



CELEBRATING SENIORS AND MAKING DREAMS COME TRUE

WISH APPLICATION FORM

The mission of Twilight Wish Foundation is to honor and enrich the lives of seniors through intergenerational wish granting celebrations.

Thank you for submitting a Twilight Wish application. Whether this request is for a **Simple Need** (an example is a wheelchair), **Living Life to the Fullest** (an example is going to a ball game) or **Celebrating a Life** (an example is visiting your hometown one more time), we look forward to learning about your wish and how we can make your dream come true.

The Wish Committee meets on a monthly basis to review new applications and determine eligibility of 1) Wish Applicants and 2) Wish Requests. The Nominee must meet all the Wish Requirements, understand the Wish Restrictions, and include complete documentation with their application. Some wishes are restricted and cannot be granted as they are not in alignment with our Twilight Wish core values. Twilight Wish Foundation (TWF) grants qualifying wishes as funding and resources are available. **TWF reserves the right to deny requests for any purpose in conflict with the mission of TWF.** We do our best to respond within 60 days of receipt of an application. If you have any questions, please contact 1-877-TWF-WISH.

WISH REQUIREMENTS

- Minimum 65 years old or a permanent resident of an elder care facility
- Annual income of 200% or less or current federal government poverty level income or be unable to grant own wish for other than financial reason. **The current maximum income for 2024 is \$29,160 a year for one person.**
- History of giving back to others (through service to our nation, community or family)
- Must be cognitively and physically capable of communicating and experiencing the wish
- Legal United States citizenship

WISH RESTRICTIONS (not able to be granted)

- Political, legal or dangerous in nature
- Housing reconstruction (any type, including home repair)
- Bill payments or requests for cash
- Medical items (including surgery or pharmaceutical items)
- Physical assets (including houses, autos, boats, planes, etc.)
- We do not accept applications submitted by a paid third party
- We do not grant wishes for vacations. Travel wishes must be purposeful, i.e. to visit a hometown one more time.
- Wishes that extend beyond the life of the wish recipient (ex. funeral arrangements)

www.TwilightWish.org

P.O. Box 1042 Doylestown, PA 18901 Toll Free 1.877.893.9474 P | 215.230.8777 F | 215.230.8770

DOCUMENTATION NEEDED

Please send in proof of the following in order for application to be considered.

- Age
- Photos
- Income
- U.S. Citizenship
- Residence
- Military Service (“DD214 Form” Release or Discharge form)
- Physician Approval (when requested)

SECTION A. Twilight Wish Nominee Information

Wish Nominee Name _____ Birth Date _____
Street Address _____
City _____ State _____ Zip _____
County _____
Phone _____ Cell _____
Email _____
Annual Household Income (estimated; include income from all sources) _____
Number of people living in the household _____

Wish Description:

SECTION B. Wish Nominator Information (Skip if nominating oneself)

Wish Nominator Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____
Email _____
Relationship to nominee: _____
Does the nominee know you have submitted this wish? _____

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SECTION C. Please explain in detail why this Twilight Wish is so meaningful and special to the recipient and what prompted the wish.

SECTION D. Personal History

Is the nominee a Veteran? _____ If yes, please list what branch the nominee served in and details of his or her service.

Past community involvement or volunteer service _____

Other information you feel is important _____

How did you hear about Twilight Wish Foundation? _____

SECTION E. Certification

By signing below, I acknowledge that the acceptance of this application form by Twilight Wish Foundation (TWF) does not constitute an agreement by TWF to fulfill my wish request. If TWF may be able to fulfill the wish request described above, a TWF representative will contact me.

Furthermore, I certify that the wish recipient meets all eligibility criteria established by TWF and I have read the wish requirements and restrictions. I declare that all of the information given by me in this application is true and complete to my knowledge. I agree to inform TWF in a timely manner if any information in this form changes.

Signature _____

www.TwilightWish.org

Print Name _____ Date _____

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