



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 Need** (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 dream 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 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
- Annual income of 200% or less or current federal government poverty level income or be unable to grant own wish for other than financial reason. **The current maximum income for 2015 is \$23,340 a year for one person.**
- 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
- Legal United States citizenship
- Physician documentation (when requested)

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.)
- We do not accept applications submitted by a paid third party

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DOCUMENTATION CHECKLIST *(include proof of the following)*

- Age**
- Income**
- Residence (if living in an elder care facility)**
- Photos**
- U.S. Citizenship**
- Military Service (copy of "DD214 Form" Release or Discharge form)**

SECTION A. Twilight Wish Nominee Information

Wish Nominee Name _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Annual Household Income (estimated; include income from all sources) _____

Number of people in the household _____

Wish Description:

SECTION B. Wish Nominator Information (Skip if nominating oneself)

Wish Nominator Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

Relationship to nominee: _____

Does the nominee know you have submitted this wish? _____

How did you hear about Twilight Wish Foundation? _____

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

SECTION D. Personal History

Is the nominee a Veteran? _____ If yes, please list what branch the nominee served in and details of his or her service.

Past community involvement or service _____

Other information you feel is important _____

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 I declare that all of the information given by me in this application is true and complete to my knowledge. I agree to inform TWF in a timely manner if any information in this form changes.

Signature _____

Print Name _____ Date _____

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P.O. Box 1042 Doylestown, PA 18901 Toll Free 1.877.893.9474 P | 215.230.8777 F | 215.230.8770