



## **Dream Wish Application**

### **CONFIDENTIAL**

The HemoWish Foundation, Inc. is a 501(c)(3) nonprofit that grants wishes to children and adults with hemophilia in order to improve the quality of life for them and their families. Our wishes are granted at no cost to the family and are supported by charitable donations and corporate sponsors.

### **Please Read the Following Information Before Proceeding:**

Wishes are granted based on need and verification of family income is required.

### **You must meet the following criteria:**

- maximum annual household income to be eligible for a wish grant is \$75,000 per year
- Candidates must NOT have had a wish or dream previously granted through the HemoWish Foundation or any other wish granting organization or source.
- The applicant hemophiliac must be at least 7 years old at the time of application.
- The HemoWish Foundation grants one wish per “immediate family” (even if you have multiple children with hemophilia). Immediate family includes mother, father, and their children. Other family members such as cousins, uncles, grandfathers, etc.. may apply separately.
- The applicant hemophiliac must be a U.S. Citizen
- Applications may only be submitted by the hemophiliac applicant or their legal guardian (if minor). Applications will NOT be considered if submitted by a healthcare provider, social worker, or other 3rd party.
- The applicant must have a diagnosis of Severe Hemophilia A or B, or mild/moderate hemophilia and infuse factor prophatically, or have an inhibitor.

Wishes are granted quarterly. Wishes that are not granted at initial application will automatically be reconsidered each quarter. Please do not resubmit wish applications multiple times, unless you have had a significant life issue or medical history change since your last submitted application.

This form is the first step to receiving a wish. You may be contacted by a member of our wish-granting team for more information.

**Note:** By signing the application you are stating that all facts on the application below are true and accurate. Any false statements will result in immediate denial of the wish.

**APPLICATION:**

Name of Adult Hemophiliac Wish Candidate OR Name of Parent/Legal Guardian who is submitting application on behalf of Hemophilia Child Wish Candidate (name of person who will be contact point for HemoWish Foundation): First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

How did you find out about the HemoWish Foundation: \_\_\_\_\_

Age of Wish Candidate: \_\_\_\_\_

Address of Wish Candidate:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation ( if Adult Hemophiliac Applicant): \_\_\_\_\_

Are you currently Disabled and receiving SSI / Disability compensation: Yes No

Are you currently on Medicare: Yes No

Are you currently on Medicaid: Yes No

Living Situation: Own a home \_\_\_\_\_ Rent a home or Apt \_\_\_\_\_

Other Living Situation (describe) \_\_\_\_\_

Number of People Living in Household: \_\_\_\_\_

Name of Hemophiliac Child (if application is being filled out by parent/guardian):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_

Who does the Child Currently Live with?

\_\_\_Both Parents/Guardians \_\_\_Mother \_\_\_Father \_\_\_ Legal Guardian

Annual Gross Household Income: \$ \_\_\_\_\_

Mother's (or Guardian) Occupation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Diagnosis of Wish Candidate: Hemophila A \_\_\_\_\_ Hemophilia B \_\_\_\_\_

Other Diagnosis or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

What is the Severity of the Applicants Hemophilia? Mild \_\_\_ Moderate\_\_\_ Severe\_\_\_

What is your factor level? \_\_\_\_\_%

Are there Inhibitors? Yes\_\_\_ No\_\_\_

If yes, are you currently receiving immune tolerance therapy: Yes\_\_\_ No\_\_\_

Do you have a tolerized inhibitor? Yes\_\_\_ No\_\_\_

Have you ever received Immune Suppression Therapy (i.e. Rituximab infusions)? Yes\_\_\_ No\_\_\_

How many bleeds do you typically have per year on average? \_\_\_\_\_

What type of bleeds do you have (and what joints)? \_\_\_\_\_

Do you currently have a port or PICC line? Yes\_\_\_ No\_\_\_ If yes, Have you had any port infections in the past 12 months? Yes\_\_\_ No\_\_\_

Have you been hospitalized any during the past 12 months? Yes\_\_\_ No\_\_\_

If yes, how many days were you in the hospital? \_\_\_\_\_

What medical problem were you hospitalized for? \_\_\_\_\_

Do you need to use a cane for walking? Yes\_\_\_ No\_\_\_

Do you need to use a walker for walking? Yes\_\_\_ No\_\_\_

Do you need to use crutches for walking? Yes\_\_\_ No\_\_\_

Are you limited to use of a wheelchair? Yes\_\_\_ No\_\_\_

Please Give a Brief Description of any life challenges or difficulties that you or the hemophiliac applicant (or their immediate family) has been dealing with in the past 12 months that would make you more deserving of a wish grant award:

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Please Provide a Short Description of the Medical Treatment you or the hemophiliac candidate is Currently Receiving and List any Additional Concerns or Restrictions:

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Have you ever previously been awarded or granted a wish from the HemoWish Foundation or any other wish granting organization (like the Make-A-Wish foundation)? Yes\_\_\_\_ No\_\_\_\_

What is your favorite sports team?: \_\_\_\_\_

What is your favorite hobby or recreational activity?:\_\_\_\_\_

Who is your favorite musician or recording artist?:\_\_\_\_\_

Name of Hematologist: \_\_\_\_\_

Phone Number of Hematologist: \_\_\_\_\_

Name of Hemophilia Treatment Center: \_\_\_\_\_

Medical Records Consent: I CONSENT TO THE RELEASE OF MEDICAL INFORMATION INCLUDING DIAGNOSIS AND TYPE OF HEMOPHILIA CLOTTING FACTOR TREATMENT REGIMEN TO THE HEMOWISH FOUNDATION, UNDERSTANDING THAT HEMOWISH FOUNDATION WILL RESPECT THE CONFIDENTIAL NATURE OF THE INFORMATION GIVEN BY MY PHYSICIAN.

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

Describe in detail the Desired Dream Wish:

(Some examples of requested dream wishes might be at trip to a theme park, go on a cruise, go snow skiing, attend a sporting event or a concert, meet your favorite musician, movie star, politician, or TV celebrity, a special gift like a treehouse, or a computer, or a shopping spree, go sky diving, an exotic deep sea fishing trip, a trip to New York City, a trip to a Caribbean beach resort, a trip to Yellow Stone National Park or the Grand Canyon, etc... The possibilities are endless. Just use your imagination and we will try to help you build a memory for a lifetime)

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**Note:** The wish recipient and/or parent/legal guardian agree to sign a media waiver release form. The release form grants full permission to HemoWish Foundation along with the rights to publish details of the wish to the general public. This publicity may include use of full names, photos and videos for any purpose, but not limited to broadcast media, social media and website.

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize HemoWish Foundation or anyone acting on their behalf, to investigate the statements made in this application, and any references provided herein, and further authorize the release of such information without liability to HemoWish Foundation, its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assign, or any person acting under the authority.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MAIL COMPLETED APPLICATIONS TO:

HemoWish Foundation  
67 Old Cherokee Way  
Dawsonville, GA 30534

OR Email COMPLETED APPLICATION TO: [hemowish@gmail.com](mailto:hemowish@gmail.com)



If you have questions about HemoWish Foundation and the wish-granting process, please visit the the HemoWish Foundation website at [www.HemoWish.org](http://www.HemoWish.org) or e-mail us any questions you may have at [HemoWish@gmail.com](mailto:HemoWish@gmail.com)