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[www.TheAngelFoundation.net](http://www.TheAngelFoundation.net)

Welcome to The Angel Foundation,

The Angel Foundation understands that the urgency to fulfill a final wish is intense when you are facing a terminal illness. It is our mission to facilitate the wishes of terminally ill adults in Ohio.

Working with you and individuals and groups within your community, The Angel Foundation coordinates the necessary resources to make a wish come true. We do not exist to assist you in creating a “fantasy,” but to enable you to realize a realistic dream that will make a significant impact in your physical, emotional and spiritual well being.

The Angel Foundation began in Van Wert, Ohio in January 1995 and today is *one of only a few adult wish organizations in the United States!* We are committed to helping adults throughout Ohio who are terminally ill, regardless of their race, color, national origin, or disability.

With our small staff and limited finances, we cannot do this by ourselves. The Angel Foundation will work to make your wish come true by combining the support of individuals from your community with the information and resources available to us. It is an honor to assist you as much as we can, and we look forward to working with you.

Sincerely,

Deb Tracey,  
Wish Coordinator

## Submitting A Wish

### **PLEASE READ CAREFULLY!**

The wish packet that you have received contains very important information about our organization, the kinds of wishes we can facilitate and what is required of you to apply for a wish. Please make sure to read the entire wish packet very carefully and thoroughly. If you have any questions, please contact us.

### **Mission Statement**

The mission of The Angel Foundation is to facilitate the fulfillment of wishes for ADULTS IN OHIO WITH TERMINAL ILLNESS AND A PROJECTED LIFESPAN OF ONE YEAR OR LESS. A wish may consist of any realistic request which will make a significant difference in the individual's physical, emotional or spiritual well-being. *(However, no individual(s) shall benefit from the illness or death of another. Therefore, the terminally-ill individual must be the direct recipient of the wish)*. The commitment of the Angel Foundation is to empower communities and recipients to share in the joy of bestowing a gift of love.

### **How to Submit a Wish Request**

To get started, you need to complete a Wish Request Packet which includes:

#### **1. WISH REQUEST**

Wish requests must be in written form. This should be a letter from the wish recipient, recipient's caregiver, family member or friend describing the wish, why assistance is needed, and how receiving this wish would make a significant difference in the recipient's physical, emotional or spiritual health. When writing, please include a photo of the would-be recipient.\*

#### **2. SIGNED WISH AGREEMENT**

This includes signatures from all participants on wish agreement form.

#### **3. SIGNED STATEMENT OF ELIGIBILITY AND CONSENT**

You must have the signed consent of your primary physician in order for your request to be considered by The Angel Foundation. This consent form is included in your wish packet and includes:

- Verification of recipient's clinical diagnosis and projected life span
- Approval for recipient's participation in the requested wish
- Authorization for recipient to travel (if applicable)
- Physician 's name, address and phone number

**IMPORTANT NOTE:** Wishes often require at least three weeks' planning ~ we receive a completed wish packet. To ensure that your approved wish can be planned in a timely manner, please return your completed wish packet 30 days in advance.

### **A Facilitator of Adult Wishes**

The Angel Foundation is a facilitator of adult wishes; which means it works in cooperation with individuals and groups within your community to provide resources to fulfill a wish. Often, The Angel Foundation is able to make travel, lodging and destination arrangements at substantial cost savings. The wish is completed with financial support raised from within your community.

### **\*Non-Discrimination Policy**

The Angel Foundation provides wish-granting services to all people regardless of race, color, national origin, disability, or sex. The same requirements are applied to all in the manner of providing services.

## Wish Restrictions

### **Excluded Wishes**

While it is always difficult to say "no" to any wish, it has become necessary for The Angel Foundation to restrict some types of wishes requests it receives. Generally, there are two categories of wish requests that we exclude: 1.) Requests for items or services that can be obtained through other resources already available in the individual's community. 2.) Requests that we do not have the financial or physical resources to fulfill. With this in mind...

### **The Angel Foundation will NOT grant the following requests:**

- Wish requests for a resident of any other state than Ohio
- Repair or purchase of vehicles Repair or additions to home(s)
- Repair or purchase of household appliances (i.e.: washers, dryers, refrigerators, etc.)
- Purchase of personal computers and/or internet service - *(The Angel Foundation may facilitate the use of a personal computer or e-mail access during the recipient's lifetime. After the individual has expired, the computer will be returned to the vendor providing the computer.)*
- Payment of any outstanding bill(s)--(utility, telephone, car loan, mortgage, rent, credit card, etc.)
- Payment of medical treatment bills
- Providing assistance in any legal matter
- Transportation to medical treatment
- Cash
- Travel to foreign country-including cruise ship tours. (Travel is limited to the contiguous 48 United States)
- Trips to gambling casinos
- Meeting a celebrity (These wishes are ~ difficult to successfully complete; especially for adults).
- Airline travel for recipients requiring oxygen
- Disney Land or Disney World

**\*\* ALL WISH REQUESTS ARE SUBJECT TO BOARD APPROVAL \*\***

### **Restrictions applicable to ALL wishes:**

- No individual(s) shall benefit from the illness or death of another. Therefore, the terminally-ill individual named on the application as "recipient" must in fact, be the direct recipient of the requested wish and any benefits of the wish.
- There shall be no pre-planning of wishes. The applicant will be automatically disqualified if any portion of his/her wish is scheduled, paid for in advance, or reserved on a credit card by the recipient, family member, or representative of the recipient prior to the wish's approval by The Angel Foundation. For example, if a wish applicant or a representative of the applicant makes hotel, flight or travel reservations prior to the wish's approval, the request is automatically disqualified based on a demonstrated lack of financial need.(See definition of financial need on Page 2 of Wish Agreement).

**WISH AGREEMENT**

IMPORTANT NOTE: Wishes often require *at least three weeks* planning after we receive a completed wish packet. To ensure that your approved wish can be planned in a timely manner, please return your completed wish packet 30 days in advance.

Please Complete Entire Form

**1. Wish Recipient Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_      DOB: \_\_\_\_\_

Referral Agency: \_\_\_\_\_      Date: \_\_\_\_\_

Has any other organization fulfilled a wish for you or any other member of your family?

Yes

No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

**2. Primary Caregiver/Wish Contact Person**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_      Relationship: \_\_\_\_\_

**3. Wish Request** (Please explain your wish request)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Medical Information**

Medical Diagnosis: \_\_\_\_\_      Amenities: \_\_\_\_\_

Physician: Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_      Fax: (    ) \_\_\_\_\_

**WISH AGREEMENT - (Continued)**

**5. Verification of Request and Financial Need**

To be eligible for assistance from The Angel Foundation, applicants must have a financial need, verified by an impartial third party that is knowledgeable of recipient's situation (social worker, clergy, nurse, etc.). References may not include a family member, friend or persons listed as "Wish Contact" or "Primary Caregiver."

Definition of Financial Need:

The Angel Foundation considers an individual or family to have a financial need if they lack the means to pay for the requested wish on their own.

**Reference Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

Explain how this person is familiar with the wish recipient(s) situation?: \_\_\_\_\_

\_\_\_\_\_

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**For Office Use Only:**

Letter     Physician's Consent     Publicity Release     Wish Agreement    Value: \$ \_\_\_\_\_

**Physician Statement of Eligibility and Consent**

**To be completed by applicant:**

Recipient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

**Wish Requested:** \_\_\_\_\_

\_\_\_\_\_

**To Be Completed by Physician:**

I am the primary, treating physician of the recipient/person named above. The recipient is of sound mental capability to sign legal documents. I have had the opportunity to discuss fully with the applicant the wish to be fulfilled by **The Angel Foundation**. I hereby approve of and consent to the item(s) to be donated, the travel arrangements, and/or the activities in which the recipient shall partake or engage, as the case may be, subject to the following restrictions. (If none, please write NONE):

**Recipient's Diagnosis:** \_\_\_\_\_

**Life Expectancy:** \_\_\_\_\_

**IMPORTANT:** Should the applicant's wish be accepted; I, the applicant's physician, agree to notify The Angel Foundation immediately if the applicant's medical condition deteriorates and he/she is no longer able to partake or engage in the wish.

**419-238-6726 or 1-800-417-9295**

Does the Recipient require oxygen at 8,000 feet altitude? (re: Air Travel)      Yes   No

Physician's Name (typed or printed): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_      Fax: (    ) \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## Publicity Consent

*\*\*PLEASE NOTE: Publicity plays a very important role in making your wish come true! Since we facilitate wishes based on the financial support of your community, the use of the media plays a large role in educating the public about your wish.*

Participants understand and agree that fulfillment of the wish may result in publicity, whether or not The Angel Foundation actively takes steps to publicize the wish.

**OPTION 1:** The Wish Recipient and participants hereby irrevocably authorize The Angel Foundation to (a) publicize and use participant's likenesses, voices and features, with or without their names, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film and record each participant in any manner The Angel Foundation chooses; to copyright (Q, convey or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any wish granted.

The Wish Recipient and each of the participants agrees that it is not necessary for The Angel Foundation or anyone else to contact them prior to releasing any information authorized by this document. Each of the participants hereby releases to The Angel Foundation from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding participants and the wish.

ALL PARTICIPANTS: Initial here if Option 1 is preferred: \_\_\_\_\_

**OPTION 2:** The Wish Recipient and participants request that the wish not be actively publicized by The Angel Foundation to the news media. *However, I realize The Angel Foundation may use information about my medical condition and wish in correspondence with private individuals, businesses, etc. in order to raise funds for my wish.* Further, each of the participants understand that information regarding the wish and the participants will necessarily be discussed with and disclosed to those involved in the wish-granting process. Each of the participants also understands that, even if The Angel Foundation does not actively seek to publicize the wish, the general public and the news media may obtain information concerning the participants and the wish from other sources.

ALL PARTICIPANTS: Initial here if Option 2 is preferred: \_\_\_\_\_

Each of the participants acknowledges reading and understanding this LIABILITY RELEASE AND PUBLICITY CONSENT prior to signing it. For any minor participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor. Each of the participants agrees that no modification of this release has been made orally or in writing and this release accurately and fully expresses the understanding of the Wish Recipient and each of the participants.

**IMPORTANT:** By signing below, you affirm and acknowledge that you have read this agreement, have received a copy and fully understand its provisions.

_____	_____
Wish Recipient	Date
_____	_____
Participant	Date
_____	_____
Angel Foundation (staff or board member)	Date

## Release of Liability and Indemnity Agreement

In consideration of the benefits conferred upon the undersigned by The Angel Foundation, the undersigned recipient does hereby agree and covenant as follows:

1. The recipient hereby waives any right that he may have or hereafter acquire against The Angel Foundation, its agents and employees for injury or other damages suffered by the recipient arising out of the benefit conferred upon the recipient or his family and friends.
2. The recipient, family and friends of the recipient, as much as is permissible by law, hereby forever release The Angel Foundation, its officers, directors, employees and agents from any and all claims, lawsuits, damages, and/or losses arising out of or in any way related to The Angel Foundation's preparation, execution or fulfillment of the benefit conferred upon the recipient due to the negligence, either active or passive, of The Angel Foundation its employees or agents.
3. The recipient, relatives and friends, together and each of them individually, hereby agree to indemnify and hold The Angel Foundation harmless for any loss as the result of any claim, lawsuit, or action arising out of or relating in any manner to The Angel Foundation's preparation, execution or fulfillment of the benefit conferred upon the recipient or to breach the recipient, family or friends of the representations and warranties contained herein. Said hold harmless and indemnity agreement includes, but is not limited to, reasonable attorneys fees and costs incurred by The Angel Foundation as a result thereof.
4. The expenses The Angel Foundation has agreed to pay for are those foreseeable and directly related to the benefit conferred. Recipient understands that he may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond The Angel Foundation's control, especially if fulfillment involves travel. The Angel Foundation shall not be responsible for any expense incurred by recipient which it has not expressly assumed.
5. Recipient, relatives and friends together and each of them individually, makes the following representations and warranties to The Angel Foundation:
  - (a.) they have made true and full disclosure of medical condition to The Angel Foundation;
  - (b.) they will notify The Angel Foundation if any recipient's medical condition should deteriorate at any time prior to fulfillment of the benefit;
  - (c.) they are carrying, or during the fulfillment of the benefit shall be carrying, full medical insurance, including any additional coverage which may be required as a result of the benefit to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;

- (d.) unless otherwise stipulated by The Angel Foundation, travel expenses incurred by recipient shall assume personal responsibility for same;
- (e.) recipient has not previously been granted a benefit by The Angel Foundation or another charitable organization of like character;
- (f.) in requesting The Angel Foundation to confer the benefit, recipient is not relying upon or has received any counselor advice from The Angel Foundation with respect to the advisability of the risks attendant to the benefit conferred.

6. The Angel Foundation reserves the right, in its sole discretion, to abort preparation or fulfillment of the benefit at any time and under any circumstance that it deems advisable.

7. In the event that the wish recipient would expire prior to the fulfillment of his or her wish, the recipient's family, friends and associates hereby agree to return any and all pre-issued checks, cash, tickets or any other portion of the wish. *All tickets, cash, checks or any other portion of a wish may only be used directly by the wish recipient.* In the event that the wish recipient expires prior to receiving his or her wish, the wish is at that point canceled and no portion of the wish can be used by family members, friends or associates.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this agreement, have received a copy and fully understand its provisions.

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Wish Recipient Date

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Angel Foundation (staff or board member) Date

## Donation Restriction Policy

Because The Angel Foundation relies upon donations raised in local communities, there is a restriction on any fund-raising events pertaining to a wish granted by The Angel Foundation. ***All funds raised locally for wishes must be given to The Angel Foundation to administer toward the individual's wish and may NOT be directed toward the individual recipient or his/her family.*** The reason for this is simple; the basis upon which The Angel Foundation agrees to support a wish is dependent upon receiving funds from the local community of the wish recipient. If funds are directed to the recipient or their family, it limits the funds available to support the actual wish.

IMPORTANT: By signing below, you acknowledge that you have read the donation restriction and do hereby understand and agree to its provisions.

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Wish Recipient

Date

Donations to The Angel Foundation may be designated to:

- Geographic Location  
(To benefit individuals in a particular county or region)
- Specific Wish  
(Donations may be earmarked for a specific wish approved by The Angel Foundation).\*

The Angel Foundation is a nonprofit organization under 501 (c)(3) of the Internal Revenue Service Code. All donations are tax-deductible. *\*The Angel Foundation reserves the right to keep any designated donations exceeding the amount required to fulfill a wish. Donations exceeding the required amount will not be returned to the donor or directed to the wish recipient and will become property of The Angel Foundation. Any retained funds will be used for the purposes of other wishes.*