



## **Lift a Vet Recipient Requirements**

- Resident of Western New York (Erie, Niagara, Orleans, Wyoming, Genesee counties)
- 65 years of age or older
- Veteran who has served in the US Armed Forces
- Annual total household income is less than \$48,000 for a household of one or \$54,000 for a household of two
- Must have a health condition or injury making use of a regular chair difficult
- Unable to secure a lift chair on your own or with family assistance

## **Lift a Vet Approval Process**

Upon receipt of application, a Senior Wishes representative will call you to discuss your application.

A Wish Granting Committee meets monthly to review applications. All applicants will be notified of approval or denial. Please allow up to 60 days for decision.

## **Lift a Vet Restrictions**

**The following requests will not be considered:**

- Lift chairs to replace a currently functioning lift chair
- Lift chairs when insurance or another fund will provide a chair
- Lift chairs for individuals who do not medically/physically need one
- Repairs for lift chairs

We regret that not every qualifying request may be approved. Senior Wishes has sole discretion in the decision to grant or deny a specific request from an applicant.

*United Church Home Society Inc. is the proud founder of Senior Wishes*



## Lift a Vet Application

For assistance in filling out application, please call 716-508-2121  
Mail to: Senior Wishes, One Fox Run Lane, Orchard Park, NY 14127 or  
Email: [admin@seniorwishes.org](mailto:admin@seniorwishes.org)

### Contact Information

Veteran Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ **Total Annual income below \$48,000 for a household of one or \$54,000 for a household of two  
(Proof of Income may be submitted with application)**

Are you a military veteran? \_\_\_\_\_ Branch & Years of Service \_\_\_\_\_

Tell us about your service: (where and when you served, etc)

\_\_\_\_\_  
\_\_\_\_\_

Describe in detail the need for a lift chair (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_

What makes you or your family unable to purchase a Lift Chair on your own?

\_\_\_\_\_  
\_\_\_\_\_

### Declaration

I, the undersigned, acknowledge acceptance of this application does not guarantee fulfillment of my lift chair request. 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 or financial verification form and that I will need to sign a liability release prior to my application being accepted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Photo Release – I give permission to Senior Wishes to use my photo for marketing purposes, including website, social media, newsletters and more.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Nominator Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Wish Nominee \_\_\_\_\_ Email \_\_\_\_\_

Have you spoken to the nominee to confirm they need a lift chair? \_\_\_\_\_ If not, STOP. Talk with them first.© Let them know they may be receiving a call from us.