



SENIOR WISHES APPLICATION

(For assistance in filling out application please call 508-2121.)

DATE: _____ How did you hear about Senior Wishes? _____

CONTACT INFORMATION OF WISH SEEKER:

Senior Name: _____

Senior Phone Number: _____

Address: (Must reside in WNY)

Date of Birth: _____ **Proof of age must be submitted upon request.**

Email address: _____ # of Residents in Household: _____

Annual Total Household Income: _____ **Must submit proof of income upon request.**

Please fill out below ONLY if you are referring someone for a wish:

Name: _____

Phone Number: _____ Email: _____

Address: _____

Relationship to Wish Nominee: _____

WISH DETAILS (Please list ONE wish only)

Describe your wish in detail (please be as specific as possible):

What makes this wish have meaning for you?

What prevents you from fulfilling this wish on your own? _____

Do you have health coverage through Medicaid _____ or Medicare? _____ (check one)

PERSONAL HISTORY OF WISH SEEKER:

Are you a Veteran? YES NO

Do you have any physical or cognitive impairment that might influence your ability to participate in this wish? YES NO

We'd like to get to know you better! Please tell us about your friends, family, career, volunteer work or military service, hobbies or interests.

Declaration:

I, the undersigned, acknowledge acceptance of this application does not guarantee fulfillment of my wish. I declare that my annual income is not over \$38,000 for a household of one or \$44,000 for a household of two or that I am a permanent resident of a Care Facility. I understand that I may be asked to show proof of income. (May be submitted with application to avoid delays) I declare that all information provided by me is accurate and I agree to inform Senior Wishes should any information on this application change. I understand that I may be asked to provide a medical verification form and that I will need to sign a liability release prior to my wish being granted.

Signature

Date

Please direct any questions to Wendy Backman, Executive Director at 508-2121.
Please return this document to wbackman@uchsinc.org or fax to 716-662-6985.
Mail to: Senior Wishes/UCHS * One Fox Run Lane * Orchard Park, NY 14127