



# HONOR FLIGHT

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## CAPE FEAR AREA N★C

## Veteran Application

### April 29, 2023 Flight

Honor Flight of the Cape Fear Area Inc. recognizes America's Veterans for their service and sacrifice by flying them all-expenses-paid to Washington DC to see the monuments and memorials built in their honor. Veterans who served prior to 1975 - during WW II, the Korean War, and Vietnam War eras are invited to join the flight, as well as Veterans with serious or life-limiting conditions who served during any era. Priority is given to Veterans of the earlier conflicts, and to those who are ill.

Here are the guidelines and eligibility requirements for Honor Flight of the Cape Fear Area:

1. Be Honorably Discharged from any of the 5 services: Army, Marines, Navy, Air Force, or Coast Guard.
2. Served prior to 1975, or have a life-limiting medical condition.
3. Provide a copy of DD214 or other evidence of Honorable Discharge.
4. Provide a copy of your REAL ID-compliant driver's license or military ID. It must contain your photograph. You will use this for airport security check-in.
5. Have no convictions for violence of any kind; no felony convictions; not a registered sex offender.

***Your DD 214 and photo ID must accompany this application for it to be considered complete.***

#### General Information:

- It is a VERY long day. The day begins with your arrival at the Wilmington International Airport (ILM) by approximately 0600 and returning that same evening around 2100.
- If you are coming from a long distance, consider booking local hotel accommodations for the night prior to the flight and on the night of the flight. We can provide a list of hotels near the airport.
- It is a very busy day with multiple stops throughout Washington, DC and Arlington, VA. You must be able to walk to and from your seat on the plane and the bus. One of our bus coaches will have a wheelchair lift for those who require extra help getting on and off the bus.
- Veterans who use any type of mobility equipment (cane, walker, crutches, or wheelchair) will have access to one of our wheelchairs. Your guardian will assist and help maneuver you throughout the day, no exceptions.
- Your personal walkers, crutches, and wheelchairs will be kept in a secure room at ILM until we return that evening. Personal canes are the only assistive devices allowed on the aircraft.
- HFCA will supply oxygen concentrators and delivery system for those needing continuous oxygen, free of charge. We require a prescription from your medical provider at least one month prior to the flight. The oxygen concentrator prescription must specify the rate of flow, frequency, and type of delivery system you need (mask or cannula).
- Neither spouses, nor significant others are permitted to accompany their Veteran on the trip. Other family members may apply to serve as a guardian. The minimum age for a guardian is 18. If a family member is not escorting you, you will be assigned a guardian.
- There will be a Veterans' Briefing and Meet & Greet pre-flight event on April 1, 2023. At that pre-flight day you will meet your guardian and others who are participating in the trip. You will be issued all your gear for flight day, given logistical information, and we will answer any questions you have. Spouses/significant others are not permitted to attend this meeting. This meeting is mandatory, so it is imperative that you make every effort to attend. We will provide advance notice of time and location.
- Honor Flight of the Cape Fear Area Board of Directors reserves the right to deny any application at the Board's discretion.

**If these conditions are acceptable to you, we look forward to receiving your completed application for the 2023 Flight**



**HONOR FLIGHT**  
CAPE FEAR AREA N★C

**Veteran Application**  
April 29, 2023 Flight

**2023 Schedule: Mandatory Pre-Flight Training Day: April 1, 2023 | Flight Date: April 29, 2023**

Please *print* clearly. Name **MUST** be exactly as it is on your REAL ID-compliant license/photo ID you are submitting for airport TSA security reasons.

**Veteran Details:**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

NICKNAME (if any, for your nametag): \_\_\_\_\_

Please circle your Unisex T-shirt size: S, M, L, XL, XXL, XXXL

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE(S): WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Note: **Email address is required**; if you do not regularly use email, submit the address of someone to receive emails for you

AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GENDER: M: \_\_\_\_\_ F: \_\_\_\_\_

**Veteran Emergency Contact Details** (someone who will NOT be on the flight and available on flight day):

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE(S): HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Veteran Service Information:**

BRANCH: \_\_\_\_\_ HIGHEST RANK ACHIEVED: \_\_\_\_\_

YOUR SERVICE BRANCH: Army \_\_\_ Marines \_\_\_ Navy \_\_\_ Air Force \_\_\_ Coast Guard \_\_\_

CONFLICT(S) DURING WHICH YOU SERVED (Check all that apply):

WWII \_\_\_ KOREA \_\_\_ VIETNAM \_\_\_ COLD WAR \_\_\_ Other \_\_\_\_\_

FROM (Month/Year) \_\_\_\_\_ TO (Month/Year) \_\_\_\_\_

Anything about your service you'd like to share? (Specialties, places you served, unit(s), significant awards/medals, etc.)

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NAME \_\_\_\_\_

**Veteran Desired Guardian Assignment:**

All Veterans are assigned a guardian to accompany them the entire trip. If you'd like a specific guardian, please identify:

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

NOTE: This person must complete a guardian application and submit the required contribution. Spouses/significant others are not eligible. Guardian must be over 18.

**HFCFA Veterans' Medical Information:**

Medical information you provide is used solely by HFCFA and its medical personnel. Your medical information will be reviewed by our medical team to determine if we will be able to address any special needs you have. HFCFA will have medical personnel traveling with us. If you have any concerns about taking this trip, we recommend that you discuss them with your personal medical provider.

We need to know the following so we can choose a guardian for you who is physically able to assist you all day:

CAN YOU WALK WITHOUT ASSISTANCE? Yes \_\_\_ No \_\_\_ How far? \_\_\_\_\_ yards/miles

HOW FAR DO YOU THINK YOU CAN WALK WITH MINIMAL ASSISTANCE? \_\_\_\_\_ yards/miles

CAN YOU WALK UP AND DOWN A SET OF 4 BUS STEPS WITHOUT ASSISTANCE? Yes \_\_\_ No \_\_\_

DO YOU USE MOBILITY EQUIPMENT? Yes \_\_\_ No \_\_\_

If "Yes", check all that apply:

CANE \_\_\_ WALKER \_\_\_ WHEELCHAIR \_\_\_ WHEELCHAIR (Wide) \_\_\_ SCOOTER CHAIR \_\_\_ OTHER \_\_\_\_\_

Please note that your private walkers, wheelchairs, and scooter chairs will not come with you on the flight. Personal canes are permitted. Your equipment will be stored at ILM in a secured area. We have wheelchairs available for the entire trip. Your personal equipment will be made available to you upon your return.

DO YOU USE OXYGEN? Yes \_\_\_ No \_\_\_

Please note that oxygen bottles are not allowed on the aircraft. We will provide a portable oxygen concentrator for your use throughout the day at no cost to you, but you must provide a written prescription from your medical provider. It must specify the required rate of flow, frequency, and the method of delivery (mask or nasal cannula). Please submit the prescription at least one month prior to the flight.

DO YOU REQUIRE A SPECIAL MEAL/DIET? Yes \_\_\_ No \_\_\_ Please describe \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES (medication, insects, plants, etc.)? Yes \_\_\_ No \_\_\_

Please describe \_\_\_\_\_

\_\_\_\_\_

(Please bring along any required medication to treat the allergy, if needed).

NAME \_\_\_\_\_

DO YOU TRAVEL WITH A SERVICE ANIMAL? Yes \_\_\_ No \_\_\_

What service does this animal provide? \_\_\_\_\_

(NOTE: You will need to submit a current, official copy of the animal's required vaccinations along with your application).

HAVE YOU BEEN DIAGNOSED WITH MEMORY IMPAIRMENT? Yes \_\_\_ No \_\_\_

HAVE YOU RECEIVED YOUR COVID-19 VACCINATION AND BOOSTER SHOTS? Yes \_\_\_ No \_\_\_

If yes, dates of the shot(s) \_\_\_\_\_

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

Heart Attack: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Cardiac By-Pass Surgery: Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_

Pacemaker, Defibrillator: Yes \_\_\_ No \_\_\_ Date it was implanted? \_\_\_\_\_

Stroke: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Long term effects? \_\_\_\_\_

Diabetes: Yes \_\_\_ No \_\_\_ What medication do you take for it? \_\_\_\_\_

Asthma/COPD: Yes \_\_\_ No \_\_\_ Do you use an inhaler? Yes \_\_\_ No \_\_\_ Name: \_\_\_\_\_

Eye Problems: Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

Ear Problems: Yes \_\_\_ No \_\_\_ Hearing aids: Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

Knee Surgery: Yes \_\_\_ No \_\_\_ Date, Type \_\_\_\_\_

Back Surgery: Yes \_\_\_ No \_\_\_ Date, Type \_\_\_\_\_

Cancer: Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_ Active/Remission \_\_\_\_\_

CPAP: Yes \_\_\_ No \_\_\_

Bladder Problems: Yes \_\_\_ No \_\_\_ Do you use a catheter? Yes \_\_\_ No \_\_\_

Incontinent (urine/stool): Yes \_\_\_ No \_\_\_ Do you use incontinence pads? Yes \_\_\_ No \_\_\_

Colostomy bag: Yes \_\_\_ No \_\_\_

Motion sickness: Yes \_\_\_ No \_\_\_

Seizures: Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_ Date of last seizure \_\_\_\_\_

Do you have open wounds requiring care: Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_

Sinus problems: Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_

Any serious health problems not noted above:

\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

**Prescription Medications:**

| Medication, Dosage | How Often | Purpose | Medication, Dosage | How often | Purpose |
|--------------------|-----------|---------|--------------------|-----------|---------|
|                    |           |         |                    |           |         |
|                    |           |         |                    |           |         |
|                    |           |         |                    |           |         |

**Attach additional list of medications to this form if needed.** Bring a two-day supply of your daily medications to the event in case we get delayed due to bad weather or other extenuating circumstances.

PLEASE REVIEW THE FOLLOWING CAREFULLY AND SIGN AND DATE WHERE INDICATED

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to document **Honor Flight** trips and events, I am aware that my image or voice 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, **Honor Flight**, and **Honor Flight of the Cape Fear Area, Inc.** from all claims and liability relating to said photographs, videos, and sounds. I hereby give permission for my images and voice captured during **Honor Flight** activities through video, photo, or other media, and any photos or video I may post to social 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 neither **Honor Flight** nor the provider of private aircraft ("Flight Provider") nor Wilmington International Airport provides medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight**, the Flight Provider, **Honor Flight of the Cape Fear Area, Inc.**, Wilmington International Airport, Veterans, guardians, other volunteers, **Honor Flight** Support Members, or any person appearing or quoted in any advertisement or public service announcement or on behalf of **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program.
3. I have not been convicted of any crime involving violence or a felony and that I am not a registered sex offender.
4. Honor Flight of the Cape Fear Area Board of Directors reserve the right to deny any application at the Board's discretion.
5. This document shall be construed under and in accordance with the laws of the State of North Carolina.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail completed application, a copy of your DD 214 (or other proof of Honorable Discharge) and a copy of your photo ID (Real ID or Military ID) you are using for your airport security check-in to:**

**Honor Flight of the Cape Fear Area**  
 310 North Front Street  
 Box 292  
 Wilmington, North Carolina 28401  
 Attn: Veteran Application

You may also scan and email your application with your photo ID and DD 214 to: [Veterans@honorflightcfa.org](mailto:Veterans@honorflightcfa.org).

**Your application is incomplete without these documents.**

**Questions?** Contact Chrissy Sanford, COL, USA, (R), Veteran Coordinator, at 910-200-2346 or [Veterans@HonorFlightCFA.org](mailto:Veterans@HonorFlightCFA.org).

NOTE: If your phone number(s), address, or email address changes between now and the training day date, please let us know as soon as possible. Likewise, if for any reason you cannot go on the trip, please notify us as others may be waiting for a seat.