



Mission

Golden Wishes seeks to fulfill a special wish for seniors over the age of 70. In the spirit of the “bucket list,” we hope to make a long-held dream a reality for a deserving senior. Through the Landmark Leadership Program, our goal is to honor and value our elders by making a significant impact on their quality of life. Wishes may reflect a long-held desire for a new experience or a desire to reconnect with an old friend. Applicants are asked to indicate three choices and the reason for each.

Types of Wishes Granted

Some examples of wishes are:

- Something to make your life easier (e.g. someone to help carry your bags back from the store following a big purchase you plan to make)
- A new experience (e.g. first ticket to a show at the Arsht Center for Performing Arts)
- A chance to reconnect with someone (e.g. travel to your family reunion)

Wishes must have a significant meaning to the senior.

Restrictions on Wishes

Unfortunately, we cannot grant the following types of wishes:

- Cash, automobiles, or property
- Legal services
- Request to pay for medical treatments

To apply:

If you have any questions or would like additional information, please call 305-403-2219.

Please submit the Wish Application Form by **June 24, 2016** :

- FAX: 786-441-2123 or
- Mail to :

*Golden Wishes
655 NW 119 ST
North Miami, FL 33168*



Wish Application Form

Date: _____

A. Senior Applicant Profile

Name:

Home Address			
	City		Zip
Home Phone	Cell Phone		
Email	Fax		
Please indicate preferred method of contact:			
Senior Living Facility Name (if applicable):			

B. Demographic Information (For record keeping only)

Date of Birth: (MM/DD/YYYY)		
Gender: (please circle)	Female	Male
Cultural Background		
Race:	Ethnicity:	
Please feel free to submit any additional biographical information		

C. Wish Description (*Please be detailed in your response. 100 Character minimum.*)

First Choice: _____

When did you first realize you wanted to fulfill this wish?

Second Choice

When did you first realize you wanted to fulfill this wish?

Third Choice _____

When did you first realize you wanted to fulfill this wish?

D. Benefits

Please describe any mental, emotional, physical or spiritual benefits you will experience as a result of having one of these wishes granted.

E. Why have you not been able to fulfill any of these wishes on your own?

Have you ever done any of these wishes before? (please circle)

Yes

No

If you are looking to reconnect with someone, when was the last time you saw them? (Optional)

What was/were your past occupation(s), if any?

What are some of your interests, hobbies and passions? Do you still participate in any of these today?

Are there any physical or cognition impairments that may influence your ability to participate in the wish?

Yes _____ No _____

Golden Wishes tries to make every effort to accommodate cognitive and physical impairments when planning Wishes.

By submitting this wish, I acknowledge that acceptance of this application by Golden Wishes (GW) does not constitute a commitment by GW to fulfill my wish request. If GW determines that this wish should enter the next stage of the wish process, a GW representative will contact me for more information. I understand that this contact also does not constitute a commitment to grant my wish. Furthermore, I release GW from all liability relating to injuries that may occur in the process of granting the wish. By signing this application form, I agree to hold GW entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by any circumstances.

Print Name _____

Signature _____