



Step 1 – Application Requirements:

Please include a photograph, personal letter and copy of tax return (outlined in detail below).

Photograph: Must be clear and taken within the past year. It may include family, pet, etc.

Letter: Your letter should:

- Be no longer than one page in length, one side, and refer to the illness you are battling
- Clearly describe your dream and where the most help is needed to fulfill that dream

Annual Income: Please provide a copy of the signature page of your most recent tax return (Form 1040) or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement)

Step 2 -General Information:

Applicant's Name: _____

Address: _____

City/State/Zip: _____ County: _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-Mail Address: _____

Date of Birth: _____ Age: _____ Ethnicity (Optional): _____

(Must be over 18)

Military Veteran: Y____ or N____ Branch and Dates of Service: _____

Clubs, Organizations or Churches you are a member of (Optional): _____

Gender: _____ Referred by: _____

Present/Most Recent Employer: _____

Current Annual Household Income: _____

Other Contact Person: _____

Relationship: _____ Phone: (_____) _____

Address: _____

(Including City/State/Zip if different from above)

Thrill Request:

Alternative Thrill Request: (Must be entirely unrelated to first thrill):

(If no alternative thrill is listed, only primary thrill request will be pursued)

Has Applicant ever been granted a thrill by another organization? _____ Yes _____ No

Does Applicant, or one of the participants in thrill, have a major credit card? _____ Yes _____ No

VISA _____ M/C _____ Other _____

Does Recipient, or one of the participants in thrill, have a valid driver's license or ID? _____ Yes _____ No

Is an application submitted or pending with another wish granting organization? _____ Yes _____ No

If yes, where? _____

Step 3 – Thrill Request:

THRILL APPLICANT: _____

Thrill Request: _____

Alternative Thrill Request (Must be entirely unrelated to first thrill): _____

(If no alternative thrill is listed, only primary thrill request will be pursued)

Participants requested family, spouse, caregiver and children under the age of 18 living at home:

PARTICIPANT/CHILD'S NAME: SEX: RELATIONSHIP: AGE: DOB:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Step 4 - Medical Information:

Thrill Applicant's Signature: _____

This Part To Be Completed By Physician Only

Physician's Name: _____

Physician's Address: _____

(Including City/State/Zip)

Phone Number: (_____) _____ Fax Number:

(_____) _____

If patient is under hospice care - Hospice Name: _____

Phone: (_____) _____

(A Hospice Application that is more expedited is available for social worker to fill out on our website at www.shirleymaedovefoundation.org)

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, my patient **has a life expectancy of twelve months or less** OR my patient could not actively participate in the requested thrill beyond the next twelve months. I certify that my patient is of sound mind, and capable to sign legal documents. I have discussed (or will discuss) the thrill request with my patient and have deemed it safe and reasonable if his/her thrill is granted within the next three months.

Signature of Physician, NP or PA only Title Date

Step 5 – Thrill Agreement:

Please initial items 2, 3, 4, 5 and 20 (Option 1 or 2) where indicated, below:

1. Granting of Thrill. Shirely Mae Dove Foundation (“SMDF”) shall assist with the dream requests for the person identified below (“Recipient”)

and recipient’s immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father and/or dependent children, living in the home, under the age of 18, subject to the terms and conditions set forth in this agreement. SMDF reserves the right in its sole and absolute discretion, to decide if a thrill will be granted and on what terms. SMDF shall have no obligation to fulfill any thrill hereunder if it elects to terminate or abandon such thrill pursuant to section 10 below.

2. Permission to disclose medical condition. The Recipient grants SMDF the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the thrill. Furthermore, the Recipient grants SMDF permission to obtain medical information about the recipient which SMDF may feel necessary for fulfillment of the Thrill and authorize all physicians and medical care providers to provide SMDF with all medical information. _____ [initial here]

3. Waiver. The Recipient and all participants hereby waive any and all rights he or she may have or may hereafter acquire against SMDF its officers, directors, agents, and employees arising out of any injury, damages, or losses suffered by the Recipient, and all participants, arising out of or in any way related to SMDF preparation, execution or fulfillment of the Thrill, regardless of whether such loss or harm is caused by the active, passive or gross negligence of SMDF or any other person. _____ [initial here]

4. Release. Recipient, and all participants, together, and each of them individually, does hereby forever release and remise SMDF, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to SMDF preparation, execution or fulfillment of the Thrill, any injury, damages, or losses suffered by Recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active, passive or gross negligence of SMDF or any other person. _____ [initial here]

5. Indemnity. Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless SMDF its officers, directors, agents, and employees of and from any and all losses suffered by SMDF, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to SMDF’s preparation, execution and fulfillment of the Thrill, or due to a breach by Recipient, or any participants, of the representations, warranties or covenants contained in this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by SMDF, its officers, directors, agents, and employees in retaining attorneys of SMDF’s choice to defend any and all such claims, lawsuits, and actions. _____ [initial here]

6. Relatives/Friends. No person may accompany the Recipient during any portion of the Thrill fulfillment, unless specifically agreed to in writing SM DF and Thrill Recipient.

7. Thrill expenses. The expenses SMDF has agreed to pay for are those foreseeable and directly related to the fulfillment of the Dream. Thrill Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond SMDF’s control, especially if fulfillment of the Thrill involves travel. SMDF not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by SMDF pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond SMDF’s control. For example, a particular Thrill may contemplate SMDF paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient’s medical condition deteriorates so that immediate hospitalization is necessary, Recipient may be forced to remain away from home longer than the period of time contemplated by the thrill. In that event, it will be the sole responsibility of the Recipient to pay for all expenses in excess of those for which SMDF has agreed to pay, whether medically-related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature. **If death occurs during thrill, SMDF is unable to assist in any way.**

8. Fundraising. As a participant in the thrill program, if needed, a campaign may be undertaken in your community, with your prior approval, to raise funds and/or Frequent Flyer Miles to fulfill the Thrill. Money raised will be used for your thrill up to a maximum allocation as described in item 7. Funds or Miles raised above the allocation for your thrill will be used for future dreams.

9. Representations and warranties. Recipient, relatives, friends and participants, jointly and severally, make the following representations and warranties to SMDF:

- (a) they have made a true and full disclosure of all medical conditions to SMDF;
- (b) all information contained in the application and any materials provided in support of the application are true and correct in all material respects;
- (c) they will notify SMDF if and when Recipient’s medical condition should deteriorate at any time prior to fulfillment of the Thrill;
- (d) they are carrying, or during the fulfillment of the thrill shall be carrying, full medical insurance, including any

additional coverage which may be required as a result of the thrill to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;

(e) if fulfillment of the Thrill involves travel, they are able to bear the financial burden of the potentially substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond SMDF's reasonable control (as set forth in paragraph 7), and that they assume the risk and personal responsibility for such expenses;

(f) Recipient has not previously been granted a Thrill by SMDF or another charitable dream granting organization; and

(g) in requesting SMDF to fulfill the Thrill, the thrill Recipient is not relying upon nor have they received any counsel or advice from SMDF with respect to the advisability of or the risks attendant to the thrill.

10. Termination of dream. SMD Foundation shall terminate the preparation and/or fulfillment of the Thrill after the signing of the Agreement, if: (1) SMD Foundation determines, after consulting with a medical professional, that fulfillment of the Thrill may endanger the health or safety of Recipient or of others involved in the Thrill; (2) SMD Foundation determines, after consulting with a medical professional, that the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the thrill; (3) the Recipient passes away prior to the fulfillment of the Thrill; or (4) SMDF determines, in its sole and absolute discretion, that the Thrill Recipient, his or her dream or the participants of the Thrill do not compliment the values of the SMDF or those of its corporate partners; or (5) Recipient and any participants have breached any of the representations, warranties or covenants contained in this Agreement. In the event SMDF aborts fulfillment of the thrill, Recipient, and all participants agree that SMDF shall not be held liable or responsible for any expenses that Recipient, or any participants may have incurred in contemplation of SMDF's fulfilling the thrill. NOTE: Only SMD Foundation may make a request for resources on behalf of a thrill. If the dream Recipient, any participants, friends or anyone having knowledge of this thrill uses the name of SMD Foundation to solicit support, the Thrill will be immediately disqualified and terminated.

11. Further Assurances. Recipient, and all participants agree that THEY shall, at the request of SMDF, execute and deliver to SMDF all further documents that SMDF deems necessary or appropriate in order to prepare, execute and fulfill the Thrill, including without limitation, evidence of permission to perform a background check on the Recipient.

12. Counterparts. This Agreement may be executed in counterparts, any of which shall be deemed to be an original.

13. Amendment. This Agreement shall not be modified or superseded, except by a writing executed by the parties.

14. Governing law. The laws of the state of Florida shall govern this Agreement without regard to its conflict of laws principles .

15. Binding effect. This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.

16. Severability. If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

17. Entire agreement. This Agreement, the application and all materials provided in support of the application constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

18. Captions. The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

19. Proof of financial hardship. Thrill Recipient understands SMDF reserves the right to request documentation of financial hardship.

20. Grant of Right of Publicity. PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENT OF THE WISH MAY RESULT IN PUBLICITY, WHETHER OR NOT THE SMD FOUNDATION ACTIVELY TAKES STEPS TO PUBLICIZE THE THRILL.

OPTION 1: The Thrill Recipient and Participants hereby irrevocably authorize SMDF: (a) to publicize and use Participants' likenesses, voices and features, with or without their names, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film, and record each participant in any manner the SMD Foundation chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any wish granted.

The Thrill Recipient and each of the Participants agrees that it is not necessary for SMDF or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby releases SMDF from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the thrill.

Initial here if Option 1 is selected: _____

(Must be initialed by ALL Participants)

OPTION 2: The Thrill Recipient and Participants request that the Thrill not be actively publicized by SMDF to the news media and general public. However each of the Participants understand that information regarding the Thrill and the Participants will necessarily be discussed with and disclosed to those involved in the Thrill process. Each of the Participants also understands that, even if SMDF does not actively publicize the thrill, the general public and the news media may obtain information concerning the Thrill from other sources.

Initial here if Option 2 is selected: _____

(Must be initialed by ALL Participants)

By signing below, you affirm and acknowledge that you have read this Agreement, have retained a copy, and fully understand and agree to its provisions. All Participants must sign Agreement. For any minor Participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor.

Thrill Recipient Sign

Thrill Participant Sign

Thrill Participant Date

Thrill Participant Sign

Thrill Participant Date

Thrill Participant Sign
(Rev 4/20/16)

Thrill Participant Date

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 SMD Foundation of protected health information about Patient as described below:

Information that may be used/disclosed: All protected health information relating to Physician's assessments of:

- (a) whether Patient is medically eligible for SMD Foundation services; and
- (b) if so, whether his/her desired wish is medically appropriate. In addition, Physician is authorized to fill out, sign and provide to the SMD Foundation forms that the SMD Foundation may require, including forms relating to Patient's medical eligibility, the requested wish and medical considerations relating thereto.

Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives.

Persons authorized to receive the information: Employees or other authorized representatives of:

SHIRLEY MAE DOVE FOUNDATION – P.O BOX 2073 LEHIGH ACRES, FL 33970
239-603-2941 (phone) Shirleymaedove@gmail.com www.shirleymadedovefoundation.org

Purpose for which information will be used/disclosed: To enable Shirley Mae Dove Foundation to obtain:

- (a) physician's assessments regarding whether Patient is medically eligible to have a thrill granted by the SMD Foundation and, if so, whether the requested wish is medically appropriate; and
- (b) pertinent information relating thereto.

Expiration date/event: This authorization expires once Patient's wish has been granted by SMD Foundation or a final determination has been made that Patient is not eligible to receive a thrill.

Statements required by HIPAA: In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:

- (a) I understand that I may revoke this authorization at any time by so notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization;
- (b) I understand that if the person/entity that receives the information described above is not a healthcare provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

Patient Name:

Date:

Patient Representative Signature:

Date:

Mailing Instructions for Application and Completed Application Checklist:

Please use this list to check-off each step of the application before submitting

(Without these items your application will not be processed)

- _____ 1. Step 1 of the application completed and sent with a:
 - _____ Clear and recent photograph (within the past year)
 - _____ Request letter of no more than one page, one sided
 - _____ Copy of the signature page of your most recent tax return or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement)
- _____ 2. Step 2 and Step 3 of the application completed with ALL required information.
- _____ 3. Step 4 of the application completed and signed by your doctor.
- _____ 4. Step 5 of the application, the Thrill Agreement Form:
 - _____ Initial numbers 2, 3, 4, 5 and 20
 - _____ Choose option 1 or 2 on number 20 by initialing where indicated.
 - _____ Sign and date at the bottom.
- _____ 5. HIPAA form completed and signed (Disclosure Form - HIPAA, Health Insurance Portability and Accountability Act)
- _____ 6. The attached Frequently Asked Questions section has been reviewed fully.

If you are not sure if your application is complete, please call us at 239-603-2941 and we will happily answer your questions. If we receive an incomplete application it will not be processed until all required information is received.

Please mail completed application to:

The Shirley Mae Dove Foundation
P.O. Box 2073
Lehigh Acres, Fl 33970

No faxed applications will be accepted.

Frequently Asked Questions

SMD Foundation grants final thrills for adults with a life-threatening illness. With our headquarters located in Lehigh Acres, and a network of volunteers and supporters, we serve those in the greatest need around SW Florida. We receive no state or federal funding, relying instead on the generosity of our supporters to fulfill dream requests.

What is a thrill?

- Thrill from the adult battling the illness.
- Applicant must be able to communicate the thrill and comprehend/participate in the thrill experience
- Thrill 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 (lift chair, scooter, TV)
- For more examples, please visit our website www.shirleymaedovefoundation.org
- 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 thrill?

- No. You can use the same application for all requests.

Does it matter where I live in order to get a thrill fulfilled?

- You have to live within the SW Florida areas to receive a thrill fulfilled
- You don't have to be a US citizen, but need to currently reside in SW Florida.

Filling out the application...

- Anyone can fill out the application, but the thrill 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 thrill, not someone else's for the patient.
- Anyone can write the thrill letter, as long as it reflects the applicant's thrill.
- The applicant has to be able to communicate his/her thrill, 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 fill out Step 4 or does not want to put down a life expectancy, send the application in anyway. As long as the diagnosis 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 that page in separately. You can sent it to the same address.
- The original application has to mailed to Shirely Mae Dove Foundation, P.O.Box 2073
Lehigh Acres, Fl , 33970
- We do accept faxed applications for emergencies only. Should the patient's life expectancy only be a few days or up to two months, you can call our office for a representative to come by and pick up application based on where you may live.

How long does it take until I get my thrill?

- It takes about three weeks to get the application processed before we begin with the verification process
- Verification will take anywhere from a few days to several months, depending on the response time of your medical team/doctor
- Once we start working on the thrill, please allow about three weeks to arrange for air travel, as flights get more expensive the closer to the desired date they are booked
- Emergency thrill requests get processed the day we receive them and verified ASAP
- While we will do our best to start working on your thrill as soon as possible, we can not rush your request for reasons other than medical necessity

I do not file taxes, can I still apply? What's the income limit to qualify?

- If you don't file taxes, just let us know about it and if you can, include an SSI, disability statement or a bank statement.
- There is no income limit, but we want to help those in the greatest of need that are unable to do so on their own. We look at each application individually. We look at the taxable income, take into consideration how many people live in the household, geographic location, and also check if the letter talks about financial hardship. Also, if someone wants to meet a celebrity, then lack of financial means may not be the issue, but instead assistance in making that connection.

What do I need to be able to travel?

- If your thrill request requires travel, you need a major credit card or debit card with enough funds to cover any unforeseen expenses, such as the cost associated with a hospital stay and to get you home in case of an emergency
- We do not ask for your credit card number
- If your thrill request includes a hotel stay, you will need a credit card at check-in to cover incidentals. If using a debit card for hotel check in please be aware that a hold will be put on the card from the hotel. Often, the blocked funds will not be released until about a week after your stay
- You need a valid government issued picture ID
- Your doctor needs to approve your travel. We will fax additional paperwork to your doctor to best assess your medical needs and make sure that you are cleared for travel
- Ground transportation to and from the airport and renting a vehicle will be the responsibility of the thrill recipient.

What is included in a travel thrill?

- Typically, we cover air transportation (Economy class only) or the cost of gas, as well as accommodations (this will vary based on the thrill and location)
- Park passes
- Financial assistance to help with cost of meals/rental car if budget allows
- We provide travel within the SW Florida.
- On a case by case basis, we may be able to help with the cost of a one-way ticket home as long as it is doctor approved.

Who can be part of my thrill?

- The thrill will be for the thrill applicant, one other adult as a caregiver to care for your needs.
- An additional caregiver will be accommodated at the doctor's request for medical reasons only.
- Caregiver does not have to be a family member
- Additional people would be responsible for their own trip planning/cost.

If I want to visit family or have family sent to visit me, how long can I/they stay and how many family members can be included?

- As long as you can stay with family or family can stay with you, there is no time limit
- If you or your family need hotel accommodations, that is based on hotel at the time.
- If you go to visit family, we will include you, your caregiver.

What if I have special medical needs?

- We are unable to assist with medical needs, such as ambulance transportation, oxygen, medical equipment, nurses and aids, dialysis, etc.
- We are unable to arrange or provide hospice care away from home, dialysis treatments or arrange for your oxygen needs
- Should you have a medical emergency during your thrill, we are unable to assist in any way

What if I want dentures?

- We will do our best to find a dentist that will work with us to provide dentures for you. However, we will only be able to help if there are no teeth left, as pulling teeth is considered a medical procedure.

What if I want to meet a celebrity?

- Celebrities are hard to reach and they are very busy people. For that reason, it can take many months to arrange for a meet and greet.

- Celebrities do not make house calls, so you have to be able to travel to the concert/event that the celebrity is at in order to meet her/him and still meet our travel requirements (see above)
- In order for a meet and greet to be a good experience for both sides, we ask that if you apply to meet a celebrity, you are able to communicate with him/her.
- Before beginning a celebrity thrill request, we will have a trained volunteer meet you so that we may learn more about you and why meeting this celebrity is so important to you.

What is an emergency thrill?

- If the life expectancy of the applicant is two months or less, we consider the thrill to be an emergency. These requests can be mailed in.
- Emergency thrills get processed the day we receive them and verified ASAP
- If an emergency thrill is for a bedside reunion or similar, our turnaround time can happen within 24 to 48 hours.
- Emergency thrills can not be celebrity thrills.
- If an emergency thrills requires travel by the applicant, we will be very careful to verify it with your doctor for approval. Such requests are considered on a case-by-case basis and must meet approval of our review board. Should the thrill recipient pass away while on their thrill, Shirley Mae Dove Foundation will be unable to help in any way.

Please keep in mind – Shirley Mae Dove Foundation reserves the right to its sole and absolute discretion to cancel/change preparation or fulfillment of the thrill at any time after signing the Agreement if the organization feels the thrill will endanger the health or safety of the recipient. Therefore we ask that all dreams be realistic for the recipient and for Shirley Mae Dove Foundation to fulfill.