



dream
foundation™

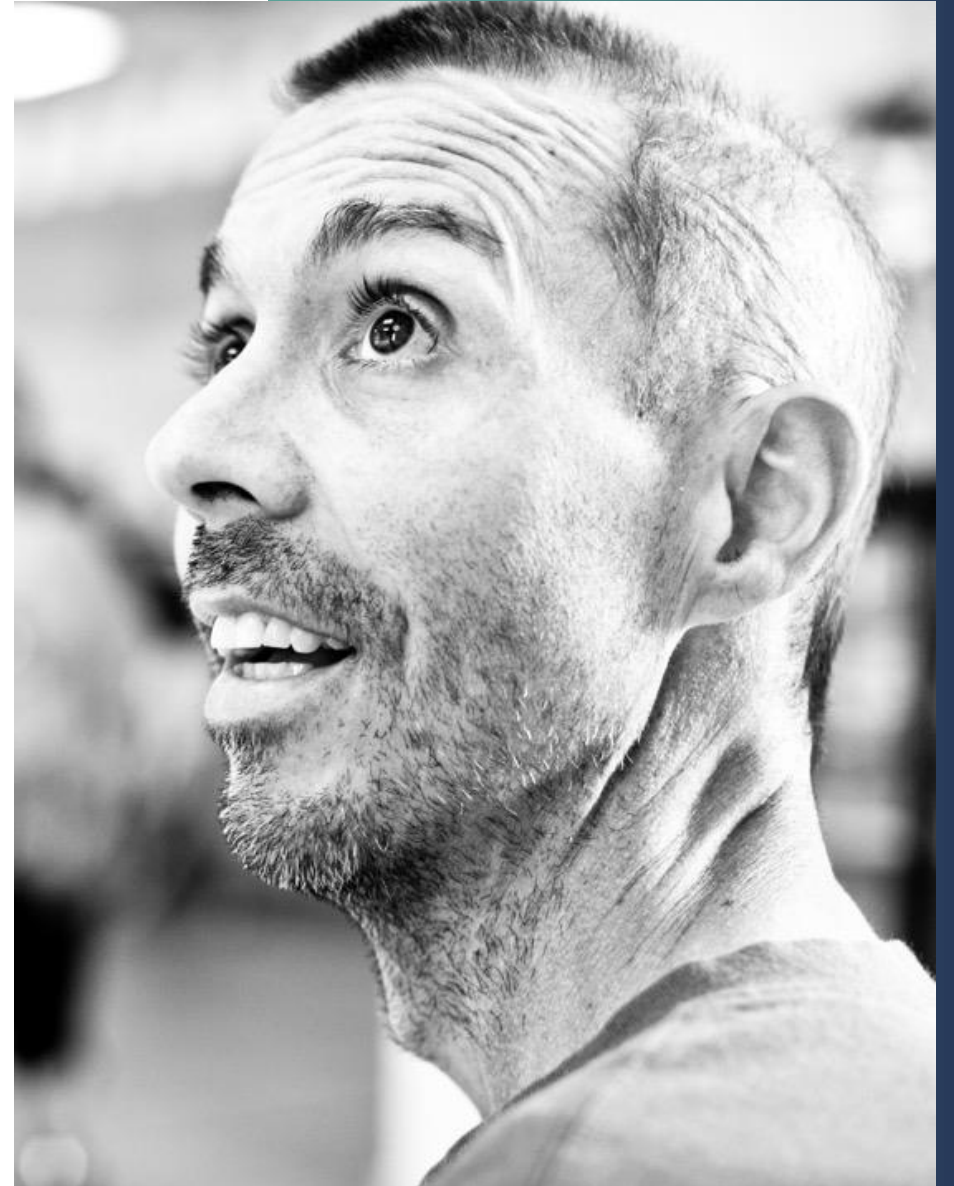


**“It matters to people
how their stories come
to a close. Endings are
important.”**

Dr. Atul Gawande

Hospice and Palliative
Medicine Physician

Author of “Being Mortal”





A holistic approach to end-of-life care

Dream Foundation serves terminally-ill adults and their families by providing end-of-life Dreams that offer inspiration, comfort and closure.

Dreams come in many forms, but they all empower people to choose how they spend the time they have left and provide inspiration, comfort and closure when it's most needed. .

“It was the most beautiful experience of our lives. If for a moment, we lived as the family we once were.” — Kent

Professionals caring for people at or near the end of life recognize the proven benefits of Dreams.

Those with a life expectancy of 12 months or less can apply directly, but many Dream referrals come from palliative care doctors, social workers and nurses.



WHO-5 Survey

80% of Dream Recipients reported a greater sense of well-being after a Dream in an independent study run in conjunction with the American Psychiatric Association.



Dreams for Veterans – serving those who have served.

Launched in 2015, the program honors the lives of terminally-ill veterans.

We have a strategic partnership with the Department of Veterans Affairs.

Over 1200 veterans have received a Dream.

Veteran's Advisory Council of former military service members established to oversee the program.

Dreams for Veterans Qualifications

- Aged 18 or older
- Life expectancy of 12 months or less
- Live within the contiguous United States, Hawaii, Alaska and Puerto Rico
- Lack the resources to fulfill their Dreams themselves
- Proof of Service (DD2214)
- Discharged Honorably
- General Discharge/Under Honorable Conditions
- Active Duty



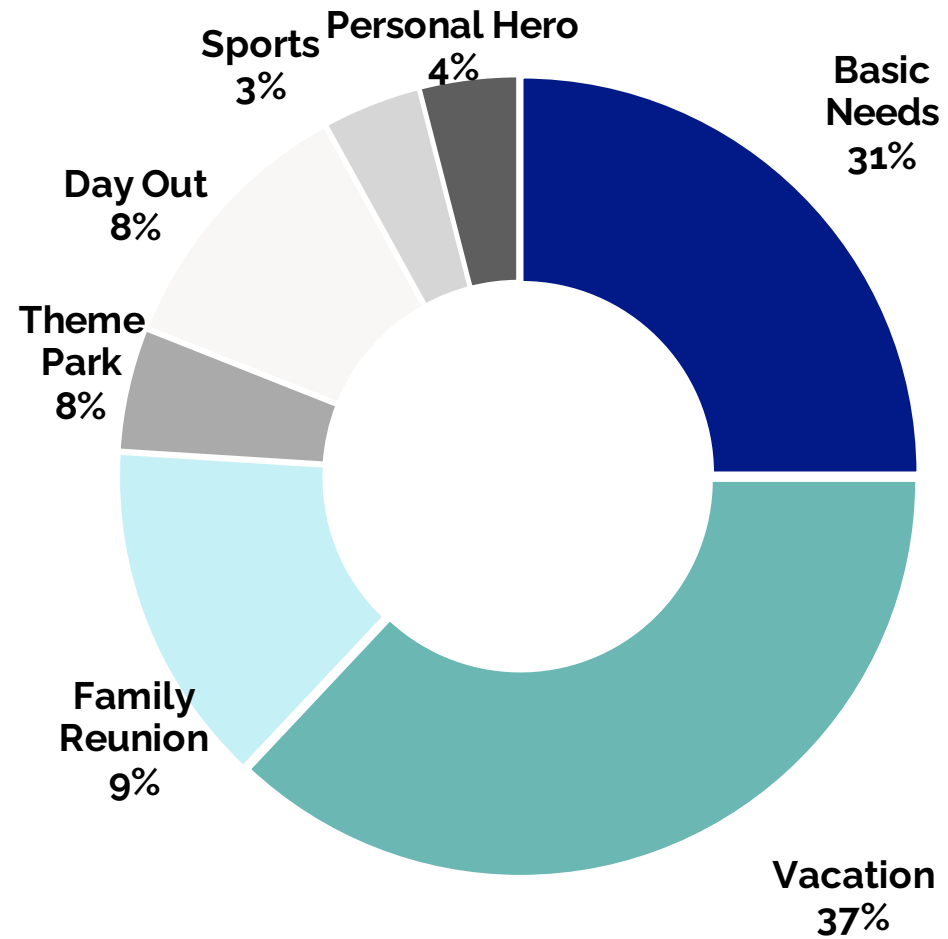
David, 77, Vietnam Navy Veteran

“ He enjoyed every bit of it. Everyone thought David and Michael were celebrities with the photographer! When they returned, we all took pictures together after their ceremony. David says the trip was an outstanding experience.”

Judy, wife of David

David dreamed of a trip to visit the War Memorials in Washington, DC.

Types of Dreams



Program Features

Veteran-to-Veteran Dream Deliveries

Pinning Ceremonies

Ceremonial challenge coin



Making Dreams Come True

John's Dream



Adding Dreams to goals of care

Dream Foundation relies on Dream referrals from Healthcare Professionals and others to achieve our mission to fulfill a Dream for everyone who needs one.

We'd love to work with you to serve your participants end-of-life Dreams.



DARRELL, 56, Army Veteran

"My wife has faithfully taken care of me and my son over the years, my heart breaks when I ponder the toll it has taken on her. It's my hearts deepest desire to see the weight of my illness lifted from her heart, even if it is just for a little while."

Help Make Dreams Come True

Every Dream begins with a referral.

55% of referrals come from care teams.



"Assisting veterans in completing a Dreams for Veterans application is the best part of my job! I feel it is a gift to myself and other palliative providers to assist veterans in finding joy and happiness in their final days. Dream Foundation does this time and time again."

Ada Marion

SE Louisiana Veterans Health Care System
Patricia's Palliative Care Social Worker

The Dream Application Process

5 Easy Steps:

- Application Form
- Letter
- Financial Documentation
- Photo



Roy, 76, Gastric Cancer

"Some may look at a hospice patient and write them off by discouraging them from following their Dream. Thank you for the reminder to continue to live, love, and laugh to the fullest – now more than ever. What you gave to us (memories) and can never be taken away and is a part of our legacy forever."

Roy dreamed of a trip to the Gulf Coast

Getting Started: dreamsforveterans.org

The screenshot shows the homepage of dreamsforveterans.org. At the top, a dark blue navigation bar contains the following links: MAKE AN IMPACT, ABOUT DREAMS FOR VETERANS, OUR PARTNERS, and LEADERSHIP. Below the navigation is a large banner image of a group of veterans. The banner features the headline "If you served, you can dream" and a sub-headline: "Dream recipients are U.S. military veterans, those currently on active duty, in the reserve or National Guard diagnosed with a life-limiting illness and a life expectancy of 12 months or less. Please visit the [Dreams for Veterans application page to learn more.](#)" Two white buttons are positioned below the text: "APPLY ONLINE" and "DOWNLOAD APPLICATION (PDF)". A light blue arrow with a green outline points to the "DOWNLOAD APPLICATION (PDF)" button. Below the banner is a light blue section titled "Stay connected" with a red underline. This section contains two sign-up options: "Sign up to receive veteran Dream stories." with a dark blue "SIGN UP" button, and "Sign up for our general newsletter to receive regular news and updates on all the Dreams we fulfill." with a dark blue "SIGN UP" button.

dreamsforveterans.org

MAKE AN IMPACT ABOUT DREAMS FOR VETERANS OUR PARTNERS LEADERSHIP

If you served, you can dream

Dream recipients are U.S. military veterans, those currently on active duty, in the reserve or National Guard diagnosed with a life-limiting illness and a life expectancy of 12 months or less. Please visit the [Dreams for Veterans application page to learn more.](#)

APPLY ONLINE DOWNLOAD APPLICATION (PDF)

Stay connected

Sign up to receive veteran Dream stories.

SIGN UP

Sign up for our general newsletter to receive regular news and updates on all the Dreams we fulfill.

SIGN UP

2. The Application



Dreams for Veterans

Dear Dream Applicant or Caregiver,

Dreams for Veterans is a program of Dream Foundation for terminally-ill adults and their families.

Dreams for Veterans is the only national organization that provides a free wish grant for terminally-ill adults with a life expectancy of 12 months or less.

Based in Santa Barbara, California, Dream Foundation serves across the country and reviews each Dream request with every effort to make your Dream come true.

Help us to help you make your Dream

- Please read this form very carefully.
- You will find many answers to your questions.
- Please submit all required information.

We do not grant the following types of Dreams

- Requests for adults with chronic conditions, except for individuals with a prognosis of 12 months or less.
- Requests from individuals living in nursing homes, assisted living facilities, or long-term care facilities.
- Surprise Dreams
- Cruises
- Legal assistance
- Cash/Financial assistance
- Hunting
- Reimbursements
- Funeral arrangements or posthumous requests
- Automobiles, Lifts, Repairs, RVs, etc.

NATIONAL HEADQUARTERS & MAILING ADDRESS

Step 1: Application Requirements

Please complete the application in full, include a photo of service (as outlined in detail below). In order to continue the following:

- **Photograph:** Must be clear and taken within the last 6 months.
- **Letter:** Your letter should:
 - o Be 1-2 pages, clearly describe your Dream and how most help is needed to fulfill that Dream.
- **Annual Income:** Please provide a copy of the tax return (Form 1040) or other proof of annual household income.
- **Dream Agreement:** Must be signed with applicant. The Dream Agreement is included at the end of the application.
- **HIPAA Form:** Must be completed, signed and returned at the end of the application.
- **Proof of Service:** Please submit proof of U.S. military or other service.
 - o Proof of discharge showing Character of Discharge (DD214 or official military certificate)
 - o Proof of current service (LES or other official document)

Step 2: Applicant Information

Please complete each of the sections 2a, 2b, and 2c as follows. Check box if application is being completed by a caregiver.

2a. Applicant's Legal Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Date of Birth: _____ Age: _____ Ethnicity: _____
 Clubs, Organizations or Churches you are a member of: _____
 Gender: _____ Referred by: _____
 Present/Most Recent Employer: _____
 Relative or Caregiver/Contact Person: _____
 Phone: (____) _____ Email: _____
 Address: _____
(Including City/State/Zip if different from above)

2c. Military/Veteran Information
 Branch of Military Service: _____
 Where was Service? _____

WWW.DREAMFOUNDATION.ORG

Step 3: Dream Request

Dream Request: _____

Alternative Dream Request: (Must be entirely unrelated to the Dream Request.) _____

(If no alternative Dream is listed, only primary Dream request will be considered.)

- * Has Applicant ever been granted a Dream by another organization?
- * Does Applicant, or a participant in the Dream, have a well-funded charity?
- * Does Applicant, or a participant in the Dream, have a valid driver's license?
- * Is an application submitted or pending with another wish-granting organization?

Signature of Dream recipient certifying that the above Dream is their own.

* 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 this section. If applicant is on hospice care, please skip section 4a and have hospice complete section 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: _____

I certify that I am the treating physician of the Applicant. To the best of my knowledge, the Applicant is of sound mind, and capable of signing legal documents. I have discussed the Applicant's condition and have deemed it safe and reasonable if his/her Dream is granted.

Signature of Physician, NP or PA only _____ Title _____

WWW.DREAMFOUNDATION.ORG

WWW.DREAMFOUNDATION.ORG

(REV. 5/23/23)

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 for the purposes listed below:

Information that may be used/disclosed:

- whether Patient is medically eligible for a Dream
- if so, whether his/her desired wish is consistent with the Dream Foundation's medical eligibility, the requested wish

Persons authorized to use/disclose the information are:

Persons authorized to receive the information: DREAM FOUNDATION - 1528 CHAPALA ST. SANTA BARBARA, CA 93101 (phone) 805-564-7002 (fax) 805-564-2131

Purpose for which information will be used:

- physician's assessments regarding your health and, if so, whether the requested information relating thereto.

Expiration date/event: This authorization expires on the date of final determination has been made that Patient is eligible for a Dream.

Statements required by HIPAA: In accordance with HIPAA, I understand that I may revoke this authorization at any time.

- I understand that if the person/entity to whom this information is disclosed and could potentially be re-disclosed.

Patient Name _____ PS

Patient Representative _____ PS

Frequently Asked Questions

Dream Foundation grants final Dreams for adults with a life-threatening illness. With our headquarters located in Santa Barbara, 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 to fulfill Dream requests.

What is a Dream?

- Dream must come from the adult diagnosed with a terminal or life-limiting 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 the 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 grant 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 get a dream fulfilled?

- You have to live within the contiguous United States, Hawaii, Alaska or Puerto Rico.
- You don't have to be a US citizen, but need to currently reside in the US or Puerto Rico.

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 put down a life expectancy, send the application in anyway. As long as the diagnosis and physician's signature is there, we will try to work with your doctor to find out if you qualify for our program or not.
- 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 has to be mailed to Dream Foundation, 1528 Chapala St., Suite 304, Santa Barbara, CA 93101.

WWW.DREAMFOUNDATION.ORG

(REV. 5/23/23)

3. The Letter

Can be written by care team or family member on behalf of applicant

Explains why the Dream matters to them

Enables Dream Foundation team to understand request to fulfill Dream



HENRY FORD HOSPICE

Wayne Hospice

17333 Federal Drive Suite 260
Allen Park MI 48101
(313)337-7600 Office
(313)337-7610 Fax

I have had the pleasure to be Suelyn's hospice social worker. I first met Mrs. Washington in February 23, 2023 following her admission into hospice care on February 15th. Suelyn was diagnosed with ALS (amyotrophic lateral sclerosis) in March of 2022. This past year has been incredibly challenging for Suelyn and her family as they navigated this diagnosis and the end of her treatment as she enrolled into hospice. Despite this heavy diagnosis, Suelyn has remained optimistic and continues to fight and make the most out of every day.

She shares a home with her spouse, of 35 years, and her son Alfred II. Together, they have 3 children and 3 grandchildren. Mrs. Washington has always been a social person. She was nurse's aide and loved caring for other people. I could see her as being quite a natural in this role. I could tell immediately that she is a deeply caring person.

Suelyn and her spouse, Alfred, have attempted to utilize the resources available through the generous support of the ALF of Michigan. Due to the configuration of her home and entry way a rented ramp is not possible. Her dream is to have a small ramp added to her porch so she can go outside on her porch with her electric wheelchair. One of her previous past-times, was going out on the porch, talking with neighbors and she would enjoy a glass of wine. This brought her much joy and laughter. She is eagerly hoping that she will be able to sit out on her porch again, especially now since the weather is getting warmer.

I had investigated resources for a rented ramp, however, due to monthly expenses and their income limit, they are not able to afford it. I am reaching out to the Dream Foundation to seek your assistance in getting a ramp for her to enjoy the fresh air and to engage with her neighbor's as she has done in the past. I appreciate what this Foundation can do for those that are in their last months of life. It is truly an immeasurable gift. I thank you for taking your time in considering Suelyn's "Dream" and hope to see her out on her porch soon.

Kindly,

A handwritten signature in blue ink that reads "J. Helzerman".

Jaclyn Helzerman, LMSW

4. Financial Documentation

One of the following required:

- Signature page of tax form
- Evidence they don't pay tax or receive Social Security or Disability payments
- Signed statement attesting applicant *lacks the financial resources to fulfill the request on their own.*

5. The Photo

- Taken within last 12 months
- Phone snaps are ok
- Sets apart each applicant



Dream Process

Application with 5 Documents Submitted

Application Processing Stage

Medical Verification Stage:

Average 3 weeks, depending on
medical team response time

Dream in Progress

Assigned to Dream Coordinator

Planning begins

Dream Delivery Scheduled

Dream Complete

Participant provides feedback, survey



EMERGENCY DREAMS

Same day processing due to limited life expectancy

Verification step is expedited

Other rush processing only for medical necessity

Follow us on Social Media



[/dreamfoundation](#)



[@dreamfound](#)



[@dream_foundation](#)



[/dream_foundation](#)



For questions, please contact:

Barbara Schoch

Vice President of Programs

barbara@dreamfoundation.org

Direct: 805-539-2210

