

Seniors Have Dreams Too, Inc.

P.O. Box 4553, Wallingford, CT., 06450 PHONE (203) 824-3967 FAX (203)440-9386

Wish Fulfillment Application

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

Please make sure verification of age, citizenship, income, and a physician's letter attesting to the mental and physical condition of the recipient are included with this application in order for the wish to be granted.

Wish Recipient Information

Wish Recipient Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Annual Income (estimated) _____

Referring Personnel

Name _____ Phone number _____

Address _____

E-mail address _____

I am completing this application on behalf of

I would like to have a wish considered because _____

Notes:

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

2. SHDT holds monthly Wish Committee meetings 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 pending until the next scheduled Wish Committee meeting.

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 of less than 200% of current federal government published poverty level of income (\$23,540 or less annual income for household of one or \$31,860 for a family of two)**
- **Must be cognitively, emotionally and physically capable of communication and experiencing the wish (if wish recipient needs a caregiver to accompany them the cost is the responsibility of the family or facility)**

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 (SHDT) grants qualifying wishes as funding and resources are available. SHDT reserves the right to deny request for any purpose in conflict with the mission of SHDT. SHDT will deny the following types of wishes:

- **Political or Legal in nature**
- **Housing restrictions**
- **Bill payments or cash requests**
- **Medical items (including surgery or pharmaceutical items)**
- **Dangerous in nature**
- **Wishes are 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: _____



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 is not responsible for liabilities incurred by family members, friends or medical staff accompanying the wish recipient. We are also not responsible for lost or misplaced articles. Each participating person must sign a liability waiver.

Participant/Guardian Signature _____

Date _____

