

Airline Travel and TSA Security Checkpoints

The Military Order of the Purple Heart, in partnership with the Transportation Security Administration, seeks to make travel easier for MOPH members who may need a little more time or assistance getting through the airports and TSA security lines.

This program applies not only to those members who wear a prosthetic appliance but also to those who have special needs/issues due to traumatic brain injury (TBI), Post Traumatic Stress Disorder (PTSD), sight impairment, mobility impairment requiring wheelchair assistance or other special needs. It is not intended to be used by those who do not have special issues/needs requiring accommodation.

On the reverse side is a MSI Notification Form used by the TSA to assist those who require assistance as outlined above. Complete the form, making sure to include all information as outlined below. Please insure the accuracy of the following: Name (full name), flight information, date(s) of travel, point of contact (POC) number (suggest you use your cell phone number), and a brief description of your injury/issue. Be sure to include your MOPH Life Member Number. If you hand write the information, please print legibly. **DO NOT EMAIL OR FAX THE FORM DIRECTLY TO TSA.** Instead, fax/email the form to Adale Tourtellott at atourtellott@purpleheart.org of fax number **703.642.2054**. This must be accomplished at least 48 hours before your travel date. Adale is the MOPH point of contact with TSA. All requests for assistance must go through her.

Someone from TSA may contact you prior to your travel with contact information. On your travel day, 15 – 30 minutes prior to your arrival at the airport, contact the TSA POC at the number provided or call **1.888.262.2396**. You will be given final instructions at that time.

Please insure that the following information is accurately shown on the MSI Notification Form:

- Service Member/Veteran's Name
- Service Member/Veteran's Telephone Number
- Branch of Service
- Rank
- Nature of injury and special needs.
- Names of accompanying Traveling family members (if any)
- Travel Date
- Airline
- Flight number
- Departure airport
- Time of departure
- Arrival airport
- Time of arrival
- Connecting flight information (airline, flight number, departure/arrival airports and time)
- Return flight information (provided in the same manner as above)



**Transportation
Security
Administration**

MSI-2011

MSI Notification Form

From: Military Severely Injured Center (MSI) TSA Liaison Team
Phone: 1-888-262-2396; 703-603-1558
Fax: (703) 603-0503
Email: MSIJSOC@DHS.GOV

DATE:		Time:		TSA LIAISON	
	Veteran/Family Member Traveling		Branch:		
NAME:			Rank:		
EMAIL:			Cell Phone:		

CARE MGR			
POC:		Cell Phone:	

Flight Itinerary

Depart Airport	Airline	Flight #	Depart Time	Arrival Time	Arrival Airport	Date of Travel

Traveling Party Members Other Than Service Member	Number of Adults	Number of Children

NOTES: SPECIAL TRAVELING NEEDS