



DON'T STOP *Dreamin'*

A 501(c)(3) Non-Profit Organization

Dream Application Form "Turning Dreams into Everlasting Memories"

*This is a free dream granting program. Don't Stop Dreamin' does not charge for a dream application, processing, or granting a dream. Please read the Dream Granting Policies, including dream recipient requirements and dream type restrictions found on page 3 prior to completing an application.

A. Complete this section if you are requesting a dream for someone else:

Dream REQUESTOR Name: _____ QLS Home Name _____

Address: _____ SNF PC
Street Address

_____ City State ZIP Code

Phone Number: _____ Email Address: _____

B. Don't Stop Dreamin' Nominee Information

Dream NOMINEE Name: _____ Birth Date: _____ Age: _____

What is the resident's t-shirt size? _____ Gender: Male Female

Is the resident aware of the request? YES NO

Can the resident express this dream? YES NO

Has the resident submitted a dream before? YES NO

Was the dream fulfilled? YES NO

C. Please give a brief description of the dream request



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D. Briefly describe the nominee's job history, family, and community contributions below.

Veteran? Yes No

Details including branch and years of service:

List charities, schools, churches, nonprofit volunteer activities, and community contributions:

Job history, family, and other contributions:

E. Please explain why this dream is special to the nominated resident:

F. List any physical limitations or special needs:

I, the Dream AMBASSADOR, have reviewed this dream application:

AMBASSADOR Name: _____ QLS Home: _____
Phone Number: _____ Email: _____
Signature: _____ Date Reviewed: _____



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G. Certification:

By signing my name below, I acknowledge that the acceptance by Don't Stop Dreamin' (DSD) of this application form does not constitute an agreement by DSD to fulfill my dream request. If DSD may be able to fulfill the dream request described above, a DSD representative will contact me.

Furthermore, I certify that the dream recipient is a current resident of a Quality Life Services home and declare that all of the information given by me in this application is true and complete to the best of my knowledge and I agree to inform DSD in a timely manner if any information in this form changes.

I agree that any photos taken of the resident can be used for promotional purposes on the DSD website and other media venues.

Signature: _____

Date: _____

Don't Stop Dreamin' Dream Granting Policies

Qualifying Dream Recipient Requirements:

- Resident of a Quality Life Services nursing home.
- Must be cognitively, emotionally, and physically capable of communicating and experiencing the dream.

Restrictions on Types of Dreams:

Don't Stop Dreamin' grants qualifying dreams as funding and resources are available. Don't Stop Dreamin' reserves the right to deny requests for any purpose in conflict with the mission of Don't Stop Dreamin'. Don't Stop Dreamin' will deny the following types of dreams:

- Political or Criminal / Legal Proceedings in nature.
- Housing foundations or reconstruction.
- Bill payments or requests for cash.
- Medical items including surgery or pharmaceutical items.
- Physical assets including houses, autos, boats, planes, etc.
- Excessively dangerous in nature.

Don't Stop Dreamin' Dream Granting Committee Process:

Dream recipients and requests are qualified by Board of Directors decisions. Applications must be completed in full.

Thank you for taking the time to complete this dream application on behalf of yourself or another.

Please fax completed applications to 724-284-3712, or scan and email to: dsd@qualityliveservices.com

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| Printed name of Dream Application NOMINEE: _____ Initials of dream REQUESTOR: _____ Date: _____ |
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