



P.O. Box 4553  
Wallingford, CT 06450

FAX (203) 265-5801  
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 or fax this application to: Seniors Have Dreams Too, Inc, P.O. Box 4553, Wallingford, CT. 06492

### **A. Referring Agency Personnel**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

I am completing this application on behalf of \_\_\_\_\_

Referring Agency Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

I would like to have a wish considered for this person because \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **B. Wish Recipient Information**

Wish Recipient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Annual Income (estimated) \_\_\_\_\_



**Notes:**

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

2. SrHDT holds monthly Wish Committee meetings on the 2<sup>nd</sup> Thursday of every month to determine whether a wish is eligible, ineligible or if more information is require. We make our best efforts to have a response within two weeks 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.

Thank you again on behalf of Seniors Have Dreams Too, Inc. for taking the time to complete this wish application on behalf of another.

**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 payment or request for cash**
- **Medical items (including surgery or pharmaceutical items)**
- **Dangerous in nature**
- **Wishes granted to applicant only not family members or caregiver**

Thank you for taking the time to read the requirements and restrictions and complete a Seniors Have Dreams Too, Inc. Application on behalf of another.

**Initials**\_\_\_\_\_

<b>For Office Use Only:</b>	
Verification Income:_____	Physician Letter_____Approved_____
Verification of age and citizenship_____	Denied_____
Signature_____	