



CELEBRATING SENIORS AND MAKING DREAMS COME TRUE

## Wish Application Form

*The mission of Twilight Wish Foundation is to honor and enrich the lives of deserving seniors through wish granting celebrations that connect generations.*

Thank you for submitting a Twilight Wish application. Whether this request is for a **Simple Needs** wish (an example is a wheelchair to help with independence), **Living Life to the Fullest** (an example is going to a ball game) or **Celebrating a Life** (an example is visiting your hometown one more time), we look forward to learning about your wish and how we can make your dreams come true.

The Wish Committee meets on a monthly basis to review new applications and determine eligibility of 1) Wish Applicants and 2) Wish Requests. The Wish Nominee must meet all the Wish Requirements, understand the Wish Restrictions, and include complete documentation with their application. Some wishes are restricted and cannot be granted as they are not in alignment with our Twilight Wish core values. Twilight Wish Foundation (TWF) grants qualifying wishes as funding and resources are available. TWF reserves the right to deny requests for any purpose in conflict with the mission of TWF. We do our best to respond within 60 days of receipt of an application. If you have any questions, please contact 1-877-TWF-WISH.

### Wish Requirements

- Minimum 68 years old or a permanent resident of an elder care facility
- Legal United States citizenship
- Annual income of 200% or less of current federal government published poverty level income or be unable to grant own wish for other than financial reason
- History of giving back to others (through service to our nation, community or family)
- Must be cognitively, emotionally and physically capable of communicating and experiencing the wish

Documentation Checklist: (please include proof of the following)

1.  Age
2.  Income
3.  Residence (if elder care facility)
4.  Photos
5.  U.S. Citizenship

\*If documentation is not included, your application will be pended until all information can be verified.

Printed Name of Wish Application Nominee: \_\_\_\_\_ Date \_\_\_\_\_

**Wish Restrictions** *(not able to be granted)*

- Political, legal or dangerous in nature
- Housing reconstruction (any type, including home repair)
- Bill payments or requests for cash
- Medical items (including surgery or pharmaceutical items)
- Physical assets including houses, autos, boats, planes, etc.

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**Section A.**

**Wish Nominator Information (Skip if completing application for oneself.)**

Wish Nominator Name: \_\_\_\_\_  
Phone # \_\_\_\_\_ Alt. Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
What is your relationship with the Wish Nominee? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section B.**

**Twilight Wish Nominee Information**

Wish Nominee Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alt. Phone # \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
No. of people in your household: \_\_\_\_\_  
Annual Household Income (estimated; include income from all sources): \_\_\_\_\_  
*\*Include income documentation with application.*  
Wish Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Wish Application Nominee: \_\_\_\_\_ Date \_\_\_\_\_

**Section C.**

Please explain in detail why this Twilight Wish is so meaningful and special to the recipient.

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**Section D.**

Describe the family status, history, community involvement, and/or the contributions to family and society that qualifies him/her as a wish recipient and any other information you feel is appropriate.

Veteran  Y  N Branch: \_\_\_\_\_

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**Section E.  
Certification**

By signing below, I acknowledge that the acceptance of this application form by Twilight Wish Foundation (TWF) does not constitute an agreement by TWF to fulfill my wish request. If TWF may be able to fulfill the wish request described above, a TWF representative will contact me.

Furthermore, I certify that the wish recipient meets all eligibility criteria established by TWF as is more fully described on page 1 and declare that all of the information given by me in this application is true and complete to the best of my knowledge. I agree to inform TWF in a timely manner if any information in this form changes.

Signature\_\_\_\_\_

Print Name \_\_\_\_\_ Date\_\_\_\_\_

Printed Name of Wish Application Nominee:\_\_\_\_\_ Date\_\_\_\_\_