Dear Wish Applicant,

Wish Granters, Inc. is a small, local Idaho nonprofit organization that grants Wishes to adults (18+ years old) who have been diagnosed with a non-age-related terminal illness. Wish Granters, Inc. is currently accepting applications for Wish requests from eligible residents in Southwest Idaho.

Wish Granters is unable to guarantee the fulfillment of a Wish request, however, we will make every effort, and diligently work with you, to make your Wish come true. Please review the Frequently Asked Questions prior to submitting your application for more information regarding the Wish Granting process and its limitations.

The types of Wish requests that Wish Granters receives are as unique as our Wish recipients and can vary from simple comfort items to more complex travel Wishes. You can find examples of the types of Wishes that can be fulfilled by reviewing the FAQ’s pages. These are only examples and not a complete list of Wish options. If -you have any further questions about your Wish, please contact the Wish Granters at the email below or by calling Debbie at 208-867-3027 or Doug Raper 208-462-5822

Please complete the application in its entirety and submit all the requested information. Incomplete applications are much harder to process and, at a minimum, will delay our ability to grant your Wish. If assistance is needed, please don’t hesitate contact our office.

**EMAIL THE COMPLETE APPLICATION FORM TO:**

**debbie@wishgranters.org**

**GENERAL INFORMATION:**

Applicant’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: IDAHO Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Giver or Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to intended recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred By (If different than medical staff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to intended recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician or Hospice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: IDAHO Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WISH GRANTERS, INC. – MEDICAL INFORMATION FORM

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [PRINT NAME] DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[SIGNATURE]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DO HEREBY GIVE MY PERMISSION FOR MY DOCTOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO RELEASE ANY MEDICAL INFORMATION TO THE “WISH GRANTERS” ORGANIZATION. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL BY “WISH GRANTERS”.**

**[THE FOLLOWING IS TO BE FILLED OUT BY THE DOCTOR AND FAXED TO “WISH GRANTERS” AT 208-322-5432]**

**DOCTOR’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE PATIENT LISTED ABOVE HAS BEEN DIAGNOSED WITH:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE CHECK THE FOLLOWING THAT ARE TRUE:**

**\_\_\_\_ THE PATIENT LISTED ABOVE IS MY PATIENT**

**\_\_\_\_ THE PATIENT LISTED ABOVE HAS A TERMINAL ILLNESS.**

**\_\_\_\_ THE PATIENT LISTED DOES NOT HAVE A TERMINAL ILLNESS**

**DOCTOR’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_**

PLEASE SEND THIS FORM TO *WISH GRANTERS* AT

debbie@wishgranters.org or

1111 S. ORCHARD #291 BOISE, IDAHO 83705

**WISH REQUEST**:

Please provide up to ***three*** Wish ideas in the order of your preference so that we can move quickly to grant your Wish. Wish Granters will only fulfill ***one*** Wish and if your first Wish is not possible, we will pursue your alternatives.

WISH ONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WISH TWO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WISH THREE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note that Wish Granters, Inc. is unable to grant the following types of Wishes:***

* Surprise Wishes
* Cash or financial assistance
* Legal assistance
* Travel outside of the United States
* Cruises
* Vehicle purchases or restoration projects
* Major home remodeling or repairs
* Funeral expenses
* Moving expenses
* Hot air balloon rides
* Limitations to RV rentals
* Medical Treatments or Equipment
* Any Wish requests deemed offensive, inappropriate, or inconsistent with the values of the Wish Granters organization.

**What will having this Wish fulfilled mean to you and/or your loved ones?**

Please provide 3-5 sentences. You may want to consider how the Wish creates memories, instills hope, improves quality of life, or provides a bonding experience to you and your loved ones.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**WISH PARTICIPANTS:**

List the primary participants in the Wish, such as spouse or caregiver, siblings, and children.

Please note that certain Wishes, such as travel Wishes, restrict the number of participants to one additional adult (such as a spouse or caregiver), and children under the age of 18 years old that currently reside in the Wish recipient’s home. If the Wish is being fulfilled within the local community with no additional expenses, the number of people (beyond the primary participants listed below) that can be included in the Wish is at the discretion of Wish Granters, the recipient, and any sponsors of the Wish.

If you would like more information regarding who can participate in a Wish, please refer to our FAQ’s pages or contact the Wish Granters Program Director.

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant’s Name** | **Relationship** | **Age** | **DOB** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please read the information below, initial each line, print, and sign your name at the bottom. For more information, please review the Wish Granters FAQ’s pages or contact our office.**

\_\_\_\_\_\_ I understand that by signing this form I am giving the organization Wish Granters the permission to do a wish for me. I also understand that if they are not able to do my first wish, Wish Granters can go to an alternative wish. All travel wishes must be approved by my doctor or hospice.

\_\_\_\_\_\_ I understand that taking part in any activity has certain dangers, and I agree to hold harmless the organization Wish Granters, Inc., its staff, board, and volunteers for any and all claims or causes of action, whether now known or unknown, arising from the granting of my wish.

\_\_\_\_\_\_ I understand that Wish Granters is not responsible for any costs I may accrue for anything other than the cost of the wish. Costs that Wish Granters would not be responsible for would include, but not limited to, medical costs, hospital stays, or emergency transportation.

\_\_\_\_\_\_ I declare that I have not received a wish from Wish Granters or any other wish organization, nor have I applied for one.

\_\_\_\_\_\_ I give Wish Granters permission to use any pictures of my wish for publicity purposes, understanding only my first name will be used, unless I give permission to use both my first and last name.

\_\_\_\_\_\_ I hereby give my permission for press coverage of my wish.

Print recipient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print witness’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**OFFICE USE ONLY**:

WISH GRANTERS REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION RECEIVED DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Wish Granters COVID-19 RELEASE**

**This is a legal document that releases liability and waives certain legal rights regarding contracting the COVID-19 virus.** Complete and up-to-date information related to the COVID-19 pandemic can be found at https://coronavirus.idaho.gov/ andhttps://www.coronavirus.gov/. You are strongly encouraged to review the information from these government websites prior to signing. Please read and initial each section before signing.

**\_\_\_\_\_\_\_ACKNOWLEDGEMENTS:** In light of the current COVID-19 pandemic, I acknowledge the need reduce or eliminate the possibility of in-person physical visits and/or direct contact with others. I understand that in light of the pandemic it is not always possible to determine who has or has not been exposed to, or contracted, the COVID-19, or similar virus and that due to the nature of said viruses, nearly any individual could spread the disease.

**\_\_\_\_\_\_\_I AM OR MAY BECOME A WISH RECIPIENT FROM WISH GRANTERS, INC.:** I have read and agree to the acknowledgements stated above, and hereby grant the release andwaiver stated below.

**\_\_\_\_\_\_\_RELEASE OF LIABILITY AND WAIVER**

The undersigned hereby consent to accept and assume the risk that the COVID-19, or related viruses, will spread, and that despite best efforts to minimize said spread I may be exposed to the virus by being part of, or assisting in, a wish. I realize that a risk of transmission to others and serious illness and/or death may result from the exposure to the virus which may be by my own actions or inactions, but also from the actions, inactions or negligence of others, and I voluntarily consent to assume this risk. Further, I covenant and agree to hold harmless all Releasees, as defined below, and hereby waive any and all claims against the Releasees, in law or equity, whether in tort, contract, premises liability or otherwise, arising out of or related to exposing, spreading, contracting or transmitting COVID-19, or similar viruses, including but not limited to, and regardless of, any violation of any state, local, or federal government orders, guidelines, regulations, or laws pertaining to the same. “Releasees” is defined to mean all individuals or entities directly or indirectly providing any service associated with the granting of a wish which the undersigned is, or may become, involved with. Releasees, shall include but not be limited to, Wish Granters, Inc. staff, volunteers, vendors, and service providers.

**\_\_\_\_\_\_This agreement to hold Releasees harmless** is for the express purpose of benefiting each Releasee. The provisions hereof may be enforced by any Releasee. This waiver agreement is absolute and unconditional, cannot be rescinded, it is independent of any other contract involving the undersigned and applies to undersigned’s heirs, legal representatives, successors, assigns and anyone else claiming under them.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**