



Wish Guidelines

Before submitting your wish request, please carefully review our Senior Wish Makers Qualifications and Guidelines below. Once you have read through the guidelines, please check the acknowledgment box at the bottom of this page to continue with your wish application.

Wish Recipient Requirements:

- Resident of the State of Oregon and a U.S. Citizen
- 65 years of age or older
- Annual total household income less than \$35,000.
- Must be cognitively, emotionally and physically capable of communicating and experiencing the wish.
- Must be able to fulfill the wish on your own or with family assistance.
- Proof of age, income and physician's clearance may be required if approved for the wish.

Wishes Granted:

- Travel to see friends or family or family to come visit you (family reunions, hometown visits)
- Classes (music, art, computer, dance, cooking)
- Memorable experiences (sporting events, concerts, Broadway show, fishing trip)
- Electronic devices to keep in touch with family and friends (tablets, computers, phones)
- Household appliances, furniture and mobility equipment to enhance quality of life (lift chair, microwave, air conditioners, walkers)

Wish Restrictions:

- Financial assistance - we focus on experiences and items rather than direct financial assistance (cash payments, utilities, rent, etc)
- Harmful or dangerous wishes
- Medical expenses – including surgery, prescriptions, dentures
- Travel outside the continental U.S

Please note: The examples listed above are meant to provide guidance and do not represent our complete range of possibilities.

Wish Recipient Process

Upon receipt of application, a Senior Wish Makers representative may call or email you to discuss your wish. A volunteer committee meets every month to review applications for approval. All applicants will be notified of approval or denial. Depending on the wish, it could take up to 90 days to fulfill. Please allow plenty of time for approval and planning. We regret that not every qualifying wish can be granted. Senior Wish Makers has sole discretion in the decision to grant or deny a specific wish from an applicant.

For any questions regarding this application, please don't hesitate to contact Karen Ahner at 503-312-0116 or karen@seniorwishmakers.org

Thank you for allowing us the opportunity to make your wish come true! We look forward to reviewing your application.

By checking this box, I acknowledge that I have reviewed Senior Wish Makers Qualifications and Guidelines.



Wish Application

If you are nominating a senior for a wish, please remember that all questions refer to the senior you are nominating. Please be as thorough as possible to ensure your application is considered.

Wish Recipient Information

Wish Recipient Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Annual income below \$35,000

Do you have health insurance coverage? Medicaid Medicare Other

Military veteran? Yes No

Are you nominating yourself or someone else? Myself Someone Else

Nominator Name _____ Relationship to Nominee _____

Phone _____ Email _____

Has the Wish Recipient been notified that they have been nominated for a wish? Yes No

Does the Wish Recipient Live Independently or at a Senior Residential Facility?

Live Independently Senior Residential Facility

Does the wish recipient have any medical conditions, disabilities, or mobility challenges that should be considered when planning this wish? Yes No

(If yes, please explain)

Wish Description: Please be as detailed as possible.



What makes this wish meaningful or special to the wish recipient?

What makes the wish recipient unable to fulfill this wish on their own?

I confirm that the wish recipient meets all eligibility criteria established by Senior Wish Makers (SWM) and I have read the wish requirements and restrictions. I declare that all of the information given by me in this application is true and complete to my knowledge. I agree to inform SWM in a timely manner if any information in this form changes.

Signature

Printed Name

Date