



Wish Recipient Requirements:

- Resident of Western New York (Erie, Niagara, Orleans, Wyoming, Genesee counties) and a U.S. Citizen
- 65 years of age or older
- Annual total household 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:

Upon receipt of application, a Senior Wishes representative will call you to discuss your wish. A volunteer Wishes Committee meets every other month to review applications for approval. All applicants will be notified of approval or denial. Depending on the wish, it could take up to 60 days to fulfill. Please allow plenty of time for approval and planning.

Types of Wishes Granted:

Milestone birthdays/anniversaries

Reconnecting family/friends

Re-engage in a hobby or pastime

Fulfill a lifelong dream

Honoring Veterans

Provide a simple need

Wish Restrictions:

The following requests will not be considered:

- Vacations
- A wish that family is able to provide
- Household furniture and major appliances
- 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.

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



WISH APPLICATION

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

Wish Nominee Contact Information

Nominee Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

Phone _____ Email _____

____ Annual income is 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 _____

Wish Description (Please list ONE wish only)

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

Have you experienced this wish before? _____ What makes this wish have meaning for you?

What makes you or your family unable to fulfill this wish on your own?

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 _____

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 want this wish? If not, STOP. Talk with them first.☺

Have you told the nominee Senior Wishes will be contacting them? If not, please do, so they answer our call!