunteer guardian assigned to the veteran.**

When filling out name, we must have full name due to TSA regulations.	PLEASE PRINT	Veteran Contact Information	PLEASE PRINT
FIRST NAME		STREET ADDRESS	
MIDDLE NAME (If no middle name, leave blank)		CITY	
LAST NAME / SUFFIX (i.e. Smith Jr)		STATE	
DATE OF BIRTH (mm/dd/yyyy)		ZIP CODE	
GENDER (M or F)			

Please fill out even if they are the same. If you do not have an email address, perhaps a family member can assist you by using theirs so that we can communicate with you via email as well.

DAY TIME PHONE		MOBILE PHONE	
EVENING PHONE		EMAIL ADDRESS	

SERVICE HISTORY - Place an "X" in the appropriate block(s).			
Army		Marine Corps	
		Women's Army Auxiliary Corps/Women's Army Corps (WAC)	
Navy		Army Air Corps	Women Air Force Service Pilots (WASP)
Air Force		Nurse Corps	Women Accepted for Volunteer Military Services (WAVES)
Coast Guard			

*Please Submit This Completed Form To:
Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364
For additional information, please call: (888) 998-1941*



HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION ORIGINATING FROM LOUISVILLE, KY



VETERAN ELIGIBLE SERVICE DATES - Place an "X" in the appropriate block(s).					
WWII (12/7/1941 - 12/31/1946)		KOREA (6/27/1950 - 1/31/1955)		VIETNAM (2/28/1961 - 5/7/1975)	
SUBSEQUENT ELIGIBLE SERVICE DATES - Place an "X" in the appropriate block(s).					
LEBANON (6/1/1983 - 12/1/1987)		BOSNIA (11/20/1995 - 3/23/1999)			
GRENADA (10/23/1983 - 11/21/1983)		KOSOVO (3/24/1999 - 12/31/2013)			
PANAMA (12/20/1989 - 1/31/1990)		AFGHANISTAN (10/7/2001 - Present)			
PERSIAN GULF (8/2/1990 - 11/30/1995)		IRAQ (3/19/2003 - 12/31/2011)			
SOMALIA (12/5/1992 - 3/31/1995)					

Tell us about what rank you attained, where you are originally from, and any stories that are interesting about your assignments, duties, and tours. Please include any personal decorations you received.

RANK	
HOMETOWN (City and State)	
Activity During your Service Period including Duty Assignments	<hr/> <hr/> <hr/> <hr/>

Emergency and Alternate Contact Information is required. Please list two different people in the event the first contact is unavailable. Very important that we can contact people on the day of the flight in the event of an emergency.

EMERGENCY CONTACT INFORMATION - The Emergency Contact should be someone available on the day of the trip.	PLEASE PRINT RESPONSES BELOW	ALTERNATE CONTACT INFORMATION - The Emergency Contact should be someone available on the day of the trip.	PLEASE PRINT RESPONSES BELOW
FIRST NAME		FIRST NAME	

*Please Submit This Completed Form To:
Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364
For additional information, please call: (888) 998-1941*



HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION ORIGINATING FROM LOUISVILLE, KY



LAST NAME		LAST NAME	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
DAY TIME PHONE		DAY TIME PHONE	
EVENING PHONE		EVENING PHONE	
MOBILE PHONE		MOBILE PHONE	
EMAIL ADDRESS		EMAIL ADDRESS	

MEDICAL INFORMATION provided by you will not disqualify you. It permits us to access the support we need during the trip; however, in the best interests of a veteran's safety and security, circumstances may dictate that a veteran may be refused to participate in the mission if he/she is observed to be physically or mentally unable or incapable to do so. All medical information provided is for Honor Flight Bluegrass and Medical Personnel use only and will be kept strictly confidential. In the event a veteran wants to transfer to another hub location, medical records are not transferred.

MEDICAL INFORMATION	Place an "X" in the appropriate block	IF YES, please answer subsequent questions:
WEIGHT	_____ lbs	
DO YOU USE MOBILITY EQUIPMENT?	YES ____ NO ____	Circle One: Cane, Walker, Wheelchair, Wheelchair Wide, None.

*Please Submit This Completed Form To:
Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364
For additional information, please call: (888) 998-1941*



HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION ORIGINATING FROM LOUISVILLE, KY



CAN YOU WALK UP AND DOWN A SET OF 8 BUS STEPS WITH ASSISTANCE?	YES ____ NO ____	
MEDICATIONS – Please list your medications with dosage and usage per day.	<hr/> <hr/> <hr/> <hr/>	

Please answer the following medical related questions.	Place an "X" in the appropriate block	IF YES, please answer subsequent questions:
DO YOU HAVE AN DRUG ALLERGIES?	YES ____ NO ____	Please describe: _____ _____
DO YOU HAVE ANY FOOD ALLERGIES?	YES ____ NO ____	Please describe: _____ _____
DO YOU HAVE A HISTORY OF SEIZURES?	YES ____ NO ____	Please describe: _____ _____
DO YOU HAVE PROBLEMS WITH MOTIONS SICKNESS (SEA OR AIR)?	YES ____ NO ____	Is your motion sickness controlled with medications? _____
DO YOU HAVE ANY BREATHING PROBLEMS?	YES ____ NO ____	Please describe: _____ _____
DO YOU USE A HOME NEBULIZER MACHINE?	YES ____ NO ____	
DO YOU USE OXYGEN AT ANY TIME?	YES ____ NO ____	Please describe: _____ _____
DO YOU HAVE A PROBLEM WALKING THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE?	YES ____ NO ____	Please describe: _____ _____

*Please Submit This Completed Form To:
 Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364
 For additional information, please call: (888) 998-1941*



HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION ORIGINATING FROM LOUISVILLE, KY



DO YOU HAVE A HISTORY OF OPEN HEAD INJURIES, SINUS PROBLEMS, OR EAR PROBLEMS?	YES ____ NO ____	Have you flown since the open head injury, sinus or ear problems occurred? _____ If yes, did you have any problems flying? _____
ARE YOU LEGALLY BLIND?	YES ____ NO ____	
ARE YOU DEAF OR HARD OF HEARING?.	YES ____ NO ____	
DO YOU HAVE A UROSTOMY OR COLOSTOMY BAG?	YES ____ NO ____	Please describe: _____ _____
HAVE YOU BEEN DIAGNOSED WITH DEMENTIA OR ALZHEIMER'S DISEASE?	YES ____ NO ____	
HAVE YOU BEEN DIAGNOSED WITH DIABETES?	YES ____ NO ____	How is your diabetes controlled? (Insulin or Pills) _____
DO YOU WEAR OR HAVE A HEART PACEMAKER IMPLANTED?	YES ____ NO ____	
Do you have any condition(s), not mentioned above, or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event? IF YES, please explain.		_____ _____ _____
DO YOU REQUIRE A SPECIAL MEAL? IF Yes, please explain.	YES ____ NO ____	Please describe: _____ _____
DO YOU HAVE A LIVING WILL OR ADVANCE DIRECTIVE?	YES ____ NO ____	
DO YOU HAVE MEDICAL INSURANCE?	YES ____ NO ____	Insurance Company: _____ Insurance Policy Number: _____
DO YOU HAVE MEDICAL SUPPLEMENTARY INSURANCE POLICY?	YES ____ NO ____	Insurance Company: _____ Insurance Policy Number: _____
HAVE YOU BEEN THE RECIPIENT OF A PREVIOUS HONOR FLIGHT TRIP OR VISITED THE WWII, KOREAN, OR VIETNAM MEMORIAL?	YES ____ NO ____	

*Please Submit This Completed Form To:
Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364
For additional information, please call: (888) 998-1941*



HONOR FLIGHT BLUEGRASS – VETERAN APPLICATION ORIGINATING FROM LOUISVILLE, KY



Place an "X" to the right of your T-SHIRT size.							
SM		LG		2XL		4XL	
MD		XL		3XL		OTHER	

<p>If you wish to have someone that meets the criteria of a "QUALIFIED GUARDIAN" accompany you, please list their full first, middle, and last name, relationship, and contact information in the block provided.</p> <p>NOTE: The GUARDIAN MUST SUBMIT AN APPLICATION AS WELL.</p>	
---	--

<p>This space is provided for any remarks or comments.</p>	
--	--

HOW DID YOU HEAR ABOUT HONOR FLIGHT?	
---	--

NOTE: If you have applied and you need to update your information, please have a family member use our contact form:
<http://www.honorflightbluegrass.org/contact>

- 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 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 program. I hereby release the photographer and Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive any rights or compensation or ownership thereto.
 2. I further state that medical insurance is the responsibility of the veteran and I understand that Honor Flight does NOT provide medical care.
 3. I state that the scope and nature of the Honor Flight program and activities has been explained to me and I am physically and mentally able to travel and engage in the Honor Flight program and activities.
 4. I understand and accept all risks associated with travel and other Honor Flight activities and will hold Honor Flight, its agents, directors, members or assigns, harmless for any injuries I sustain or omissions which cause harm to me while participating in the Honor Flight program and activities, and expressly release them from any and all liability whatsoever. I expressly intend to bind my heirs by this release and waiver.
 5. I understand that participation involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in the Honor Flight Network and/or the Honor Flight Bluegrass Chapter's mission is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.
 6. In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person(s) for me. In the event that this person(s) cannot be reached, permission is hereby given to the medical provider selected by the Honor Flight Network and/or the Honor Flight Bluegrass Chapter to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose protected health information within the Honor Flight Network and/or any physician or health care provider involved in providing medical care to the participant.
 7. I have carefully considered the risk involved and give consent to participate.
 8. To safeguard the disclosure of your information entrusted by you to the Honor Flight Network and/or the Honor Flight Bluegrass Chapter:
 - a. We shall not share, trade or sell your information without your permission, except as permitted or required by law.
 - b. We shall keep your health information confidential. We shall not disclose your information without your permission, except as permitted or required by law.
 - c. I approve the sharing of the information on this form within the Honor Flight Network and professionals who need to know of medical situations that might require special consideration for the safe conducting of its mission.
 9. You give the Honor Flight Network and/or the Honor Flight Bluegrass Chapter permission to verify your medical condition(s) with your physician(s).

PRINT FULL NAME: _____

SIGNATURE: _____

*Please Submit This Completed Form To:
 Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364
 For additional information, please call: (888) 998-1941*