

Screaming Eagle Honor Flight Veterans Application

LAST NAME: _____ DATE RECEIVED: ____/____/____

VETERAN OF: _____ TERMINALLY ILL: YES NO

MEDICAL: YES NO WHEEL CHAIR OXYGEN OTHER _____

Dietary Restrictions: _____

----- Do Not Write Above This Line For Honor Flight Use Only-----

Screaming Eagle Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Our priorities are currently Terminally Ill Veterans from any War or conflict, World War II Veterans, Korean War veterans, Vietnam War veterans, Dominican Republic War Veterans, and then All Other Veterans. In the future, Honor Flights will be expanded to include Veterans from other wars or conflicts in an era progression. In order for Honor Flights to achieve this goal, guardians fly with the veterans on every flight providing assistance, and helping Veterans have a safe, memorable, and rewarding experience. For what you and your fellow veterans have given us, please consider this a small token of appreciation from all of us at Screaming Eagle Honor Flight. For more information contact us at 931-920-6364, screamingeaglehf@charter.net.

PART 1 – GENERAL & CONTACT INFORMATION

NAME: _____ NICK NAME: _____
(Please print your name as it appears on your Driver's License or Government-issued ID Card.)

ADDRESS: _____ GENDER: ___M ___F

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ AGE: _____ DOB: ____/____/____
Month Day Year

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

POLO/TEE SHIRT SIZE: (S M L XL XXL XXXL) Circle Your Size

ALTERNATE CONTACT:

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-mail Address: _____

EMERGENCY CONTACT INFORMATION: (someone available the day you travel)

Name: _____ Relationship to applicant: _____

Address: _____

City/State/Zip: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-mail Address: _____

PART 2 – SERVICE INFORMATION

SERVICE HISTORY: BRANCH _____ RANK/RATE _____

- ___ **1. TERMINALLY ILL ANY WAR OR CONFLICT**
- ___ **2. WORLD WAR II) December 7, 1941 to December 31, 1946**
- ___ **3. KOREAN WAR) June 27, 1950 to January 31, 1955**
- ___ **4. VIETNAM WAR*) February 28, 1961 to May 7, 1975**
- ___ **5. DOMINICAN REPUBLIC) April 24, 1965 to September 3, 1965**
- ___ **6. USS PUEBLO) January 23, 1968 to December 23, 1968**
- ___ **7. ALL OTHER SERVICE) Regardless of dates and location**

***In country all others before February 28, 1961**

List the Locations and Dates you served for the boxes checked above

- 1. You are Honor Flight eligible no matter if you served Overseas or Stateside during any of the above Wars/Conflicts**
- 2. Except for those marked with an asterisk must have served in country and may be required to show proof)**

War/Conflict #1 Location(s)/Unit(s) Where You Served: _____

War/Conflict #1 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

War/Conflict #2 Location(s)/Unit(s) Where You Served: _____

War/Conflict #2 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

War/Conflict #3 Location(s)/Units(s) Where You Served: _____

War/Conflict #3 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

War/Conflict #4 Location(s)/Unit(s) Where You Served: _____

War/Conflict #4 Dates Served: From: ____ / ____ To: ____ / ____
mm yyyy mm yyyy

PART 3: MEDICAL INFORMATION

MEDICAL INFORMATION PROVIDED WILL NOT DIQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

1. CAN YOU WALK THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? (YES___) (NO___)

If NO state what type assistance/mobility device do you currently need:

(CANE___) (WALKER___) (WHEELCHAIR___) (SCOOTER___) (OTHER, list _____)

If NO please state reason (e.g. lung problems, arthritis, heart problems, etc.): _____

2. MEDICATIONS TAKEN

HOW OFTEN?

MEDICATION TAKEN

HOW OFTEN?

(Attach continuation sheet if needed)

3. Do you have any drug allergies? (YES___) (NO___)

If yes explain _____

4. Do you have a history of seizures? (YES___) (NO___)

Please describe what type (i.e. grand mal, petit mal, other) _____.

When was your last seizure: _____.

If within the last 5 years, we **STRONGLY** advise you discuss trip with your private physician!

5. Do you have problems with motion sickness? (YES___) (NO___)

If yes is it controlled with medications? (YES___) (NO___)

If motion sickness is not controlled by medication s, it is **STRONGLY** advised that you discuss this trip with your private physician!

6. Do you have breathing problems? (YES___) (NO___)

If YES please describe _____.

7. Do you use a home nebulizer machine? (YES___) (NO___)

If YES we **STRONGLY** advise you to discuss the trip with your private physician concerning the use of portable hand held nebulizers during the trip!

8. Do you use oxygen? (YES___) (NO___)

If YES you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

9. Do you have a history of open head injuries, sinus or ear problems? (YES___) (NO___)

If YES, **have you flown since the open head injury, sinus or ear problem**? (YES___) (NO___)

If YES, did you have any problems? (YES___) (NO___)

If YES, we **STRONGLY** advise you to discuss trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you to discuss the trip with your private physician.

PART 3: MEDICAL INFORMATION (Continued)

10. Do you have a **urostomy or colostomy bag**? (YES ___) (NO ___)

If YES, please make sure it is vented prior to flight.

If you do not know if your bag is vented, we **STRONGLY** advise you discuss this issue with you private physician.

11. Do you have any **Dietary restrictions**? (YES ___) (NO ___). If YES, please list: _____

12. Day of the Honor Flight - Will you be meeting us in **CLARKSVILLE** or at the **NASHVILLE AIRPORT**? (Circle one)

13. Do you have transportation to the airport and/or pick up and drop off points (YES ___) (NO ___)

14. Additional Comments or Concerns: _____

PART 4: GUARDIAN/ESCORT REQUEST & INFORMATION

IMPORTANT NOTICE

1. Members of the veterans' family may serve as their Guardian provided they pay the current fees and meet all eligibility and physical requirements to be a Guardian. Guardian application must accompany Veterans application.
2. Due to insurance rules Guardians cannot be over the age of 70 years old or younger than 16 years old. Guardians under the age of 18 must have parents or legal guardians signed permission.

Do you currently have a specific relative or individual you would like as your Guardian? If so put their name and contact information here.

If you have requested a Specific Guardian and put a name in this block a Guardian Application for that individual must accompany your application before it can be processed. Please read the requirements both physical and age limits before submitting!

Name: _____ Phone Number: _____

Address: _____ City, State, Zip _____

For more information contact us at:

Screaming Eagle Honor Flight

PO Box 20075

Clarksville, TN 37042

Phone: 931-920-6364

Email: Screamingeaglehf@charter.net

4. Unless you have listed a specific individual to be your Honor Flight Guardian you will be contacted by the individual we assign as your Guardian approximately 30 days prior to the flight for introduction purposes. Your assigned Guardian will assist you as needed in getting to the pickup & drop off point, and then back home

Part 6: IMPORTANT CANCELLATION INFORMATION

Please notify us immediately if there is any change that may prevent you from flying on the date scheduled. This notification is so we can replace you with another deserving veteran. The group travel tickets we purchase for these trips are non-refundable!

PLEASE NOTE: Once you have been scheduled to fly and for any reason have to cancel you will not lose your position on our waiting list.