

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. Application 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, 3003 N. Central Avenue, Suite 860, Phoenix, Arizona 85012.

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

Type or Print Clearly:

Name of Nominee: _____

Facility: _____

Address: _____

City / State / Zip: _____

Phone: _____ 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 their own?

4. Will facility staff be needed to assist in fulfilling this wish? If yes, 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 this 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: _____

Standard Media Release Form

I authorize _____ to create photograph, video and audio recordings of me as well as written or recorded oral descriptions. These materials will be used for marketing purposes. I understand that _____ may revise, annotate, edit and otherwise alter the recorded material to emphasize certain aspects of my projects and me. I understand that _____ owns all copyright to these materials. I hereby release _____ and its employees from any and all claims of any nature whatsoever which now or may hereafter have in connection with these recorded materials, including but not limited to claims based on defamation, copyright infringement, trademark infringement, infringement of my right of privacy or of my right to publicity.

I authorize _____ to publish photographs, video or audio of me as well as written or recorded oral descriptions on the World Wide Web.

Name: _____

Signature: _____

Date: _____