



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 nine 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 are unable to serve the following types of Dreams:

- Requests for adults with chronic illnesses - with the exception of individuals with a clinical prognosis of 9 months or less
- Surprise Dreams
- Legal assistance
- Hunting
- Funeral arrangements or posthumous requests
- Travel outside the United States.
- Requests from individuals living outside the USA
- Cruises
- Cash/Financial assistance
- Reimbursements for completed dreams
- Automobiles, Lifts, Repairs and RV rentals
- Property and home improvements or repairs
- Medical treatment/ supplies/ equipment/ transport

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

- Any Dream request deemed offensive, inappropriate or inconsistent with the values of our organization or our corporate partners

1528 Chapala Street, Suite 304, Santa Barbara, CA 93101 Phone 888-4DREAMS

www.dreamfoundation.org

(Rev 2/21/18)

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:

(a) Be no longer than one page in length, one side, and refer to the illness you are battling

(b) Clearly describe your Dream 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 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.

(a) Proof of discharge showing Character of Service as either Honorable or General / Under Honorable Conditions (DD214 or official military certificate) – OR –

(b) 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 one of the participants in Dream, have a major credit 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: _____

(based on your experience)

I certify that I am the treating physician of the Applicant. To the best of my knowledge, my patient **has a life expectancy of nine months or less**, is of sound mind, and capable to sign legal documents.

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: _____

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 card and proper identification is required.

Signature of Dream Recipient _____ Date: _____

Or of Parent/Guardian _____ Date: _____

If applying online, this online facsimile signature shall substitute for, and have the same legal effect as, an original form of signature. 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 request 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 served and on what terms. DF shall have no obligation to serve 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 that 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 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. _____ **[initial here]**

4. 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. _____ **[initial here]**

5. 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 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 the DF program, if needed, a campaign may be undertaken in your community, with your prior approval, to raise funds and/or frequent flyer miles to help serve the dream. Funds and miles 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) Recipient has not previously been granted a Dream by DF or another charitable wish-granting organization; and
- (g) 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) DF 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) DF 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; or (4) DF determines, in its sole and absolute discretion, that the Recipient, his or her Dream or the participants of the Dream do not compliment the values of DF or those of its corporate partners; or (5) Recipient and any participants have breached any of the representations, warranties or covenants contained in this Agreement. 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 DF 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.

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, the application and all materials provided in support of the application 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.

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 Dream 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 dream 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

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 served by Dream Foundation and, if so, whether the requested dream 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 not be processed)

- _____ 1. Step 1 of the application completed and sent with a:
 - _____ Clear and recent photograph (within the past year).
 - _____ Request letter of no more than one page, one sided.
 - _____ 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).
 - _____ Proof of U.S. Military Service: proof of discharge showing Character of Service as either Honorable or General / Under Honorable Conditions OR proof of current service.
- _____ 2. Step 2 and Step 3 of the application completed with ALL required information.
- _____ 3. Step 4a or 4b of the application completed and signed by your treating physician or hospice representative may be faxed to DF from the physician or hospice office.
- _____ 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 serves final Dreams for adults with life-threatening 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.

What is a Dream?

- 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 recipient's quality of life (TV, laptop)
- 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 serve 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 request a Dream?

- 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.
- 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 must 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.

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 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, you may include an SSI statement, 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 fulfill their dreams 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) or the cost of gas, as well as accommodations (one hotel room/family room only), and park passes
- Financial assistance to help with cost of meals/rental car may be available if the 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 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 the Dream recipient's children under 18 that live in his/her 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 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 can not be celebrity Dreams
- If an emergency Dream requires travel by the applicant, we will be very careful to verify it with the 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 his/her Dream, Dream Foundation will be unable to help in any way.

What if I don't have proof of service?

- If you are unable to provide a copy of your discharge papers or other proof of service, or prefer not to share those forms, please feel free to apply for a Dream through our general Dream Granting program.

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 serve.