P.O. Box 4553, Wallingford, CT., 06450 **Phone (203) 824-3967**

Wish Fulfillment Application

Application Form

Please fill in all of the information requested in sections A and B
Sign the form where indicated in Section C
Please mail this application to: Seniors Have Dreams Too, Inc, P.O. Box 4553, Wallingford, CT. 06492

A. Wish Recipient Information

Wish Recipient Name_____ Date of Birth_____

Street Address_____

City_____ State_____ Zip_____

Phone_____ Cell Phone_____

Annual Income (estimated)_____

B. **Referring Personnel**

Name_____ Phone_____ Cell Phone_____

Address_____

City_____ State_____ Zip Code_____

_____

E-mail address_____

I am completing this application on behalf of

_____

I would like to have a wish considered for this person because_____

_____

_____

Wish Description_____

C. Special Comments

If you have any special comments or observations concerning the wish recipient, please elaborate here.

Certification

By signing below, I acknowledge that the acceptance by Seniors Have Dreams Too, Inc (SrHDT) does not constitute an agreement by SrHDT to fulfill my wish request. If SrHDT may be able to fulfill the wish requested described above, a SrHDT representative will contact me. Furthermore, I certify that the wish recipient meets all eligibility criteria established by SrHDT and declare that all of the information given by me in this application is true and complete to the best of my knowledge and I agree to inform SrHDT in a timely manner if any information in this form changes.

Signature_____

Print Name_____ **Date**_____

Notes:

1. Additional sheets may be attached if necessary.
   Please indicate the number of additional sheets, if any are enclosed. _____

2. Please state if the wish recipient is ambulatory or has a walker or wheelchair

3. SrHDT holds Wish Committee meetings to determine whether a wish is eligible, ineligible or if more information is require. We make our best efforts to have a response within A reasonable amount of time following the receipt of the request. Please complete all the information requested or your application may take longer to process as it will be pended until the next scheduled Wish Committee meeting.

Senior Have Dreams Too, Inc. Staff

Wish Recipient Requirements and Wish Restrictions

Wish recipients and wish requests are required to honor our fiduciary responsibilities to donors and sponsors. Please read the following selections carefully and initial and date each page and sign the certification on page 2.

Wish Recipient Requirements

Qualifying wish recipients will fulfill all the following requirements:

- **Minimum 70 years or older**
- **United States Citizen**
- **Annual income should meet the current Federal Government published poverty level income ($19,600 annually for household of one; $26,4000 for two)**
- **Must be cognitively, emotionally and physically capable of communication and experiencing the wish**

Note: Verification of age, citizenship, income, and physician's letter verifying mental and physical condition are necessary and must accompany this application in order for the wish to be granted.

Restrictions on Types of Wishes

Seniors Have Dreams Too, Inc (SrHDT) grants qualifying wishes as funding and resources are available. SrHDT reserves the right to deny request for any purpose in conflict with the mission of SrHDT. SrHDT will deny the following types of wishes;

- Political or legal in nature
- Housing restrictions
- Bill payments or cash requests
- Medical items (including surgery or pharmaceuticals items)
- Dangerous in nature
- Wishes granted to applicant only, not family members or caregivers

For Office Use Only:

Verification Income:_____Physician Letter_____Approved_____

Verification of age and citizenship_____Denied_____

Signature_____

Seniors Have Dreams Too, Inc.
Making new memories for seniors with limited resources

Liability Waiver

As a participant with the **Seniors Have Dreams Too, Inc**. wish granting program, for myself, my executor, my administrator, and assigns, I do hereby release and discharge **Seniors Have Dreams Too, Inc**., the event site, their management, their officers, members, sponsors, organizers or their representatives, or the successors and all cooperating businesses and organizations from all claims of damages, demands, actions and cause whatsoever, in any manner arising or growing out of my participation in this event.

I give my full permission for the use of my name and photograph in this event.

I also give my full permission for first aid as is deemed necessary to be provided to me on the premises or prior to transport to a hospital for further treatment.

Seniors Have Dreams Too, Inc. or any company providing services or transportation; are not responsible for liabilities incurred by family members, friends or medical staff accompanying the wish recipient. We are also not responsible for lost or misplace articles. Each participating person must sign a liability waiver.

Participant/Guardian Signature _____

Date _____

Seniors Have Dreams Too, Inc. Representative: _____

P.O. Box 4553, Wallingford, CT 06492 203-824-3967