



WISH RECIPIENT REQUIREMENTS

All of the following requirements must be met before a wish will be considered:

1. Must be a resident of Western New York
2. Must be 65 years of age or older
3. U.S. Citizen
4. Annual income must be 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
5. 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)
6. Unable to fulfill the wish on your own or with family assistance

Proof of age, physical condition per a physician's letter and/or citizenship must be provided if requested at a later date. You may also attach this information to the application.

GRANTING WISHES

Wish applications are reviewed upon receipt to determine eligibility. A "Wishes Committee" meets every other month to review completed wish applications. If a wish is approved, the recipient is notified and the process of granting the wish begins. Senior Wishes grants qualifying wishes as funding and resources become available. We regret that not every qualified wish can be granted and Senior Wishes has sole discretion in the decision to grant or deny a specific wish from an applicant. All applicants will receive a response, usually within 8 weeks of receipt of application.

TYPES OF WISHES GRANTED

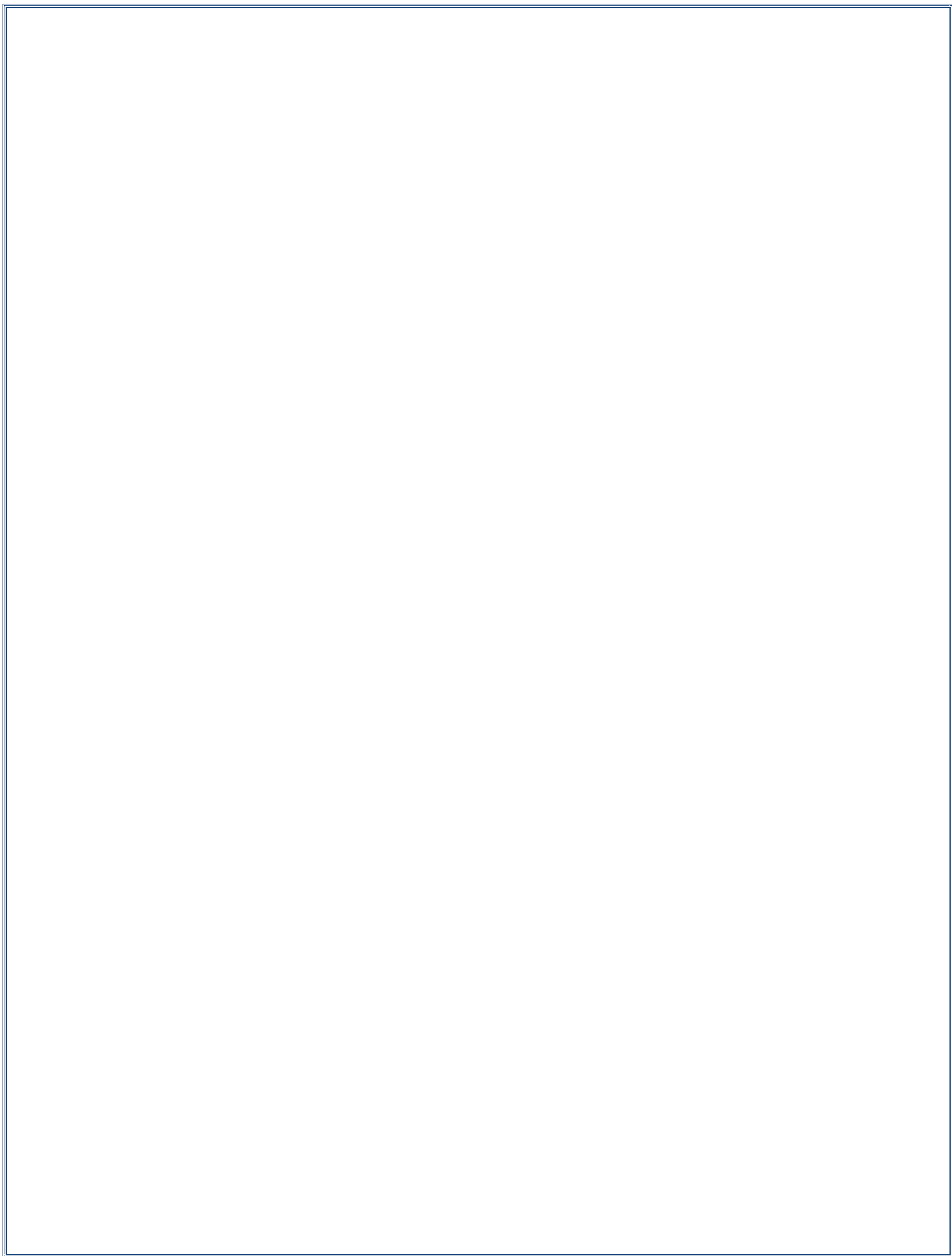
We strive to grant wishes that will make a significant impact on a senior's quality of life and bring them great joy. Wishes might be to reconnect with a loved one, visit a hometown, visit a favorite place, participate in an activity a person used to do, celebrate a passion, etc. Wishes may also fulfill a lifelong dream such as taking piano lessons or going to a sporting event, etc. Wishes must have significant meaning to the senior. Seniors must be unable to fulfill the wish on their own or with assistance from family.

RESTRICTIONS ON WISHES

The following requests will not be considered:

1. **Vacations** or travel outside of the continental U.S.
2. Household Furniture, including mattresses
3. Housing reconstruction, repair and maintenance
4. Bill payments or requests for cash
5. Medical items – including surgery, prescriptions, hearing aids, dentures
6. Physical assets such as houses, vehicles, etc.
7. Local transportation requests
8. Requests from previous wish recipients

UCHS Inc. is the proud founder of Senior Wishes





SENIOR WISHES APPLICATION

(For assistance in filling out application please call 716-508-2121.)

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

INFORMATION OF WISH SEEKER:

Senior Name: _____

Senior Phone Number: _____ email: _____

Address: (Must reside in WNY counties of Erie, Niagara, Orleans, Genesee or Wyoming)

City _____ Zip code _____

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

Resident of a Care Facility? Yes _____ No _____ Name _____

If no, please provide annual TOTAL household Income: _____ # of Residents in Household: _____

Must submit proof of total household income upon request, or attach to application, unless residing in HUD subsidized senior housing.

Do you have transportation if necessary? _____ To and from airport here and at destination? _____

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 or with family assistance?

Have you experienced this wish before? _____ If so, when? _____

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

Have applicant ever applied for a wish to Senior Wishes before? _____

PERSONAL HISTORY OF WISH SEEKER:

Are you a Veteran? YES NO Branch and years of service _____

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

We'd like to get to know you better! *Please tell us about your 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 am not able to fulfill the requested wish on my own or with family assistance. 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

Photo/ Consent:

I authorize Senior Wishes to photograph me for purposes of marketing the Senior Wishes program to the public. This may include submissions to newspapers, newsletters, social media, website and posters.

Signature

Date

Please direct any questions to Wendy Backman, Executive Director at 716-508-2121.

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

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

Name: _____

Phone Number: _____ Email: _____

Address: _____

Relationship to Wish Nominee: _____

Have you discussed this wish with the nominee to be sure this is their ONE wish? We do not grant 'surprise wishes' and each senior receives only one wish so we want to be sure it is something they really want. _____