



Honor Flight DFW
2201 Long Prairie Rd.
Suite 107, PMB 376
Flower Mound, TX 75022

Honor Flight DFW is dedicated to honoring our veterans for the sacrifices they have made to keep our nation safe by providing them with an all expense paid trip to visit the memorials in Washington DC which symbolize the spirit, sacrifice, and commitment of these veterans. The veterans are accompanied by volunteer guardians, who are along to insure the safety and comfort of the veterans.

Information

- Applications are logged in the order in which they are received.
- If you wish to experience your trip to Washington, D.C. with a veteran 'buddy', we suggest that each buddy complete an application and submit the applications together.
- We fly in the spring (April/May) and fall (September/October).
- Once you are assigned to a flight, you will be contacted six weeks before the departure date.
- The safe travel of the veterans is our number one priority.
- We fly on commercial flights (with other passengers) out of Dallas Love Field
- We travel with a medical team who are there for the safety of the veterans and will respond to emergencies. However, please note, they are not there to provide daily personal or medical care.

Trip Criteria

HFDFW is an overnight trip; therefore, we require that you are functionally and cognitively safe to make the trip. Please read over the following criteria that you must meet to be able to travel with HFDFW

- You must attend the Pre-Flight Briefing, held the weekend before the flight date.
- You must be able to walk 25 feet (the aisle of the plane) with or without the use of cane and/or walker.
- You must be able to take care of yourself: bathing, toileting, transfer (i.e. move from chair to chair) and eating.
- If you use a walker the majority of the time, you must have a family member to travel as your guardian.
- If you take memory medication and/or have dementia, you must have a family member travel as your guardian.
- You will be rooming with another veteran. However, if you are traveling with a guardian who is a family member, then you will room together.

Mail application to

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Suite 107, PMB 376
Flower Mound, TX 75022

More information:

<http://www.honorflightdfw.org>

info@honorflightdfw.org

Honor Flight DFW Pre-Flight Assessment



General Information

Your name must match **EXACTLY** to the government issued picture I.D. that you plan to use at airport security checkpoints.

Last Name: _____

First Name: _____

Middle name or initial: (if applicable): _____

Nickname, that you would like to be called : _____

Date of Birth: Month _____ Date _____ Year 19 _____

Branch of the Service: _____

Shirt Size (small, medium, large, extra large, extra-extra large): _____

Address: _____

City: _____, **Texas** **Zip Code:** _____

PHONE NUMBERS Home: () _____ Cell: () _____

E-mail: _____

Please check all applicable items that might be a concern during the airport security screening process:

_____ Pacemaker

_____ Defibrillator

_____ Metal Implant i.e. hip, knee joints

_____ Insulin Pump

_____ Insulin and/or Insulin Loaded Dispensing Products

_____ Oxygen

_____ CPAP or BiPAP

Emergency Contacts

List two (2) people you would like us to contact in case of an emergency.

1. Name: _____ Relationship to you: _____

Phone: Home (____) _____ Cell (____) _____

E-Mail: _____

2. Name: _____ Relationship to you: _____

Phone: Home (____) _____ Cell (____) _____

E-Mail: _____

Name of primary Doctor, the one you'd like us to call in case of an emergency.

Name _____ Phone (____) _____

If a family member or friend would like to apply to be your Guardian, please fill in the information below.

NOTE: Your spouse and/or significant other cannot be your guardian.

- Guardians pay their own expenses (\$550-\$600).
- Must attend a **mandatory** Guardian Training session.
- Meet the physical demands of the trip.
- Agree to abide by HFDFW policies and procedures.

Their name **EXACTLY** as it appears on drivers license

Their birthday Month _____ Date _____ Year _____

Guardian's relationship to you _____

Phone () _____ E-Mail: _____

Shirt size _____ (small, medium, large, extra large, extra-extra large)

Medical experience _____ Yes _____ No

Veteran _____ Yes _____ No Branch: _____

Your Last Name _____ First Name _____

The purpose of gathering this information is to assure that we have the necessary support for traveling you safely to Washington, D.C., and back to Dallas.

Daily Activities

Please check the box that applies to you.

In the past **3 months** I have needed help with the following activities?

Activity	Never	Some of the Time	Always
Dressing			
Using the Bathroom			
Eating			
Taking Medication			
Bathing or Showering			

Comments and/or Concerns _____

In the past **3 months** have used the following mobility aides?

	Never	Some of the Time	Always
A Cane			
Walker			
Wheelchair			

**** Unfortunately we **cannot accommodate** Motorized Units on the trip.

In the past **3 months** I have had difficulty or needed assistance with the following activities?

	Never	Some of the Time	Always
Standing for 20 minutes			
Walking 3 blocks			
Climbing 10 stairs			
Moving around the house			
Getting up from chair			
Getting out of bed			

Additional Comments: _____

I live in an assisted living facility _____ Yes _____ No

Medical Conditions

Height _____ Feet _____ Inches **Weight** _____ pounds

Medication Allergies _____ Yes _____ No

If yes, please list name/s of medication/s:

Put a checkmark next to the conditions that you currently have or have had in the past 5 years

1. NUTRITION and GI PROBLEMS

_____ Diabetes

IF YES: _____ Insulin _____ Oral Medication

I monitor my blood sugar by myself _____ Yes _____ No

I manage my own medication _____ Yes _____ No

Your Last Name _____ First Name _____

_____ Diet and/or food requirements, allergies and/or restrictions?

Please explain: _____

_____ Urostomy or colostomy bag?

Do you maintain it by yourself? _____ Yes _____ No

NOTE: Please make sure your bag is vented prior to flight. If you not know if your bag is vented, please discuss this with your physician

_____ Self - catheterization

2. NERVOUS SYSTEM PROBLEMS

_____ Dementia or Alzheimer's

NOTE: if you take memory medication or have dementia, you must have a family member travel as your guardian.

If you checked yes, please answer the following questions

Are you comfortable in a crowd? _____ Yes _____ No

Do you participate in activities outside of your home? _____ Yes _____ No

Are you more confused in the evenings? _____ Yes _____ No

When was the last time you spent the night away from home? _____

Comments: _____

_____ Stroke: Year of your stroke _____

NOTE: If your last seizure was within the past 5 years, it is STRONGLY advised you discuss this trip with your physician.

_____ Parkinson's Disease

_____ Motion sickness

_____ Epilepsy or Seizures

Date of last seizure: _____

Type of seizure _____ grand mal _____ petit mal _____ other NOTE:

If your last seizure was within the past 5 years, it is STRONGLY advised you discuss this trip with your physician.

3. HEAD, EAR, and SINUS PROBLEM

_____ Have a history of an open or closed head injury.

Please explain: _____

_____ Sinus problems or ear problems

Have you flown since these problems occurred? _____ Yes _____ No

Did you have problems when you flew? _____ Yes _____ No

NOTE: Talk to your doctor if you feel that there may be a concern about flying.

4. HEART

_____ Heart attack: Year _____

_____ Heart failure

_____ High blood pressure

_____ Irregular heart beats (Arrhythmia)

_____ Pace Maker

_____ Internal Defibrillator

_____ CHF

_____ Blood Clots

_____ Other, specify: _____

5. LUNG and BREATHING PROBLEMS

_____ Asthma

_____ Bronchitis

Your Last Name _____ First Name _____

_____ Emphysema

_____ Pulmonary Embolism

_____ Sleep Apnea

_____ I become short of breath when walking around the house

_____ I become short of breath walking one block.

_____ Other, specify: _____

OXYGEN and BREATHING EQUIPMENT

_____ I use Oxygen What is your flow setting? _____

How many hours a day do you use oxygen? _____

If you know, what is your normal oxygen saturation? _____%

_____ I will be traveling with CPAP or BiPAP

Settings: _____

I use oxygen with CPAP/BiPAP my flow setting is _____

_____ I use a nebulizer machine for my breathing treatments?

How often do you take your treatments? _____

NOTE: You are STRONGLY encouraged to discuss the use of portable nebulizer or an inhaler during the trip with your physician.

6. Cancers

_____ In the past year I have been diagnosed with Carcinoma, Sarcoma
Leukemia, Lymphoma and/or myeloma?

If YES please list what type _____

_____ In the past 3 months I have received treatment i.e chemotherapy,
radiation, surgery, transfusions.

IF YES please list what type and date of last treatment _____

Medicines

You are welcome to attach a pre-printed list of your medication as long as it has the name of the drug, dosage and how often you take it.

Name of Medicine	Dosage	How often do you take it?

Advance Directives

We want to respect your health care wishes, if you have an **advance directive, durable power of attorney, or other health care document** that you would like us to carry on the trip, **please send it in with this assessment.**

Additional Information

Is there anything else we should know about your physical/medical situation or special needs. Feel free to add attachments _____

Veteran Signature Required: The undersigned acknowledges and agrees that the information on this application is correct. To ensure my continued safety during the trip with Honor Flight DFW, members of the HFDFW Medical Team may contact my Doctor or Care provider to inquire about medications, physical status and/or treatments. I do hereby give permission for my Doctor and/or care provider holding any of my medical records to interact with HONOR FLIGHT DFW.

PRINT NAME: _____

SIGNATURE: _____

Date _____

For Honor Flight Only

Reviewed By: _____ **Date:** _____

Reviewed and modified: 11-28-2016

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 DFW 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/s and Honor Flight DFW from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight DFW 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 DFW does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight DFW activities and will not hold Honor Flight DFW responsible for any injuries incurred by me while participating in the Honor Flight program

SIGNED: _____

DATE: _____ / _____ / _____

COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

PLEASE REVIEW CAREFULLY AND SIGN:

I, _____ am about to voluntarily participate in various activities, including flying activities, of the Honor Flight (TM) DFW. In consideration of this organization permitting me to participate in these activities, I, for myself, my heirs, administrators, executors and assigns, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim or suit against the organization known as The Honor Flight Network for any destruction, loss, damage or injury (including death) to my person or property which may occur from any cause whatsoever as a result of my participation in the activities of the Honor Flight (TM) DFW organization.

If I, my heirs, administrators, executors, or assigns should demand, claim, sue or aid in any way in such a demand, claim or suit. I agree, for myself, my heirs, administrators, executors and assigns to indemnify the Honor Flight(TM) DFW organization for all damages, expenses, and costs it may incur as a result thereof.

I know, understand, and agree that I am freely assuming the risk of my personal injury, death or property damage, loss or destruction that may result while participating in Honor Flight(TM) DFW activities, including such injuries, death, damage, loss or destruction as may be caused by the negligence of the Honor Flight (TM) DFW organization.

I also understand and agree that I may be held liable for any damages or loss to the Honor Flight(TM) DFW organization which is caused by my gross negligence, willful misconduct, dishonesty or fraud and for limited damages or loss to the Honor Flight(TM) DFW organization which is caused by my simple negligence.

I further understand that the term Honor Flight organization includes the non-profit organization known as Honor Flight, any officer, agent and/or employee thereof. I hereby authorize the Honor Flight Network organization, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation.

Further, I agree to indemnify and hold harmless the Honor Flight DFW organization, any officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

Signature _____ Date _____

Service History

Please allow me to introduce myself. I am Bill Croom, Honor Flight DFW (HFDFW) Board of Director and Historian. I have great love of history and have volunteered to gather and record the military histories of veterans traveling with HFDFW. Not only will this endeavor forever preserve the military history of HFDFW veterans.

Each veteran's story, regardless of where or how you served, is unique and demonstrates the commitment and sacrifices that were made in order to protect the freedom we enjoy today. We invite you to tell us about your service. Please feel free to add additional pages; the more details you provide, the better!

To help with accuracy, please try to write as clearly as possible; you might enlist the help of family and friends.

Please feel free to contact me if you have questions or concerns at 214-957-9953 or dmntia1995@aol.com.

Thank you for your time.

Regards,

Bill Croom

Honor Flight DFW Board of Director Historian

Military Service History

Please feel free to add additional pages!

Name: _____

Phone Number/s: _____

BRANCH OF SERVICE: _____

Induction date: _____ - _____ -19 _____ Discharge Date: _____ - _____ -19 _____

Rank at Completion of Service: _____

Activity during war: Theatre of operation, Unit, Division, Battalion, Ship, Plane, etc. _____

What was your job or assignment in the military? _____

What was your most memorable war experience/s? _____

How did your military service affect your life: your outlook, your vocational choices, your maturity, etc. _____

Personal awards, medals, honors, and/or unit commendations (please detail):
