



a program of dream foundation™  
**dreams for veterans**  
serving final dreams of those who have served

## Dreams for Veterans – Dream Request Application

Dear Dream Applicant or Caregiver,

Dreams for Veterans is a program of Dream Foundation, the only national dream-granting organization for terminally-ill adults and their families.

Dreams for Veterans is the only national program honoring terminally-ill veterans at the end of life with the realization of a Dream come true. Qualified applicants are U.S. military veterans with a life-threatening illness and a life expectancy of 12 months or less.

Based in Santa Barbara, California, Dream Foundation receives hundreds of Dreams for Veterans requests from across the country and reviews each Dream application as quickly as possible. By working together, we will make every effort to make your Dream come true.

### Help us to help you make your Dream come true...

- Please read this form very carefully and follow **all** the instructions to complete the steps necessary.
- You will find many answers to your questions in the attached section of Frequently Asked Questions.
- Please submit all required information; incomplete applications will be denied.

### We do not 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, home improvements, repairs or housing assistance
- 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

**NATIONAL HEADQUARTERS & MAILING ADDRESS** 1528 CHAPALA STREET, SUITE 304, SANTA BARBARA, CA 93101  
**PHONE** 888-4DREAMS (888) 437-3267

## Step 1: Application Requirements

Please complete the application in full, include a photograph, personal letter, copy of tax return, and proof of service (as outlined in detail below). In order to consider your application complete, we must receive all of the following:

- **Photograph:** Must be clear and taken within the past year. It may include family, pet, etc...
- **Letter:** Your 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 Dream recipient's most recent tax return (Form 1040) or other proof of annual household income (e.g. SSI, Disability Statement or Bank Statement)
- **Dream Agreement:** Must be signed with applicable sections initialed and returned with application. A copy of the Dream Agreement is included at the end of the application.
- **HIPPA Form:** Must be completed, signed and returned with application. A copy of the HIPPA form is included at the end of the application.
- **Proof of Service:** Please submit proof of U.S. military service. If you do not have proof of service, please apply through our General Dream Program.
  - Proof of discharge showing Character of Service as either Honorable or General / Under Honorable Conditions (DD214 or official military certificate) – **OR** –
  - Proof of current service (LES or other official military documentation)

## Step 2: Applicant Information

Please complete each of the sections 2a, 2b, and 2c as applicable.

2a.  Check box if application is being completed by a hospice representative

2b. Applicant's Legal Name: _____
Address: _____
City/State/Zip: _____ County: _____
Home Phone: (____) _____ Cell Phone: (____) _____ E-Mail Address: _____
Date of Birth: _____ Age: _____ Ethnicity (Optional): _____
Clubs, Organizations or Churches you are a member of (Optional): _____
Gender: _____ Referred by: _____
Present/Most Recent Employer: _____ Current Annual Household Income: _____
Relative or Caregiver/Contact Person: _____ Relationship: _____
Phone: (____) _____ Email: _____
Address: _____ (Including City/State/Zip if different from above)

2c. Military/Veteran Information
Branch of Military Service: _____ Years of Military Service: _____ - _____
Where was Service? _____ What positions were held? _____

## Step 3: Dream Request

Dream Request: \_\_\_\_\_

Alternative Dream Request: (Must be entirely unrelated to first Dream): \_\_\_\_\_

(If no alternative 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? \_\_\_\_\_ Yes \_\_\_\_\_ No  
VISA \_\_\_\_\_ M/C \_\_\_\_\_ Other \_\_\_\_\_

\* Does Recipient, or one of the participants in Dream, have a valid driver's license or ID? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Is an application submitted or pending with another wish-granting organization? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, where? \_\_\_\_\_

Signature of Dream recipient certifying that the above Dream is their request: \_\_\_\_\_

\* Please see Frequently Asked Questions for more information.

## Step 4: Medical Information

Please complete either Step 4a or Step 4b.

If applicant is pursuing medical treatment, please have **physician complete Step 4a** and skip section 4b.

If applicant is on hospice care, please skip section 4a and have **hospice representative complete Step 4b**.

### Step 4a: to be completed by Treating Physician only

Skip this portion if you are receiving hospice care and fill out Step 4b

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Applicant's Diagnosis: \_\_\_\_\_

Current Life Expectancy in MONTHS: \_\_\_\_\_

I certify that I am the treating physician of the Applicant. To the best of my knowledge, my patient **has a life expectancy of 12 months or less** OR my patient could not actively participate in the requested Dream beyond the next 12 months. I certify that my patient is of sound mind, and capable to sign legal documents. I have discussed (or will discuss) the Dream request with my patient and have deemed it safe and reasonable if his/her Dream is granted within the next three months.

\_\_\_\_\_  
Signature of Physician, NP or PA only

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Step 4b: To be completed by a Hospice Representative only**

**Skip this portion if you are pursuing medical treatment and fill out Step 4a**

Hospice Representative: \_\_\_\_\_

Name of Hospice: \_\_\_\_\_

Hospice Address: \_\_\_\_\_

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

Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Office Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

**Need: I Confirm that the applicant lacks the financial resources to fulfill this Dream on their own: \_\_\_\_\_ [initial]**

**Applicant's Diagnosis:** \_\_\_\_\_

**Current Life Expectancy in MONTHS for the patient is:** \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Hospice Representative Title Date

Dream participants requested: family, spouse, caregiver and children under the age of 18 living at home:

PARTICIPANT/CHILD'S NAME:	SEX:	RELATIONSHIP:	AGE:	DOB:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**I, the undersigned Dream Recipient (or the parent guardian on behalf of the 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. I grant permission for DF 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: \_\_\_\_\_

Or of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: ALL** participating adults must sign the Dream Agreement before the application can be processed and/or before participating in any Dream.

## Step 5: 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.



# HIPAA Form

## Authorization for Use/Disclosure of Protected Health Information

TO: \_\_\_\_\_  
(Physician)

\_\_\_\_\_  
(Physician's Address)

\_\_\_\_\_  
(Physician's Telephone Number)

RE: \_\_\_\_\_  
(Patient – Print Name Legibly)

\_\_\_\_\_  
(Patient's Date of Birth)

I authorize the use and disclosure to Dream Foundation of protected health information about Patient as described below:

### Information that may be used/disclosed: All protected health information relating to Physician's assessments of:

- whether Patient is medically eligible for Dream Foundation services; and
- if so, whether his/her desired wish is medically appropriate. In addition, Physician is authorized to fill out, sign and provide to the Dream Foundation forms that the Dream Foundation may require, including forms relating to Patient's medical eligibility, the requested wish and medical considerations relating thereto.

Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives.

Persons authorized to receive the information: Employees or other authorized representatives of:  
DREAM FOUNDATION – 1528 CHAPALA ST. SUITE 304 SANTA BARBARA, CA 93101  
805-564-2131 (phone) 805-564-7002 (fax) [www.dreamfoundation.org](http://www.dreamfoundation.org)

Purpose for which information will be used/disclosed: To enable Dream Foundation to obtain:

- physician's assessments regarding whether Patient is medically eligible to have a Dream granted by the Dream Foundation and, if so, whether the requested wish is medically appropriate; and
- pertinent information relating thereto.

Expiration date/event: This authorization expires once Patient's Dream has been granted by Dream Foundation or a final determination has been made that Patient is not eligible to receive a Dream.

Statements required by HIPAA: In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:

- I understand that I may revoke this authorization at any time by so notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization;
- I understand that if the person/entity that receives the information described above is not a healthcare provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

\_\_\_\_\_  
Patient Name Patient Signature Date

\_\_\_\_\_  
Patient Representative Patient Representative Signature Date



# Mailing Instructions for Application and Completed Application Checklist:

**Please use this list to check-off each step of the application before submitting**

(Without these items your application will be denied)

\_\_\_\_\_ **1.** Step 1 of the application completed and sent with a:

\_\_\_\_\_ Clear and recent photograph (within the past year)

\_\_\_\_\_ Request letter 1- 2 pages clearly describing the Dream

\_\_\_\_\_ Copy of the signature page of your most recent tax return or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement)

\_\_\_\_\_ **2.** Step 2 and Step 3 of the application completed with ALL required information

\_\_\_\_\_ **3.** Step 4 of the application completed and signed by your doctor

\_\_\_\_\_ **4.** Step 5 of the application, the Dream Agreement Form:

\_\_\_\_\_ Initial numbers 2, 3, 4, 5 and 20

\_\_\_\_\_ Sign and date at the bottom

\_\_\_\_\_ **5.** HIPAA form completed and signed (Disclosure Form - HIPAA, Health Insurance Portability and Accountability Act)

\_\_\_\_\_ **6.** The attached Frequently Asked Questions section has been reviewed fully.

If you are not sure if your application is complete, please call us at (805) 564-2131 and we will happily answer your questions. If we receive an incomplete application it will be denied.

**Please mail completed application to:**

Dream Foundation  
1528 Chapala Street, Suite 304  
Santa Barbara, CA 93101

**No faxed applications will be accepted unless  
life expectancy is two months or less**

# 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, Alaska or Puerto Rico.
- You don't have to be a US citizen, but need to currently reside in the US or Puerto Rico.

## 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 physicians 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).

- 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.**