



Wish Recipient Requirements

- Resident of Western New York and a U.S. Citizen
- 65 years of age or older
- Annual income less than \$38,000 for a household of one or \$44,000 for a household of two **OR** a permanent resident of a care facility
- Must be cognitively, emotionally and physically capable of communicating and experiencing the wish. (You do NOT need a medical diagnosis to apply for a wish)
- Unable to fulfill the wish on your own or with family assistance

Wish Approval Process

A Senior Wishes representative will contact the nominated senior to discuss the wish application in detail. After a quick review by management, we will determine if we can fulfill the request. The nominator will receive an updated email, and the senior citizen will receive a call to arrange a contactless delivery. If we can't fulfill the request, we will notify both the nominator and senior.

Types of Wishes Granted

Unfortunately, travel wishes have been put on hold for the remainder of 2020. Wishes to go somewhere in the community will be reviewed in accordance with local guidelines. We will consider wishes that will help a senior pass the time in their homes, such as:

Craft/Hobby Supplies Small Household Item Table Puzzles

Magazine Subscriptions

At Home Activities

Wish Restrictions

The following requests will not be considered:

- Vacations
- Household furniture
- Housing reconstruction, repair and maintenance
- Bill payments or requests for cash
- Medical items – including surgery, prescriptions, hearing aids, dentures
- Physical assets such as houses, vehicles, etc.
- Local transportation requests
- Travel outside the continental U.S.

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

UCHS Inc. is the proud founder of Senior Wishes



WISH APPLICATION

For assistance in filling out application, please call Wendy at 716-508-2121
Email to: wbackman@uchsinc.org or
Mail to: Senior Wishes, One Fox Run Lane, Orchard Park, NY 14127

Wish Nominee Contact Information

Nominee Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

Phone _____ Email _____

____ Annual income below \$38,000 for a household of one or \$44,000 for a household of two

Are you a military veteran? ____ Yes ____ No Branch of Service _____

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

Nominator Name _____ Phone _____

Relationship to Wish Nominee _____ Email _____

Wish Description (Please list ONE wish only)

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

What makes this wish have meaning for you?

Declaration

I, the undersigned, acknowledge acceptance of this application does not guarantee fulfillment of my wish. I understand that I may be asked to show proof of income. 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

6/20