Hospice Referral - Dream Request Application

Dream Applicant, friends or family members may not use this application; ONLY a hospice representative may submit this.

If the Dream Applicant is NOT under hospice care, please complete the General Application available on our web site.

Dear Hospice Representative,

The Dream Foundation is a wish granting organization for adults with a life limiting illness and a life expectancy of one year or less. We do our very best to grant dreams for those unable to create them on their own.

We are a small nonprofit organization based in Santa Barbara, California. We receive hundreds of requests from across the country and review each dream request as quickly as possible. By working together, with people helping people, we will make every effort to make your patient’s dream come true.

From the Heart,
Dream Foundation Staff

Help us to help you make the dream come true...

• Please read this form very carefully and follow all the instructions to complete all the steps necessary to make your patient’s dream come true.
• By providing as accurate and current life expectancy as possible helps expedite application.
• You will find many answers to your questions in our Frequently Asked Questions section.
• Incomplete applications will delay processing of the application, please submit all required information.

We regret, we are unable to grant the following types of dreams:

• Requests for adults with chronic illnesses & more than a 12 month prognosis
• Cash
• Reimbursements for completed dreams
• Automobiles, Lifts, Repairs & RV rentals
• Property & home improvements or repairs
• Travel outside the United States
• Medical treatment/supplies/equipment/transportation/dental extractions
• Requests from individuals living outside the U.S.
• Surprise dreams
• Funeral arrangements or posthumous requests
• Legal assistance
• Hunting
• Cruises

Please include a photograph, personal letter, and a copy of current tax return.

Photograph: Must be clear and taken within the past year. It may include family, pet, etc.
Letter: Must describe the dream and its importance to the applicant. The letter should:
  • Be no longer than one page in length, one side, and refer to the illness
  • Clearly describe the dream and where the most help is needed to fulfill that dream

Tax Return: Please provide a copy of the signature page of applicant’s most recent tax return (Form 1040) or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement)

1528 Chapala Street, Suite 304, Santa Barbara, CA 93101 Phone: 888-4DREAMS (888) 437-3267
www.dreamfoundation.org
Hospice Referral Application

Name of Patient: __________________________________________________________________________________

Address: _________________________________ City/State/Zip: ______________________________

Phone: (_____)___________________ Cell: (_____)___________________ County: ___________________________

Age: ________ Date of Birth: _________________ Current Annual Household Income: _____________________

Ethnicity (Optional): _____________________ Religious Preference (Optional): ____________________________

Military Veteran: Y_____ or N _____ Branch and Dates of Service: _______________________________________

Relative Contact Information: _______________________ Relationship: _______________________________

Phone: (_____)_________________________ Email Address: ___________________________________________

Address: _________________________________________________________________________________________
(Including City/State/Zip if different from above)

Dream Request: ____________________________________________________________

Alternative Dream Request (Must be entirely unrelated to first dream): _________________________________

(If no alternate dream is listed, only primary dream request will be pursued)

Has Applicant ever been granted a dream by another organization? ____ Yes ____ No

Does Applicant, or one of the Participants in dream, have a major credit card for travel dream request? ____ Yes ____ No

Does Applicant, or one of the Participants in dream, have a valid driver’s license for travel dream request? ____ Yes ____ No

_______________________________________________
Signature of Patient _______________________________ Date _________________________________

This Bottom Portion To Be Completed by a Hospice Representative Only

Hospice Representative: ____________________________________________ E-Mail Address: ________________

Office Phone: (_____)____________________ Cell Phone: (_____)____________________ Office Fax: (_____)________

Name of Hospice: ___________________________________________________________________________________________

Address: ____________________________________________________________________________

City: _____________________________________________________ State: ______________ Zip: _________________________

To the best of my knowledge I believe the dream request will improve the quality of life for the patient/dream recipient.

DIAGNOSIS: _________________________________________________________________________________________________

The CURRENT life expectancy, in months, for the patient is: _____________________________

_______________________________________________
Signature of Hospice Representative __________________________ Title __________________ Date ___________________________

*IMPORTANT* No faxed applications will be accepted
Please have your patient sign and mail back to Dream Foundation

Waiver and Release of Liability

Participant’s name: ___________________ Birth Date __/__/__ Sex: __Male __Female
Address:_______________________________ City____________State_____ Zip _____
Phone:________________________________ Email ____________________________

Hospice Representative___________________     Dream __________________________
Hospice Name____________________________ Alternate Request ___________________
Hospice Phone No.________________________ Cell Phone No. ______________________

I, the undersigned social worker, recognize and acknowledge that there are risks involved in the granting of a dream by Dream Foundation, and I have informed my patients that they will assume the full liability of any, and all, injuries, damages, or loss, regardless of severity, that they may sustain as a result of said participation, as outlined in the Dream Agreement.

__________________________________________  Date ______________________________
Hospice Representative

I, the undersigned Dream Recipient, have read, understand, and signed the attached Dream Agreement including permission to disclose my medical condition to Dream Foundation. I also agree to publicity and/or fundraising efforts on my behalf. **If I have requested a travel dream, I understand that a major credit card is required and proper identification.**

Participants in my dream (spouse/caregiver) children under 18 years of age.

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**PARTICIPATION WILL BE DENIED**

If the signature of the adult participants or parent/guardian are not on this waiver

Signature of Dream Recipient ___________________ Date __________________

If applying online, this online facsimile signature shall substitute for, and have the same legal effect as, an original form of signature.
Dream Agreement:

Please initial where indicated following each item below:

1. Granting of dream. Dream Foundation ("DF") agrees to pursue the fulfillment of the Dream of the person named above ("Recipient") in accordance with the terms and conditions of this Agreement. Dream Foundation reserves the right in its sole discretion, to decide if a dream will be granted. "Dream Foundation assists with dream requests for dream Recipient and immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father and/or dependent children, living in the home, under the age of 18. _____________

2. Permission to disclose medical condition. The Recipient grants DF the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the Dream. Furthermore, the Recipient grants DF permission to obtain medical information about the recipient which DF may feel necessary for fulfillment of the Dream and authorize all physicians and medical care providers to provide DF with all medical information. _____________

3. Relatives/Friends. No person may accompany the Recipient during any portion of the Dream fulfillment, unless specifically agreed to in writing between DF and dream Recipient. _____________

4. Waiver. The Recipient and all participants hereby waive any and all rights he or she may have or may hereafter acquire against DF, its officers, directors, agents, and employees arising out of any injury, damages, or losses suffered by the Recipient, and all participants, arising out of or in any way related to DF preparation, execution or fulfillment of the Dream, regardless of whether such loss or harm is caused by the active, passive or gross negligence of DF or any other person. _____________

5. Release. Recipient, and all participants, together, and each of them individually, does hereby forever release and remise DF, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to DF preparation, execution or fulfillment of the Dream, any injury, damages, or losses suffered by Recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active, passive or gross negligence of DF or any other person. _____________

6. Indemnity. Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless DF, its officers, directors, agents, and employees of and from any and all losses suffered by DF, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to DF’s preparation, execution and fulfillment of the Dream, or to breach by Recipient, and all participants of the representations and warranties contained in paragraph 6 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by DF, its officers, directors, agents, and employees in retaining attorneys of DF’s choice to defend any and all such claims, lawsuits, and actions. _____________

7. Dream expenses. The expenses DF has agreed to pay for are those foreseeable and directly related to the fulfillment of the Dream. Dream Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond DF’s control, especially if fulfillment of the Dream involves travel. DF shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by DF pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond DF’s control. For example, a particular Dream may contemplate DF paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient’s medical condition deteriorates so that immediate hospitalization is necessary, Recipient may be forced to remain away from home longer than the period of time contemplated by the wish. In that event, it will be the sole responsibility of the Recipient to pay for all expenses in excess of those for which DF has agreed to pay, whether medically-related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature. If death occurs during dream, DF is unable to assist in any way. _____________

8. Fundraising. As a participant in Dream Foundation program, if needed, a campaign may be undertaken in your community, with your prior approval, to raise funds and/or Frequent Flyer Miles to fulfill the Dream. Money raised will be used for your dream up to a maximum allocation as described in item 7. Funds or Miles raised above the allocation for your dream will be used for future dreams. _____________
9. **Representations and warranties.** Recipient, relatives or friends together and each of them individually, make the following representation and warranties to DF:

(a) they have made a true and full disclosure of medical condition to DF;
(b) they will notify DF if and when Recipient’s medical condition should deteriorate at any time prior to fulfillment of the Dream;
(c) they are carrying, or during the fulfillment of the Dream shall be carrying, full medical insurance, including any additional coverage which may be required as a result of the Dream to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;
(d) if fulfillment of the Dream involves travel, they are able to bear the financial burden of the potentially substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond DF’s reasonable control (more fully explained in Paragraph 7), or that they assume the risk and personal responsibility for such expenses;
(e) Recipient has not previously been granted a dream by DF or another charitable dream granting organization; and
(f) in requesting DF to fulfill the Dream, the dream Recipient is not relying upon nor have they received any counsel or advice from DF with respect to the advisability of or the risks attendant to the Dream.

10. **Termination of dream.** Dream Foundation reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the Dream at any time after the signing of this Agreement, if DF should determine that (a) fulfillment of the Dream will endanger the health and safety of Recipient or of others, (b) the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the Dream, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the Dream or (d) Recipient and any participants have breached any of the representations and warranties contained in Paragraph 8 of this Agreement. In the event DF aborts preparation, or fulfillment of the Dream, Recipient, or any participants agree that DF shall not be held liable or responsible for any expenses that Recipient, or any participants may have incurred in contemplation of DF’s fulfilling the Dream. NOTE: Only Dream Foundation may make a request for resources on behalf of a dream. If the dream Recipient, any participants, friends or anyone having knowledge of this dream uses the name of Dream Foundation to solicit support, the Dream will be immediately disqualified and terminated.

11. **Further Assurances.** Recipient, and all participants agree that he or she shall, at the request of DF, execute and deliver to DF all further documents that DF deems necessary or appropriate in order to prepare, execute and fulfill the Dream.

12. **Counterparts.** This Agreement may be executed in counterparts, any of which shall be deemed to be an original.

13. **Amendment.** This Agreement shall not be modified or superseded, except by a writing executed by the parties.

14. **Governing law.** The laws of the state of California shall govern this Agreement.

15. **Binding effect.** This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.

16. **Severability.** If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

17. **Entire agreement.** This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

18. **Captions.** The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

19. **Proof of financial hardship.** Dream Recipient understands DF reserves the right to request documentation of financial hardship.
20. Grant of Right of Publicity. PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENT OF THE WISH MAY RESULT IN PUBLICITY, WHETHER OR NOT THE DREAM FOUNDATION ACTIVELY TAKES STEPS TO PUBLICIZE THE WISH. _______

OPTION 1: The Dream Recipient and Participants hereby irrevocably authorize DF: (a) to publicize and use Participants’ likenesses, voices and features, with or without their names, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film, and record each participant in any manner the Dream Foundation chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any wish granted.

The Dream Recipient and each of the Participants agrees that it is not necessary for DF or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby releases DF from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the dream.

Initial here if Option 1 is selected: ___________________________________
(Must be initialed by ALL Participants)

OPTION 2: The Dream Recipient and Participants request that the Dream not be actively publicized by DF to the news media and general public. However each of the Participants understand that information regarding the Dream and the Participants will necessarily be discussed with and disclosed to those involved in the Dream process. Each of the Participants also understands that, even if DF does not actively publicize the Dream, the general public and the news media may obtain information concerning the Dream from other sources.

Initial here if Option 2 is selected: ___________________________________
(Must be initialed by ALL Participants)

The Dream Recipient and Participants acknowledge reading and understanding this LIABILITY RELEASE AND PUBLICITY AUTHORIZATION prior to signing it. For any minor Participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor. Each Participant agrees that no modification of this Release has been made orally or in writing and this release accurately and fully expresses the understanding of the Dream Recipient and each of the Participants.

IMPORTANT:

By signing below, you affirm and acknowledge that you have read this Agreement, have retained a copy, and fully understand its provisions. All Participants must sign Agreement.

__________________________________________  _______  
Dream Recipient  
Date

__________________________________________  _______  
Dream Participant  
Date

__________________________________________  _______  
Dream Participant  
Date

__________________________________________  _______  
Dream Participant  
Date

__________________________________________  _______  
Dream Participant  
Date

__________________________________________  _______  
Dream Participant  
Date

__________________________________________  _______  
Dream Participant  
Date
Frequently Asked Questions

Dream Foundation grants final dreams from the heart for adults with a life-limiting illness. With our headquarters located in Santa Barbara, and a network of volunteers and supporters, we serve those in the greatest need around the country. We receive no state or federal funding, relying instead on the generosity of our supporters to fulfill dream requests.

What is a dream from the heart?

- Dream must come from the adult battling the illness
- Dream applicant must be able to communicate the dream and comprehend/participate in the dream experience
- Dreams can be small (a dinner out with the family, a computer), elaborate (vacation at the Orlando theme parks, travel to the Grand Canyon), or improve the quality of life (lift chair, scooter, TV)
- For more examples, please visit our website www.dreamfoundation.org/dreams
- We do not cover funeral expenses or posthumous requests
- Please also read what dreams we are unable to grant on the cover page of the application

Do I need to be a Hospice patient to receive a dream?

- No. We have a Hospice application for hospice patients, and a General Application for patients still pursuing active treatment

Does it matter where I live in order to get a dream fulfilled?

- You have to live within the contiguous United States, Hawaii or Alaska
- You don’t have to be a US citizen, but need to currently reside in the US

Filling out the application...

- Anyone can fill out the application, but the dream applicant (or if the applicant is unable to sign, his power of attorney) has to sign it. We need to make sure that this is the patient’s dream, not someone else’s for the patient
- Anyone can write the dream letter, as long as it reflects the applicant’s dream
- The applicant has to be able to communicate his/her dream, so if a patient is unconscious or unresponsive, we are not able to help
- If you had a wish through Make-A-Wish Foundation as a child, we need to know when that was and what your wish was, in order to determine your eligibility at this time
- If your doctor does not want to fill out Step 4 or does not want to put down a life expectancy, send the application in anyway. As long as the diagnosis is there, we will try to work with your doctor to find out if you qualify for our program or not
- Should you get denied based on the life expectancy that your doctor put on the application, feel free to have the doctor fill out Step 4 again at a later time. We will keep your application for a year and would only need the medical part resubmitted within that time frame
• If you don’t want to know what life expectancy the doctor puts in Step 4, Medical Information, feel free to have the doctor mail or fax that page in separately. Please call us for our fax number, should you wish to do that.
• The original application has to mailed to Dream Foundation, 1528 Chapala St., Suite 304, Santa Barbara, CA 93101
• We do accept faxed applications for emergencies only. Should the patient’s life expectancy only be a few days or up to two months, you can call our office for the fax number to send the application in that way. We do still need the original mailed in; so don’t forget to put that in the mail after faxing

How long does it take until I get my dream?
• It takes about three weeks to get the application processed before we begin with the verification process
• Verification will take anywhere from a few days to several months, depending on the response time of your medical team/doctor
• Once we start working on the dream, please allow about three weeks to arrange for air travel, as flights get more expensive the closer to the desired date they are booked
• Emergency dream requests get processed the day we receive them and verified ASAP
• While we will do our best to start working on your dream as soon as possible, we can not rush your request for reasons other than medical necessity

I do not file taxes, can I still apply? What’s the income limit to qualify?
• If you don’t file taxes, just let us know about it and if you can, include an SSI, disability statement or a bank statement
• There is no income limit, but we want to help those in the greatest of need that are unable to do so on their own. We look at each application individually. We look at the taxable income, take into consideration how many people live in the household, geographic location, and also check if the letter talks about financial hardship. Also, if someone wants to meet a celebrity, then lack of financial means may not be the issue, but instead assistance in making that connection

What do I need to be able to travel?
• If your dream request requires travel, you need a major credit card or debit card with enough funds to cover any unforeseen expenses, such as the cost associated with a hospital stay and to get you home in case of an emergency
• We do not ask for your credit card number
• If your dream request includes a hotel stay, you will need a credit card at check-in to cover incidentals. If using a debit card for hotel check in please be aware that a hold will be put on the card from the hotel. Often, the blocked funds will not be released until about a week after your stay
• You need a valid government issued picture ID
• Your doctor needs to approve your travel. We will fax additional paperwork to your doctor to best assess your medical needs and make sure that you are cleared for travel.
• Ground transportation to and from the airport and renting a vehicle will be the responsibility of the dream recipient.

What is included in a travel dream?
• Typically, we cover air transportation (Economy class only) or the cost of gas, as well as accommodations (one hotel room/family room only).
• Park passes.
• Financial assistance to help with the cost of meals/rental car if budget allows.
• We provide travel within the USA, Hawaii and Alaska based on your location and at our discretion.
• On a case by case basis, we may be able to help with the cost of a one-way ticket home outside the US if that is the dream.

Who can be part of my dream?
• The dream will be for the dream applicant, one other adult as a caregiver, as well as your children under 18 that live in your home.
• An additional caregiver will be accommodated at the doctor’s request for medical reasons only.
• Caregiver does not have to be a family member.
• Additional people would be responsible for their own trip planning/cost.

If I want to visit family or have family sent to visit me, how long can I/they stay and how many family members can be included?
• As long as you can stay with family or family can stay with you, there is no time limit.
• If you or your family need hotel accommodations, we can only cover 3-4 nights and one hotel room only.
• If we bring family to you, we will be able to cover 2-3 tickets if they are flying, or gas money for one vehicle.
• If you go to visit family, we will include you, your caregiver and your children under 18 who live with you.

What if I have special medical needs?
• We are unable to assist with medical needs, such as ambulance transportation, oxygen, medical equipment, nurses and aids, dialysis, etc.
• We are unable to arrange or provide hospice care away from home, dialysis treatments or arrange for your oxygen needs.
• Should you have a medical emergency during your dream, we are unable to assist in any way.
What if I want dentures?

• We will do our best to find a dentist that will work with us to provide dentures for you. However, we will only be able to help if there are no teeth left, as pulling teeth is considered a medical procedure.

What if I want to meet a celebrity?

• Celebrities are hard to reach and they are very busy people. For that reason, it can take many months to arrange for a meet and greet.
• Celebrities do not make house calls, so you have to be able to travel to the concert/event that the celebrity is at in order to meet her/him and still meet our travel requirements (see above).
• In order for a meet and greet to be a good experience for both sides, we ask that if you apply to meet a celebrity, you are able to communicate with him/her.
• Before beginning a celebrity dream request, we will have a trained volunteer meet you so that we may learn more about you and why meeting this celebrity is so important to you.

What is an emergency dream?

• If the life expectancy of the applicant is two months or less, we consider the dream to be an emergency. These requests can be faxed in, but the original still needs to be mailed. Please call us for our fax number.
• Emergency dreams get processed the day we receive them and verified ASAP.
• If an emergency dream is for a bedside reunion or similar, our turnaround time can happen within 24 to 48 hours.
• Emergency dreams can not be celebrity dreams.
• If an emergency dreams requires travel by the applicant, we will be very careful to verify it with your doctor for approval. Such requests are considered on a case-by-case basis and must meet approval of our review board. Should the dream recipient pass away while on their dream, Dream Foundation will be unable to help in any way.

Please keep in mind – Dream Foundation reserves the right to its sole and absolute discretion to cancel/change preparation or fulfillment of the dream at any time after signing the Agreement if the organization feels the dream will endanger the health or safety of the recipient. Therefore we ask that all dreams be realistic for the recipient and for Dream Foundation to fulfill.