



Professional Senior Solutions

DREAMS OF YEARS GONE BY

We bring smiles through joy and comfort by honoring, thanking and remembering elders who have done so much to pave the path.

Please read the Dream Granting Policies including dream recipient requirements and dream type restrictions found on page 4 prior to completing an application.

A. Complete this section if you are requesting a dream for someone else

Dream Nominator Name: _____

Birth Date: _____

Phone # _____ Alt. Phone # _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Business name: _____

Title: _____

Business Address: _____

Business phone #: _____ Accept calls at work (circle one) Y N

This applicant is known to me because:

B. Nominee Information (person dream is requested for)

Dream Nominee Name: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell phone # _____

E-mail address: _____

Annual Income (estimated): _____

C. Describe the person's job history, family, community and society contributions qualifying him/her as a dream recipient. Additional sheets may be attached.

Veteran (circle one) Y N Details including branch and years of service:

List charities, schools, churches, nonprofit organization volunteer activities and community contributions:

Job history, family and other contributions:

D. Please explain why this dream is special to the recipient.

E. List any physical limitations or special needs:

F. Certification

By signing below, you acknowledge that the submission of this application form does not constitute an agreement to fulfill the dream request. If we are able to fulfill the dream request described above, a representative will contact you. Furthermore, You certify that the dream recipient meets all eligibility criteria described at the end of this document and declare that all of the information given by you in this application is true and complete to the best of your knowledge and agree to inform PSS in a timely manner if any information in this form changes.

Signature _____

Print Name _____ Date _____

Professional Senior Solutions - Dream Granting Policies: Qualifying Dream Recipient Requirements

- Minimum age of 68 years old or a permanent resident of a nursing home
- Legal United States citizenship
- Annual income of less than 200% of current federal government published poverty level income (2008: \$20,800 annually for household of one; add \$7,200 for each additional person) or be unable to grant own dream for other than financial reason
- Documented history of giving back to the community
- Must be cognitively, emotionally and physically capable of communicating and experiencing the dream

All requirements must be met. Proof of age, income, and citizenship are conditions of this application and must be forwarded with the completed dream application. Other documentation will be requested if needed.

Note: Photos may be included and it is understood that they will be posted on the website unless you include specific instructions not to post them. We find donors are more likely to help with the dream request when they see photos.

Restrictions on Types of Dreams

("PSS") grants qualifying dreams as funding and resources are available. PSS reserves the right to deny requests for any purpose in conflict with the mission of PSS. PSS will deny the following types of dreams:

- political or legal in nature
- housing foundations or reconstruction
- bill payments or requests for cash
- medical items including surgery or pharmaceutical items
- physical assets including houses, autos, boats, planes, etc.
- dangerous in nature

Professional Senior Solutions – Dream Granting Process and Time Line

Dream recipients and requests are qualified by committee decisions. PSS holds monthly Dream Committee meetings on the 2nd Thursday of every month to determine eligibility. Requests must be completed in full including all necessary documentation and are due 3 days prior to a meeting date or they will be pended to the next scheduled month's meeting. We make our best effort to have your response within two weeks following the meeting.

Thank you again on behalf of Professional Senior Solutions for taking the time to complete this Dream application on behalf of yourself or another. Please fax completed applications to (707) 987-7305 or mail to:

Professional Senior Solutions Committee
P.O. Box 1174
Middletown, CA 95461