



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

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 _____

Height _____ Weight _____ Total Number of Stairs for Delivery _____

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.