



ARIZONA HEALTH CARE FOUNDATION **LIVE-A-DREAM AWARD**

ABOUT AHCF & THE AWARD

The Arizona Health Care Foundation was established to enhance the lives of our residents and the people who care for them. The Foundation wants to make dreams a reality for residents in long term care and assisted living centers throughout Arizona. The *Live a Dream Award* is a program that attempts to grant those wishes. Recipients are selected by the Arizona Health Care Foundation on the basis of our ability to fulfill the dream. Applications will be reviewed by the AHCF Board of Directors.

LIVE-A-DREAM CRITERIA

Award recipients must be a resident in an Arizona Health Care Association member facility. The entire application must be completed for the nomination to be considered. **Applications should be sent to:** Arizona Health Care Foundation, Attention Live-A-Dream, 1440 E. Missouri Avenue, Suite C-102, Phoenix, Arizona 85014.

For additional information or clarification call AHCF at (602) 265-5331 or email: ldoescher@azhca.org.

Type or Print Clearly

Name of Nominee _____

Facility: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____ Email: _____

Your Name & Title: _____

Please complete the following questions:

1. DESCRIBE THE WISH OF THE NOMINEE.

2. IN 50 WORDS OR LESS, EXPLAIN YOUR REASONS FOR NOMINATING THIS PERSON.

3. WHY HAS THE NOMINEE BEEN UNABLE TO ACCOMPLISH THIS ON HIS OR HER OWN?

4. WILL FACILITY STAFF BE NEEDED TO ASSIST IN FULFILLING THIS WISH? IF SO, WHO AND WHY?

5. IS THERE ANY ADDITIONAL INFORMATION REGARDING THE PHYSICAL/COGNITIVE CONDITION OR OTHER DETAILS THAT WOULD IMPACT THE POSSIBILITY OF FULFILLING THE WISH?

6. WHAT IS THE PROJECTED COST OF THE WISH?

7. IF AWARDED, TO WHOM SHOULD THE CHECK BE MADE OUT?

Please note that a medical release and a liability waiver will be requested prior to granting any wish.

Name of Administrator (print): _____

Signature: _____ Date: _____