



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

Dear Veteran, 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 D.C., which symbolize the spirit, sacrifice, and commitment of these veterans.

Basic Information

- Applications are logged in the order in which they are received. Top priority is given to WWII, Korean veterans, and those who are ill.
- If you wish to experience your trip with a veteran ‘buddy’, we suggest that each buddy complete an application and submit the applications together.
- We fly in the spring and fall.
- 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 Southwest Airlines (with other passengers) out of Dallas Love Field.
- A medical team travels with the group; they are there for your safety and respond to emergencies. However, they are not there to provide daily personal/ medical care.

Trip Criteria HFDFW is an overnight trip and fly on a commercial flight therefore, we require that you are medically, functionally and cognitively safe to make the trip. Please read over the following criteria that you must meet to be able to safely travel with HFDFW.

- You must be a veteran to travel on HFDFW.
- **Please submit a copy of your DD-214 to us with your social security number blacked out (see sample).**
- otherwise, we will return it to you at the Pre-Flight Briefing. If you do not have your DD-214, you may request one online at [https:// www.va.gov/records/get-military-service- records/](https://www.va.gov/records/get-military-service-records/)
- You must attend the Pre-Flight Briefing which is 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 may be asked to demonstrate this at the Pre-Flight Briefing.
- You must be able to take care of yourself: bathing, toileting, transfer (i.e. moving 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.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD SAFEGUARD IT ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (LAST, FIRST, MIDDLE)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NO.	
4.A. GRADE, RATE OR RANK	4.B. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE ORNLG TERM DATE Year Month Day		
7.A. PLACE OF ENTRY INTO ACTIVE DUTY		7.B. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if foreign)			
8.A. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.B. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE <input type="checkbox"/> None		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles covering periods of one or more years.)		12. RECORD OF SERVICE			
		a. Date Entered ADT This Period			
		b. Separation Date This Period			
		c. Net Active Service This Period			
		d. Total Active Service			
		e. Total Prior Inactive Service			
		f. Foreign Service			
		g. Sea Service			
		h. Effective Date of Pay Grade			

Honor Flight DFW reserves the right of to deny veteran’s travel if found in noncompliance with Honor Flight DFW policies.

Mail application to
Honor Flight DFW
2201 Long Prairie Rd. Suite 107, PMB 376 Flower Mound, TX 75022
More information <http://www.honorflightdfw.org>
Tudy Giordano President HFDFW E-mail: tudygio@verizon.net

Honor Flight DFW Pre-Flight Assessment

General Information

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

Last Name: _____

First Name: _____

Middle name or initial: (if applicable): _____

Date of Birth: Month _____ Date _____ Year 19 _____

What name would like to be called on the trip: _____

Include a copy of your **DD-214** and a copy of the front of your **Driver's License** with your application.

Branch/es of the Service: _____

Years served: _____ -- _____

Circle polo Shirt Size (small, medium, large, XL, 2XL, 3XL, 4XL)

Address: _____

City: _____, Tx. Zip Code _____

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

E-mail: _____

Please check all applicable items that apply to you:

____ Pacemaker

____ Defibrillator

____ Metal Implant i.e. hip, knee joints

____ Insulin Pump, Insulin and/or Insulin Loaded Dispensing Products

____ Liquid medications or liquid nutritional supplements

____ Oxygen

____ CPAP or BiPAP

Emergency Contacts

Reviewed and modified: 07-17-23

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

Primary Contact (someone available the day you travel)

Name: _____ Relationship to you: _____

Phone: Home () _____ Cell () _____

E-Mail: _____

Secondary Contact

Name: _____ Relationship to you: _____

Phone: Home () _____ Cell () _____

E-Mail: _____

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

Name _____ Phone () _____

Guardians, wingman, butler, escort, handler

If a family member 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, about \$650 depending on costs.
- The guardian must be **physically fit**. (Able to push a wheelchair, carry luggage, load luggage and **walk 2.5 miles**, often while pushing a wheelchair.
- Must attend a Pre-Flight Briefing, Guardian Training session., and Reunion.
- Agree to abide by HFDFW policies and procedures.

Guardian's name **EXACTLY** as it appears on drivers license

Guardian's relationship to you: _____

Last name: _____ First: _____

Middle: _____ Their birthdate: Month _____ Date _____ Year _____

Phone: () _____ E-Mail: _____

Circle Shirt size for polo shirt: small, medium, large, XL, 2XL, 3XL, 4XL

Medical experience: _____ What Experience: _____

Is the Guardian a Veteran: No _____ Yes _____ Branch: _____

Your Last Name _____ First Name _____

Physical and Health Assessment

The next sections we will be asking you questions about your physical ability and general health. The information that you provide helps us plan for the needs of each of the veterans on the trip. Additionally, it is very useful in the event a veteran needs assistance from the medical team or is taken to a medical facility.

Please check the box that applies to you.

In the past **3 months**, I have **fallen**. ____ Yes ____ No

If yes, additional information _____

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			

In the past **3 months**, I 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
Walking 25 feet			
Standing for 20 minutes			
Walking 3 blocks			
Climbing 5 stairs			
Moving around the house			
Getting up from chair			
Getting out of bed			

Additional Comments: _____

I live in an assisted living facility _____ Yes _____ No

Health Issues

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

_____ **Medication Allergies** If **yes**, list the medication/s that you are

allergic to: _____

_____ **Vision issues**, other than glasses: If Yes, Please explain _____

_____ **Hearing Issues:** If Yes, Please explain _____

Your Last Name _____ First Name _____

Medicines

Feel free to include a pre-printed list of your medications, such as one obtained from your pharmacist or doctor's office. It should encompass the names of all your medications, their dosages, and how frequently you take them. We understand that many veterans have multiple healthcare providers, so it's important to include all your prescriptions.

Name of Medicine	Dosage	How often do you take it?

Please check the box that applies to you.

Currently or in the past 3 years

1. NUTRITION (diabetes, food allergies, and/or special diet requests)

_____ **Diabetes** Please Explain:

- _____ Insulin _____ Oral Medication _____ Diet Controlled
- I monitor my blood sugar by myself _Yes_____ No_____
- I manage my own medication _____ Yes_____ NO

_____ **I have food Allergies** (i.e. peanuts, trees nuts, dairy, fish, gluten, etc.).

Please explain: _____

_____ **I have a Special diet request/s.** Please explain: _____

2. Kidneys/GI

_____ **Self – catheterization**

Do you maintain it by yourself? _____ Yes _____ NO _____

I have an **Ostomy** _____ **Urostomy** _____ **Colostomy** _____

Do you maintain it by yourself? _____ Yes _____ No

Have you flown with the ostomy? _____ Yes _____ No

I have trouble with my ostomy while traveling ___ Yes ___ No

NOTE:

1. If you have an osotomy or use catheters be sure to bring extra supplies along on the trip.
2. Make sure your bag is vented prior to flight. If you do not know if bag is vented, please discuss this with your physician.

_____ **I am on Dialysis** Please Explain: _____

Your Last Name _____ First Name _____

3. CENTRAL NERVOUS SYSTEM

_____ **Dementia, Alzheimer, and/or Cognitive Challenges**

Please Explain: _____

If you checked, please answer the following questions

I participate in activities outside of my home? Yes _____ No _____

I am more confused in the evenings? Yes _____ No _____

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

_____ **I am comfortable in crowds** Yes _____ No _____

If No, Please explain: _____

_____ **History of PTS:** Please Explain _____

_____ **History of a traumatic brain injury** (open-closed head injury)

Please explain Year _____ Type of injury _____

_____ **Stroke:** Year of stroke _____ Please Explain: _____

_____ **Epilepsy or Seizures:**

What was the date of your last seizure? _____

Type of seizure _____ grand mal _____ petit mal _____ other

_____ **Parkinson's Disease:** Please Explain: _____

4. SINUS PROBLEM

_____ **Sinus problems** Please explain: _____

_____ **Motion sickness:** Please Explain: _____

5. Heart

_____ **Heart attack:** Year? _____

_____ **Stent/s** What Year? _____ Number _____

_____ **By-pass:** What Year? _____ Number _____

_____ **Heart failure**

_____ **High blood pressure**

_____ **Irregular heart beats (Arrhythmia)**

_____ **Pacemaker**

_____ **Internal Defibrillator**

_____ **Congestive Heart Failure (CHF)**

_____ **Blood Clots**

_____ **Other, specify:** _____

6. LUNG and BREATHING PROBLEMS

_____ **Asthma**

_____ **Bronchitis**

_____ **COPD (Chronic Obstructive Pulmonary Disease)**

_____ **Emphysema or Chronic Bronchitis**

_____ **Pulmonary Embolism**

_____ **Sleep Apnea**

_____ **I become short of breath when walking around the house**

_____ **I become short of breath walking one block.**

_____ **Other, specify:** _____

Your Last Name _____ First Name _____

7. 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? _____%

_____ **Sleep Apnea** I will be traveling with CPAP or BiPAP Please Explain:

Pressure Settings: _____

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

_____ I use a **nebulizer machine** for my breathing treatments?

Medication/s _____

How often do you take your treatments? _____

8. Cancers

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

If YES, what type? _____

_____ In the past 3 months I have received treatment

_____ Chemotherapy: Frequency _____

_____ Radiation: Frequency _____

_____ Surgery Date _____

_____ Other treatments i.e. blood transfusion _____

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 in with this application or bring to Pre-Flight Briefing.

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. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change are determined by Honor Flight DFW to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight DFW.

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 _____



If the Veteran was assisted in completion of this form, please sign here and print your name, relationship, phone number and e-mail:

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____

Email: _____

Your Last Name _____ First Name _____

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: _____ / _____ / _____

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____

Email: _____

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 _____



If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____

Your Last Name _____ First Name _____

Service History

Dear veteran, 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.

Thank you for your time. Please feel free to add additional pages!

BRANCH/ES OF SERVICES: _____

Why did you pick the service branch you joined? _____

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. _____

Were you awarded any medals, honors or citations (please detail):



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

Checklist

Completed Application.

Copy of your DD-214 (block out Social Security number). Do not send your original.

Copy of the front of your Driver's License.

Beginning May 7, 2025, every air traveler 18 years of age and older will need a REAL ID-compliant driver's license, state-issued enhanced driver's license, or another [acceptable form of ID](#) to fly within the United States