



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
- Cash and/or Reimbursements
- Automobiles, Lifts, Repairs and RV rentals
- Property and home improvements
- Travel outside the United States
- Cruises
- Requests for non-residents of the US
- Surprise dreams
- Legal assistance
- Hunting
- Funeral arrangements or posthumous requests
- Medical treatment/supplies/equipment

As part of the dream request, a photograph and personal letter are required.

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

1528 Chapala Street, Suite 304, Santa Barbara, CA 93101 Phone (805) 564-2131
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: _____ Birthdate __/__/__ 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.

Name	Relationship	Age	Sex	DOB	Signature

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. The Dream Foundation (“TDF”) agrees to pursue the fulfillment of the Dream of the person named above (“Recipient”) in accordance with the terms and conditions of this Agreement. The 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 TDF 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 TDF permission to obtain medical information about the recipient which TDF may feel necessary for fulfillment of the Dream and authorize all physicians and medical care providers to provide TDF 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 TDF 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 TDF, 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 TDF preparation, execution or fulfillment of the Dream, regardless of whether such loss or harm is caused by the active, passive or gross negligence of TDF or any other person. _____

5. Release. Recipient, and all participants, together, and each of them individually, does hereby forever release and remise TDF, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to TDF 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 TDF or any other person. _____

6. Indemnity. Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless TDF, its officers, directors, agents, and employees of and from any and all losses suffered by TDF, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to TDF’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 TDF, its officers, directors, agents, and employees in retaining attorneys of TDF’s choice to defend any and all such claims, lawsuits, and actions. _____

7. Dream expenses. The expenses TDF 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 TDF’s control, especially if fulfillment of the Dream involves travel. TDF shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by TDF pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond TDF’s control. For example, a particular Dream may contemplate TDF 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 TDF 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, TDF is unable to assist in any way.** _____

8. Fundraising. As a participant in The 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 TDF:

(a) they have made a true and full disclosure of medical condition to TDF;

(b) they will notify TDF 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 TDF'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 TDF or another charitable dream granting organization; and

(f) in requesting TDF to fulfill the Dream, the dream Recipient is not relying upon nor have they received any counsel or advice from TDF with respect to the advisability of or the risks attendant to the Dream. _____

10. Termination of dream. The 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 TDF 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 TDF aborts preparation, or fulfillment of the Dream, Recipient, or any participants agree that TDF shall not be held liable or responsible for any expenses that Recipient, or any participants may have incurred in contemplation of TDF's fulfilling the Dream. NOTE: Only the 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 the 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 TDF, execute and deliver to TDF all further documents that TDF 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 TDF reserves the right to request documentation of financial hardship. _____

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 California, 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 are the basic requirements to have a dream granted?

- The dream request must come from the adult battling the illness.
- The life expectancy of the applicant is one year or less.
- Dream recipients must be able to communicate the wish and comprehend/participate in the dream experience.
- The dream recipient and/or family are unable to create the request on their own.

What do I need to be able to travel?

- Dreams involving overnight stays or airline travel require that you, or a dream participant, have a valid driver's license or government-issued photo identification and a **MAJOR CREDIT CARD or DEBIT CARD**.
- **YOU NEED YOUR DOCTOR'S APPROVAL.** Travel dreams will require your doctor to sign our medical authorization form, and/or our oxygen release form. Dream Foundation works closely with medical personnel to determine the appropriate time to safely carry out the dream.
- **TRAVEL DREAMS MUST BE SAFE AND REALISTIC FOR THE TRAVELER AND REALISTIC FOR DREAM FOUNDATION TO FULFILL.**

What is included in a travel dream needing accommodations and how long can I be away?

- Travel-related dreams needing accommodations, last **NO MORE THAN 3-4 NIGHTS** and **ARE NOT ALL-INCLUSIVE**. You may be responsible for your own spending money to cover gas, souvenirs, tips, meals and other incidentals. We do our best, however, to provide transportation, meals, hotel accommodations, park passes, etc.

Who can travel with me?

- **DREAM FOUNDATION WILL PROVIDE FOR THE DREAM RECIPIENT AND THEIR IMMEDIATE FAMILY MEMBERS OR CAREGIVER** - such as a spouse, significant other, caregiver, mother, father and/or any dependent children, living in the home, under the age of 18.
- If the dream recipient wants grown children over the age of 18, grandchildren, other relatives or friends to accompany them on the trip, the family would be responsible for making arrangements and payment for the additional accommodations, meals, etc.

What if I want to stay with family or have family or friends brought to me?

How long can the stay be?

- If the dream recipient wants family members or friends brought to them, they may stay as long as desired unless Dream Foundation must provide outside hotel accommodations/meals etc. In that case, the trip may only last 3-4 nights.
- As much as we'd like to assist with large, extended family trips, our limited resources make it impossible. Therefore, when bringing family to you, **we must limit the number of people based on available frequent flyer miles and require that all participants travel from one location.**

How are airline tickets handled?

- For dreams requiring air travel, we rely on donated frequent flyer miles. **IT TAKES BETWEEN 25,000 - 80,000 DONATED MILES PER PERSON TO FLY WITH UNITED, NORTHWEST, ALASKA OR CONTINENTAL AIRLINES.** Family and friends are encouraged to donate miles online or by calling our office.
- If frequent flyer miles cannot be raised in time, flights may be purchased if funding allows.
- **ALL DREAM RECIPIENTS FLY ECONOMY CLASS.**
- For purchased tickets, all flights are booked at least 14 days in advance in order for us to get the best prices. Travelers must be flexible with their requested travel dates.

What if I require special medical assistance?

- Because we are not a medical foundation, **WE CANNOT ASSIST WITH MEDICAL NEEDS SUCH AS AIR AMBULANCE TRANSPORTATION, OXYGEN, MEDICAL EQUIPMENT, TREATMENTS, NURSES AND AIDES.**
- All medical assistance should be pre-arranged by your medical provider. This includes oxygen, wheel chairs, scooters, etc.
- We cannot arrange or provide for hospice care away from home, dialysis treatments, or nursing care while you are away.
- Should a dream recipient encounter a medical emergency while traveling, we cannot assist with ambulance transportation, emergency room visits or hospital admissions. We cannot incur any additional costs deemed necessary for family members should their visit need to be extended while the dream recipient is hospitalized or with further arrangements if death should occur.

What if I want to meet a celebrity?

- Celebrity dreams may take a long time to arrange, as they are dependent upon the celebrity's availability and willingness to participate. Therefore, we cannot guarantee meet and greets, phone calls or autographed memorabilia.
- Dream recipients requesting a celebrity dream (actors, musicians, sports figures, authors, etc.) must be able to travel to the celebrity. We cannot request in-home meet and greets.
- The dream recipient must be able to communicate normally and be able to ambulate without medical assistance when requesting a meet and greet. (Remember, this needs to be a positive experience for everyone.)
- **DUE TO THE LENGTH OF TIME REQUIRED TO FULFILL A CELEBRITY DREAM, WE ASK THAT REFERRING AGENCIES NOT REFER SUCH DREAMS AS EMERGENCY DREAMS.**

What is an Emergency Dream?

- Emergency dreams are requests made for those with **A LIFE EXPECTANCY OF EIGHT (8) WEEKS OR LESS**. We process emergency dreams on a case-by-case basis.
- **ANY DREAM RECIPIENT WITH A LIFE EXPECTANCY OF LESS THAN EIGHT (8) WEEKS REQUESTING TRAVEL OF ANY KIND MUST HAVE A SIGNED MEDICAL AUTHORIZATION FORM AND OXYGEN RELEASE FORM FROM THEIR PHYSICIAN** (not a hospice nurse or social worker) stating that the recipient is safe to travel and that traveling will in no way jeopardize their health or put them in harms way. Dream Foundation will provide these forms to the doctor or hospice as necessary. The dream recipient, or caregiver, must have a major credit card and proof that, in the event of an emergency, they can provide for any medical needs deemed necessary, and have the means to provide for extended accommodations, airline changes, emergency and non-emergency transportation, and meals. **SUCH DREAMS ARE CONSIDERED ON A CASE-BY-CASE BASIS AND MUST MEET APPROVAL OF OUR REVIEW BOARD. IT IS UNDERSTOOD THAT SHOULD THE DREAM RECIPIENT PASS AWAY WHILE ON THEIR DREAM, THE DREAM FOUNDATION IS NOT RESPONSIBLE FOR TRANSPORTING THE RECIPIENT HOME, NOR PARTICIPATING FURTHER IN THE DREAM.**

HOW LONG DOES IT TAKE TO PROCESS A DREAM APPLICATION?

The verification process of the application may take up to three (3) weeks, with the exception of emergency dreams. Please make sure the application is completed and everything required has been submitted. Missing information will delay or halt the application.

All aspects of each dream are subject to Dream Foundation board approval.

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