



FOR HONOR FLIGHT USE ONLY: Last Name _____
Postmark date or date personally received: _____

Honor Flight of Southern New Mexico and El Paso, Texas

VETERAN APPLICATION

PLEASE PRINT LEGIBLY

FULL NAME _____

First Middle Last
(*Exactly as it appears on your government issued ID*)

Nick Name _____ Gender M F D.O.B. _____

Height _____ Weight _____ Jacket size: S M L XL XXL

Phone _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email address: _____

EMERGENCY CONTACT INFORMATION (someone NOT traveling with you) Please provide 2.

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

Have you ever been on an Honor Flight trip? YES NO

Does your DD-214 reflect Honorable Discharge? YES NO (Must have Honorable Discharge to be eligible)

Please provide a copy of your DD-214. If you have multiple DD-214s, please provide a copy of each.

Office Use Only: WC: Y N O2: Y N GD: ADLS Reg. MED

Allergies:

Health:

Other:

DO YOU HAVE LUNG PROBLEMS? YES NO

If yes, please describe: _____

DO YOU SMOKE? YES NO

*Please note that smoking is prohibited by Federal law in memorial spaces,
and will be very limited and restricted during this trip*

DO YOU USE A C-PAP machine _____ or BiPAP machine _____? YES NO

DO YOU USE A HOME NEBULIZER? YES NO

If yes, how many treatments each day? _____

DO YOU HAVE ANY OF THE FOLLOWING HEART PROBLEMS? (please circle)

CHF / Heart Attack / Atrial Fibrillation / Stents / Previous heart surgery

DO YOU USE OXYGEN? YES NO

If yes, please describe (i.e. continuous/at night): _____ Flow rate: _____

Do you need any help setting up or using your oxygen? YES NO

Do you have a portable oxygen concentrator for traveling? YES NO

IF YOU WILL REQUIRE OXYGEN AT ANY TIME DURING THE FLIGHT, YOU ARE RESPONSIBLE FOR OBTAINING A PORTABLE OXYGEN CONCENTRATOR THAT IS AIRLINE APPROVED. YOU ARE ALSO RESPONSIBLE FOR BRINGING ALL NECESSARY OXYGEN SUPPLIES YOU WILL NEED FOR THE TRIP INCLUDING ENOUGH BATTERIES TO GET THROUGH A 12 HOUR DAY WITHOUT RE-CHARGING.

CAN YOU WALK THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? YES NO

If NO, please describe the reason (lung problems, heart problems, arthritis, weakness, knee/hip surgeries, etc.): _____

DO YOU USE MOBILITY EQUIPMENT?

If yes, please circle: **CANE WALKER SCOOTER WHEELCHAIR**

Do you own this equipment? YES NO

*Please be aware that we cannot accommodate motorized scooters or wheelchairs on the trip.
We will provide a manual wheelchair and assistance with mobility if necessary.*

DO YOU HAVE TROUBLE GOING UP OR DOWN STEPS/STAIRS/RAMPS? YES NO

DO YOU HAVE PROBLEMS WITH BALANCE/DIZZINESS? YES NO

DO YOU FALL EASILY? YES NO

WHEN WAS YOUR LAST FALL? _____

DO YOU HAVE DIABETES? YES NO

If yes, do you take pills _____ or Insulin _____

If Insulin is used, please describe (i.e. what type, how many injections per day, etc.):

DO YOU CHECK YOUR BLOOD SUGAR? YES NO

How often: _____ times/day

DO YOU GIVE THE INJECTIONS YOURSELF? YES NO

DO YOU FOLLOW A SPECIAL DIET? YES NO

If so, what type of diet: _____

PLEASE LIST ALL MEDICATIONS: (attach a second sheet if necessary)

Name	Dose	How Often

DO YOU HAVE A UROSTOMY/COLOSTOMY? YES NO

If yes, what type: _____

PLEASE NOTE THAT THESE MUST BE VENTED PRIOR TO THE FLIGHT

CAN YOU CARE FOR THE OSTOMY YOURSELF? YES NO

(i.e. emptying, changing bag, etc)

DO YOU HAVE PROBLEMS WITH INCONTINENCE? YES NO

If so, please describe: Bowel _____ Bladder _____ Both _____

How do you handle this? (Must provide own supplies)

HAVE YOU BEEN DIAGNOSED WITH ALZHEIMER'S OR DEMENTIA? YES NO

DO YOU HAVE MEMORY PROBLEMS (i.e. forgetfulness)? YES NO

DO YOU WANDER AT NIGHT? YES NO

DO YOU EASILY GET LOST? YES NO

HAVE YOU BEEN DIAGNOSED WITH PTSD? YES NO

If yes, what are your triggers? _____

DO YOU REQUIRE A WHEELCHAIR ACCESSIBLE HOTEL ROOM? YES NO

DO YOU NEED ASSISTANCE WITH BATHING, TOILETING, ETC.? YES NO

YOU WILL BE SHARING A HOTEL ROOM WITH ANOTHER VETERAN OR GUARDIAN. DO YOU HAVE PHYSICAL OR MEDICAL NEEDS WHICH WOULD REQUIRE YOUR ROOMMATE TO ASSIST YOU? YES NO

Please explain: _____

The Honor Flight Medical Coordinator will make the final determination regarding room assignments based on written information from your healthcare provider.

DO YOU HAVE ANY ALLERGIES? YES NO

Please list: _____

ARE YOU ABLE TO TAKE MEDICATIONS WITHOUT ASSISTANCE? YES NO

DO YOU HAVE ADVANCE DIRECTIVES OR DNR? YES NO

If YES, please provide us with a copy.

If NO, would you like information about this? YES NO

I, (print name) _____ am about to voluntarily participate as a passenger in various activities of Honor Flight of Southern New Mexico and El Paso, Texas (hereinafter HFSNMEP). In consideration of valuable services provided in allowing me to participate in these activities, I, for myself, my heirs, administrators, executors, assigns, agents and successors, agree that the legal responsibilities of HFSNMEP is strictly limited. HFSNMEP has organized certain travel services, including air and surface transportation, which HFSNMEP purchases or reserves from various suppliers. The suppliers providing travel services for HFSNM are independent contractors and are not agents or employees of HFSNMEP. HFSNMEP does not act as an agent for any party whatsoever. HFSNMEP is not responsible for the willful or negligent acts and/or omissions of such suppliers or any air carrier, motor coach line or the respective employees, agents, or representatives, including, without limitation, their failure to deliver on their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of HFSNMEP, I agree that neither HFSNMEP nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to acts of terrorism, war, defects in vehicles, breakdown of equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

I acknowledge and agree that medical insurance is my responsibility, and I further understand that Honor Flight does NOT provide medical care.

HFSNMEP reserves the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused participation in a tour based on

race, sex, age, religion, disability or any other grounds for which refusal would violate governmental laws or regulations. If any provision of this agreement is found to be unenforceable in any jurisdiction, the remaining provisions hereof shall remain in full force and effect.

I hereby authorize and give full consent to HFSNMEP to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HFSNMEP programs. HFSNMEP may use, or cause to be used, this above material for any purpose without limitation or reservation.

I have read, understand, and agree to the above statements and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellations. I FURTHER SWEAR THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ITEMS FOUND TO BE INCOMPLETE (INCLUDING MEDICAL HISTORY) WHICH MAY IMPACT HFSNMEP'S ABILITY TO BE PROPERLY PREPARED TO MEET MY NEEDS ON A FLIGHT MAY RESULT IN DELAYS IN APPROVAL OF MY APPLICATION OR REVOCATION OF MY APPROVAL.

After 2 attempts at contact with no response, your application will become inactive.

Signature of Veteran

Date

PLEASE ATTACH A COPY OF THE GOVERNMENT ISSUED PHOTO ID THAT YOU WILL BE USING FOR THIS TRIP, AS WELL AS DD-214 COPIES

Please use this checklist to insure you have a completed application. Veterans will not be put on the list until we have all requested information.

- Complete Med List
- Attached DD214 - showing honorable discharge
- Attached copy of government issued ID
- Emergency contact
- Mailing Address - Not Physical unless the same

It is your responsibility to RESPOND IN A TIMELY MANNER when contacted. AFTER 2 ATTEMPTS to contact you (by phone) with no response, your APPLICATION WILL BECOME INACTIVE. This also applies to Veterans who have been assigned to a flight. It is the VETERANS RESPONSIBILITY to inform us of phone number changes.

Please mail completed application to: HFSNMEP Attn: Applications
PO Box 14017
Las Cruces, NM 88013