



# Senior Wishing Well Application

Brought to you by GoodLife Programs & Activities

## What's on your bucket list?

### Wish Recipient Requirements

All of the following requirements must be met before a wish will be considered:

1. Must be a resident of New Hampshire.
2. Must be 75 years of age or older.
3. Must be cognitively, emotionally, and physically capable of communicating and experiencing the wish. You do not need a medical diagnosis to apply for a wish.
4. Unable to fulfill the wish on your own or with family assistance.

Proof of age and physical condition per a physician's letter must be provided if requested at a later date. You may also attach this information to the application.

### Granting Wishes

Wish applications will be reviewed following the submittal period. A "Wishes Committee" will meet to review completed wish applications. If a wish is approved, the recipient is notified and the process of granting the wish begins. Wishes will be granted with the availability of funding and resources.

We regret that not every qualified wish can be granted and the *Senior Wishing Well* has sole discretion in the decision to grant or deny a specific wish from an applicant. Applicants will receive a response if the wish will be granted.

### Types of Wishes Granted

We want to know what's on your bucket list. We strive to grant wishes that will make a significant impact on a senior's quality of life and bring them great joy. Wishes might be to reconnect with a loved one, visit a hometown, visit a favorite place, participate in an activity a person used to do, celebrate a passion, etc. Wishes may also fulfill a lifelong dream such as go to a ballgame, learn a new skill, etc. Wishes must have significant meaning to the senior.

### Restrictions on Wishes

The following requests will not be considered:

1. Vacations or travel outside of New England
2. Housing reconstruction
3. Bill payments or requests for cash
4. Medical items including surgery and prescriptions
5. Physical assets such as houses, vehicles, etc.

# Senior Wishing Well Application

## Contact Information of Wish Seeker

Senior Name \_\_\_\_\_

Senior Phone Number \_\_\_\_\_

Email Address (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Total Number of Residents in Household \_\_\_\_\_

Date of Birth \_\_\_\_\_

Do you have transportation if necessary? YES / NO

**Please fill out the following section only if you are nominating someone for a wish:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address (if applicable) \_\_\_\_\_

Relationship to Wish Nominee \_\_\_\_\_

## Wish Details

Describe your wish in detail (please be as specific as possible):

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What makes this wish have meaning for you?

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What prevents you from fulfilling this wish on your own?

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Have you done this wish before? YES / NO

How long ago? \_\_\_\_\_

Do you have any physical or cognitive impairment that might influence your ability to participate in this wish? YES / NO

Are you a veteran? YES / NO

Branch of Service / Battle or Campaign \_\_\_\_\_

Please tell us a little about yourself! Your friends, family, career, military service, hobbies, and/or interests.

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**APPLICATION DUE BY MAY 31<sup>ST</sup>**: Please return to GoodLife Programs & Activities 254 N State Street, Unit L Concord, NH 03301 or email to [info@goodlifenh.org](mailto:info@goodlifenh.org)

**Declaration**

I, the undersigned, acknowledge acceptance of this application does not guarantee fulfillment of my wish. I declare that all information provided by me is accurate and I agree to inform *Senior Wishing Well* should any information on this application change. I understand that I may be asked to provide a medical verification form and that I will need to sign a liability release prior to my wish being granted.

By checking this box and signing below you acknowledge that all information is correct.

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Signature \_\_\_\_\_ Date \_\_\_\_\_