



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

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 6-8 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 ride in a hot air balloon, go to a ballgame, learn a new skill, etc. Wishes must have significant meaning to the senior.

RESTRICTIONS ON WISHES

The following requests will not be considered:

1. Vacations
2. Household Furniture
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. Legal or Employment Services
8. Local transportation requests



SENIOR WISHES APPLICATION

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

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

CONTACT INFORMATION OF WISH SEEKER:

Senior Name: _____

Senior Phone Number: _____

Address: (Must reside in WNY)

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

Email address: _____ # of Residents in Household: _____

Annual Total Household Income: _____ **Must submit proof of income upon request.**

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

Name: _____

Phone Number: _____ Email: _____

Address: _____

Relationship to Wish Nominee: _____

WISH DETAILS (Please list ONE wish only)

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

