

## APPLICATION CHECKLIST:

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To avoid delays in processing your Dream Request, please read the application carefully to ensure all required information is completed.

<b>DREAM APPLICATION CHECKLIST:</b>  <b>This is your personalized list of items that you must include in your Application Package.</b>	<b>Applicant to check items submitted</b>	<b>Dream Weaver team to complete and approve.</b> (Dream Weaver use only)
Dream Request Letter.		<input type="checkbox"/>
Photograph (Optional).		<input type="checkbox"/>
Proof of Age.		<input type="checkbox"/>
Proof of Address.		<input type="checkbox"/>
Medical portion filed out and signed by most appropriate medical care provider.		<input type="checkbox"/>
Well Being Index Questionnaire filled out.		<input type="checkbox"/>

# Oneday Dreams Application

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If your prognosis is less than 3 months, the application will be considered an Urgent Dream. Please note that certain restrictions will apply. Please visit [www.onedaydreams.ca](http://www.onedaydreams.ca) for a list of these restrictions.

*Dear Dreamer,*

Oneday Dreams is a dream-fulfillment charity that serves adults living with an illness and their families by facilitating end-of-life dreams that offer joy, inspiration, and comfort while focusing on life and living. The charity strives to reach medically eligible adults in Canada who are at least 18 years of age, have a life expectancy of one year or less, and are unable to achieve the dream on their own.

We believe that it is vital to maintain hope and optimism while living with a serious illness, and our goal is to help create these moments of joy in people's lives and do our part to help people continue to focus on life and living.

Oneday Dreams is a charity based in Ontario that is committed to supporting people across Canada. We work together with businesses, groups, families, and individuals to fulfill the dream requests we receive. We will strive to utilize our resources to the best of our abilities to fulfill your dream.

Please note that while we strive to fulfill all dream requests, not all dreams can be fulfilled.

For travel related dreams, we can currently only consider travel requests that are Canadian based (e.g., travel and accommodations within Canada). Travel dreams are limited to the dreamer and a maximum of four guests.

## **Let's Get Started on Making Your Dream A Reality...**

*Please read the following form very carefully and follow all of the instructions. If parts of the application are skipped or filled out incorrectly, it could result in the rejection of your application.*

Once this application is completed, please email it to [info@onedaydreams.ca](mailto:info@onedaydreams.ca)

(Please ensure the Medical Information portion has been completed by your most appropriate medical care provider and is included with your submission of this application)

If your dream application is approved by the appropriate committees involved in the Dream application process, you will be sent a formal agreement which must be signed prior to the Dream taking place.

Dreams involving travel or physical activity may require further check in from our Medical Advisory Committee throughout the Dream application process.

By submitting this application, you consent to the sharing of your personal information and medical information with our Dream Fulfillment and Medical Advisory Committees.

## Your Dream Request Letter and a Picture

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As part of your dream request, we may ask you to send a picture of yourself. It means a lot to us to put a face to the name on the paper, and we would like to use your picture (with your permission) for our media releases. You're welcome to submit a picture that includes friends, family, and/or pets—whatever you're most comfortable with.

Along with your picture, please complete the dream request section on the application. This can be written by you, a family member, or a close friend. In your request, please describe your dream, explain why the dream is important to you, and specify where the most help is needed to fulfill the dream. Your request should:

- Be no longer than 1 page;
- Clearly describe what your dream is (be specific, please);
- Include the number of guests you would like to be a part of your dream;
- For dreams involving air travel and accommodations, please include the number of guests, and your desired airport of departure and travel dates.

While we will aim to accommodate all types of dreams, there are some dreams that we unfortunately cannot fulfill. We are unable to grant the following types of dreams:

- Requests for cash, automobiles, property, home maintenance or payments of debts;
- Requests for cruises;
- Requests to fund medical treatments, medical equipment, or to provide legal assistance;
- Requests for someone with a serious illness who is not in their last 12 months of life;
- Requests for surprise dreams;
- Requests for those who are not residents of Canada.
- Requests for international travel including the United States.
- Requests that contravene Oneday Dreams policies, values and procedures.

## General Information

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First Name

Last Name

Street Address

City

Province Postal Code

Date of Birth (dd/mm/yyyy)

Phone

Email

Where Did You Hear About Us?

Proof of Residency & Citizenship

*\*Please provide a photocopy of your Driver's License, Passport, Bill or Rent Receipt*

Proof of Age

*\*Please provide a photocopy of your Birth Certificate, Passport, or Driver's License*

Clubs, Organizations, or Churches of which you are a member of (optional)

Alternate Contact First Name

Alternate Contact Last Name

Street Address

City

Province Postal Code

Phone

Email

Relationship to You

## Dream Request

In the space below, please fill out your dream request. This can be written by you, a family member, or a close friend. In your request, please describe your dream, explain why the dream is important to you, and specify where the most help is needed to fulfill the dream.

*\*If you wish to attach a scanned copy of a handwritten letter instead, you may do so.*

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**Alternative Dream Request**

This is a backup dream idea in case your main request cannot be fulfilled. *(If no alternative dream is listed, only the primary dream request will be reviewed).*

Have you ever been granted a dream by another organization? If yes, state the name of the organization and the date it was fulfilled. Yes                      No

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

For questions 1-3, if travel is required for the dream, please answer the questions. If no travel is required, please skip these questions.

- 1. Do you, and one of the potential guests of the dream, have a major credit card for a travel dream request? Yes                      No
  
- 2. Do you, and all potential guests of the dream, have a valid driver's license or government-issued I.D. for a travel dream request? Yes                      No
  
- 3. Do you and all guests have valid Passports? Yes                      No

**Dream Guests** *(family, spouse, caregiver, friends and children under the age of 18 living at home)*

*\*Any minors under the age of 18 must be accompanied by an adult over the age of 18 that is not the applicant.*

Guest Name	Relationship to You	Date of Birth (mm/dd/yyyy)
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## Press Release

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If your dream is accepted, Oneday Dreams would like your permission to share your story and/or your photo through various media (the photos can also be from your dream experience). By sharing your photo and your story, we are able to raise awareness of our charity and encourage donors to support us so that we can continue to fulfill dreams for people just like you.

Oneday Dreams respects the privacy of individuals and will only use the applicant's first name when using their story and/or photo. If you would like us to take special considerations, please explain them clearly to your Dream Weaver when they contact you with regards to your dream request.

The following are some examples of media Oneday Dreams may utilize to raise awareness and share your dream experience with others: local/national newspaper, radio and television, Oneday Dreams social media accounts, electronic newsletter, and website.

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**Thank you for completing your portion of the application, please note that the remainder of the application must be completed by your most appropriate medical provider before your application can be processed.**

**Please ask your most appropriate medical provider to complete the Medical Information portion of this application below. Be sure to include the completed Medical Information form when you submit your application.**

# MEDICAL INFORMATION

Please be aware that General Information & Dream Request sections of the application will be shared with your Most Appropriate Medical Care Provider.

*We aim to get started on dream applications as quickly as possible. Sometimes it takes a while to arrange the dream request, and given the circumstances, we appreciate receiving the medical information at your earliest convenience. Thank you!*

## Medical Care Provider Statement of Eligibility

*\*\*\*To be completed by the medical care provider only\*\*\**

Medical Care Provider Name

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Address

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City

Province

Postal Code

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Phone Number

Fax Number

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Medical Professional Registration Number

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Applicant's Name

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Applicant Date of Birth (*Month/Day/Year*)

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Applicant's Palliative/End of Life Diagnosis

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Last Face to Face Assessment (date)

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Current Life Expectancy (*Check appropriate*)

Less than 3 months

3 - 6 months

6 - 12 months

What assistive devices (if any) do they use?

Cane

Wheelchair dependent

Walker

Wheelchair for energy conservation

Stretcher

Is the applicant able to travel?

YES

NO

N/A

How far can they ambulate with or without a walker/cane?

Transfers only

5m or less

6 to 30 m

30 m or more

Past Medical History:

With regards to the dream request, are there any other medical issues of which Oneday Dreams should be made aware (e.g., pre-existing medical conditions)?

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Current Medication List/Treatment (including Chemo/Radiation):

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In your own words, please briefly describe the dream the applicant is requesting.

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I have discussed the dream to be fulfilled by Oneday Dreams with the applicant and/or the family. I understand that to be eligible for a dream, the applicant must have an approximated prognosis of 12 months or less. By signing below, I hereby certify that, to the best of my knowledge, this applicant has a life expectancy as identified above.

Medical Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

***For Travel Related Requests***

To the best of my knowledge, while the applicant is currently stable enough to fulfill this travel dream request, the applicant understands that their condition could change very quickly. It would be a challenge to predict a stable condition for the duration of the applicant's trip. I have discussed this with the applicant, and they understand the risks involved in making this trip and are willing to accept these risks.

Medical Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

## Oneday Dreams – WHO-5 Well Being Index (Pre-Questionnaire)

Please indicate for each of the five statements which is closest to how you have been feeling over the past two weeks.

Notice that higher numbers mean better well-being. Example, for line 1, if you have felt cheerful and in good spirits more than half of the time during the last two weeks, check the corresponding box.

	<i>Over the last two weeks</i>	All of the time (5)	Most of the time (4)	More than half of the time (3)	Less than half of the time (2)	Some of the time (1)	At no time (0)
<b>1</b>	I have felt cheerful and in good spirits						
<b>2</b>	I have felt calm and relaxed						
<b>3</b>	I have felt active and vigorous						
<b>4</b>	I woke up feeling fresh and rested						
<b>5</b>	My daily life has been filled with things that interest me						