



Dear Social Worker,

Thank you for considering to refer one of your patients for a Dream. We look forward to working on this request and to learning more about your patient.

In an effort to gather data that will help us measure the quality-of-life impact Dreams have on a patient and their end-of-life care, we are asking referrers to complete a short questionnaire. The questions are part of the World Health Organization's Well-Being Index (WHO-5), which was originally presented in 1998 as part of a project on the measurement of well-being in primary health care patients. It has shown to be a reliable measure of both positive and negative wellbeing.

**Would you please consider asking your patient five simple questions before starting to explore the possibility of a Dream?**

We ask that you record your patients WHO-5 answers **before** discussing a Dream with them, and then **again a few weeks after the Dream is completed**. We are very aware of your workload, and the WHO-5 can be administered in 2-3 minutes.

Thank you very much for supporting us in our effort to collect meaningful data on the impact of Dreams!

Gratefully,

Dream Foundation Team



Patient Name:

Date:

### WHO-5 WELL BEING INDEX

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: For line 1, if you have felt cheerful and in good spirits more than half of the time during the last two weeks, check the corresponding box.

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
<b>1</b>	I have felt cheerful and in good spirits						
<b>2</b>	I have felt calm and relaxed						
<b>3</b>	I have felt active and vigorous						
<b>4</b>	I woke up feeling fresh and rested						
<b>5</b>	My daily life has been filled with things that interest me						

Thank you for helping us to gather data on the impact of Dreams on patients nationwide. This questionnaire is anonymous, and only the data collected will be shared. Please email the questionnaire to **WHO@dreamfoundation.org** or mail to **Dream Foundation, 1528 Chapala St. #304, Santa Barbara, CA 93101**

Kindest,

Dream Foundation Team



## 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,

Dream Foundation, the only national dream-granting organization for terminally-ill adults, fulfills final Dreams that provide inspiration, comfort and closure at the end of life. With the support of a nationwide network of volunteers, hospices, health care organizations and committed donors, Dream Foundation has given life to more than 30,000 final Dreams over the past two decades.

### 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.
- Providing as accurate and current life expectancy as possible helps expedite application processing.
- **You will find many answers to your questions in our Frequently Asked Questions section.**
- Please submit all required information; incomplete applications will be denied.

### We are unable to grant the following types of Dreams:

- Requests for adults with chronic illnesses—with the exception of individuals with a clinical prognosis of 12 months or less
- Requests from individuals living outside the USA
- Surprise Dreams
- Cruises
- Legal assistance
- Cash/Financial assistance
- Hunting
- Reimbursements
- Funeral arrangements or posthumous requests
- Automobiles, Lifts, Repairs, RVs or Rentals
- Travel outside the United States. However, on a case-by-case basis we may allow one-way travel to countries outside of the U.S. for patients who wish to die at home and consider travel to U.S. territories
- Property and home improvements or repairs
- Medical treatment/supplies/equipment/transport
- Any Dream request in violation of the rules, policies or procedures of our organization or that of our corporate partners, in effect from time to time

### Please include these required items. 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 1-2 pages, clearly describe your Dream, its importance to you, what it means to you and where the most help is needed to fulfill that Dream
- **Annual Income:** Please provide a copy of the signature page of applicant's most recent tax return (Form 1040) or other proof of annual household income (e.g. SSI, Disability Statement or Bank Statement)

**NATIONAL HEADQUARTERS & MAILING ADDRESS** 1528 CHAPALA STREET, SUITE 304, SANTA BARBARA, CA 93101

**PHONE** 888-4DREAMS (888) 437-3267

**WWW.DREAMFOUNDATION.ORG**

(REV. 3/13/20)

# Hospice Referral Application

Legal Name of Patient: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ County: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Annual Household Income: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity (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 a participant in the Dream, have a well-funded credit or debit card for travel requests? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Applicant, or a participant in Dream, have a valid driver's license for travel requests? \_\_\_\_\_ 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

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.

\_\_\_\_\_  
Signature of Hospice Representative

\_\_\_\_\_  
Date

I, the undersigned Dream Recipient, hereby certify that the information contained in my application is true and correct, that I have read, understand, and signed the attached Dream Agreement including permission to disclose my medical condition to Dream Foundation. I grant permission for Dream Foundation or its service providers to perform a background check on me. **If I have requested a travel Dream, I understand that a major credit or debit card and proper identification is required.**

\_\_\_\_\_  
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.

Participants in my Dream (spouse/caregiver) Children under 18 years of age.

NAME	RELATIONSHIP	AGE	SEX	DOB	SIGNATURE

# Dream Agreement

Please initial items 2, 3, 4, 5 and 20 where indicated, below:

- 1. Granting of Dream.** Dream Foundation ("DF") shall assist with the Dream requests for the person identified below ("Recipient") and Recipient's immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father, and/or dependent children who live in the home and are under the age of 18, subject to the terms and conditions set forth in this agreement. DF reserves the right in its sole and absolute discretion, to decide if a Dream will be granted and on what terms. DF shall have no obligation to fulfill any Dreams hereunder if it elects to terminate or abandon such Dreams pursuant to section 10 below.
- 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. \_\_\_\_\_ **[initial here]**
- 3. Waiver.** The Recipient and all participants hereby forever waive any and all rights or claims he or she may have or may hereafter acquire against DF, its officers, directors, agents, and employees arising out of any injury, harm damage or loss of any kind to body or property, including without limitation the transmission of infectious or communicable disease and/or attorneys' fees (collectively "Losses") suffered or incurred by the Recipient, and any participant, arising out of or in any way related to DF's preparation, execution or fulfillment of the Dream, whether or not such Losses were caused by the active, passive or gross negligence or omission of DF or any other person. \_\_\_\_\_ **[initial here]**
- 4. Release.** Recipient, and all participants, together, and each of them individually, do hereby forever release and hold DF, its officers, directors, agents, and employees harmless from any and all Losses suffered or incurred by Recipient or any participant arising out of or in any way related to DF's preparation, execution or fulfillment of the Dream, whether or not such Losses were caused by the active, passive or gross negligence of DF or any other person. \_\_\_\_\_ **[initial here]**
- 5. Indemnity.** Recipient, and all participants, jointly and severally, do hereby agree to indemnify and hold DF, its officers, directors, agents, and employees harmless of and from any and all Losses suffered or incurred by DF, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising from the actions or omissions of Recipient and any participant during the preparation, execution and fulfillment of the Dream, or due to a breach by Recipient, or any participants, of the representations, warranties or covenants contained in 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. \_\_\_\_\_ **[initial here]**
- 6. 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.
- 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 Dream. 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, friends, and participants, jointly and severally, make the following representations and warranties to DF:
- (a) they have made a true and full disclosure of all medical conditions to DF;
  - (b) all information contained in the application and any materials provided in support of the application are true and correct in all material respects;
  - (c) they will notify DF if and when Recipient's medical condition should deteriorate at any time prior to fulfillment of the Dream;
  - (d) 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;
  - (e) 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 (as set forth in paragraph 7), and that they assume the risk and personal responsibility for such expenses;**
  - (f) if fulfillment of the Dream involves travel or the gathering, participation in or exposure to large groups, they are fully aware of the health and safety risks associated with such Dreams, including without limitation potential exposure to infectious or communicable disease, impositions or quarantine, restrictions of movement and or travel advisories, the threat of such risks, or the occurrence of any loss, damage cost or expense, including Losses, as a result.
  - (g) Recipient has not previously been granted a Dream by DF or another charitable dream-granting organization; and
  - (h) 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 shall terminate the preparation and/or fulfillment of the Dream after the signing of the Agreement, if: (1) Dream Foundation determines, after consulting with a medical professional, that fulfillment of the Dream may endanger the health or safety of Recipient or of others involved in the Dream; (2) Dream Foundation determines, after consulting with a medical professional, that the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the Dream; (3) the Recipient passes away prior to the fulfillment of the Dream; (4) DF determines, in its sole and absolute discretion, that the Dream Recipient, his or her dream or the participants of the Dream do not complement the values of the DF or those of its corporate partners; (5) Recipient and any participants have breached any of the representations, warranties or covenants contained in this Agreement, or (6) the Dream is in violation of the rules, policies or procedures of Dream Foundation or its corporate partners, in effect from time to time. In the event DF aborts preparation or fulfillment of the Dream, Recipient, and all 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, including without limitation, evidence of permission to perform a background check on the Recipient.
- 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 without regard to its conflict of laws principles.
- 15. Binding effect.** This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.





# Frequently Asked Questions

Dream Foundation grants final Dreams for adults with a life-threatening 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?

- Dream must come from the adult diagnosed with a terminal or life limiting 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 (TV, laptop).
- For more examples, please visit our website [www.dreamfoundation.org/dreams](http://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 put down a life expectancy, send the application in anyway. As long as the diagnosis and physician's signature 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 be 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 from a few days 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.

## **What should I include in my application letter?**

- We want to learn about you, your Dream, and the loved ones around you that it may affect. The more detail you can offer, the better. We want to know why your Dream is important and unique to you. Help us understand how this final Dream would make an impact for you and/or those you love.

## **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 are verified ASAP
- While we will do our best to start working on your Dream as soon as possible, we cannot 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.
- 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 expenses such as meals and ground transportation, as well as the unforeseen cost associated with a hospital stay and getting 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.

## **What is included in a travel Dream?**

- Typically, we cover air transportation (economy class only) as well as accommodations (one hotel room/family room only).
- Park passes.

- 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 allow one-way travel to countries outside of the U.S. for patients who wish to die at home and consider travel to U.S. territories.

### **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 aides, 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 are verified ASAP
- If an emergency Dream is for a bedside reunion or similar, our turnaround time can be within 24 to 48 hours.
- Emergency Dreams cannot be celebrity Dreams.
- If an emergency Dream requires travel by the applicant, we will consider a road trip within limited boundaries only.

**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.**