Life Longings Request Form

Dear Applicant,

We would love to provide some additional support to you during this time in your life. The Friends of Hospice in Oswego County is a not for profit 501(c)3, located upstairs at 3 Creamery Rd. in Oswego, NY.

Applicant Criteria:

- Applications must be filled out completely.
- Recipient must reside in Oswego County.
- You must have a life limiting illness/diagnosis.

Life longings we **CANNOT** grant:

- Cruises
- Hunting excursions
- Legal or financial assistance
- Funeral or burial costs
- Automobiles, boats, or RV purchase
- Rental or Mortgage assistance
- Medical treatment
- Transportation provided by the Friends of Hospice
- Long term privately hired care.

Examples of Life Longings we **CAN** grant, **but not limited to**:

- Cakes for Celebrations and milestones; birthdays, anniversaries etc.
- Fresh Flowers
- Hair/nail/barber services
- Holiday meals
- Facilitate Transportation
- Tickets to a show
- Cleaning service
- Personal Care items
- Gift cards or meals from a favorite restaurant
- Day at the beach, park, watching live music, picnic with family,

Geographical and monetary limitations may apply. The LL team will have the final discretion to grant your requests.

Applicant Information

Applicant's Name:_____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact name: _____Relationship:_____

Address: _____

Phone: _____ Email: _____

Life Longing Information

LL Applicant Name:_____

Life Longing Request:

_____

_____

_____

_____

_____

_____

_____

_____

Alternate LL Request: (Secondary request in the case the "LL team" is not able to approve the primary request.)

_____

_____

_____

_____

Life Longings Consent to Publicity

I hereby give permission to the Friends of Hospice in Oswego County to use, publish, or broadcast for the purposes of advertising or other such use as it may determine, all photographic images, video, and audio recordings of myself taken by the staff or their designee, with or without designation of my name.

Any limitations on the use of this material must be made in agreement by the above organization and myself. I will make no financial claims for the use of the materials.

_____.

Name of Patient (Print)

_____.

Signature

_____.

Date

_____.

Relationship to patient (If signed by another person)

Liability Waiver/ Agreement

A. The Friends of Hospice in Oswego County/ Life Longings (FOH/LL) reserves the right in its sole and absolute discretion to decide if a request will be granted and on what terms. FOH/LL shall have no obligation to fulfill any requests hereunder if it elects to terminate or abandon such requests.
B. The recipient and all participants hereby forever waive any and all rights or claims he or she may hereafter acquire against FOH/LL, its officers, directors, agents, employees or volunteers arising out of any injury, harm, damage, or loss of any kind of body or property, including without limitation the transmission of infectious or communicable disease and/or attorney's fees (collectively "Losses") suffered or incurred by the recipient and any participant, arising out of or in any way related to FOH/LL's preparation, execution or fulfillment of the request, whether or not such Losses were caused by the active, passive or gross negligence of FOH/LL or any other person.
C. Recipient and participants do hereby agree to indemnify and hold FOH/LL its officers, directors, agents, employees and volunteers harmless of and from any and all losses suffered or incurred by FOH/LL as a result of any claim, lawsuit, action arising from the actions or omissions of recipient and participants during the preparation, execution and fulfillment of the request.
D. The recipient acknowledges the health and safety risks of certain requests that may involve travel, large crowds or other facets of their request. The recipient will disclose a decline in their medical condition prior to the fulfilment of the request if the deterioration impacts their ability to participate in the request.

Signature of recipient: _____ Date:_____

Signature of FOH Representative: _____ Date:_____

Upon Completion of this application please send it to any of the following:

Email photos or scans to: oswego.hospice@gmail.com.

Text pictures of the application to: 315-216-7580.

Mail to: Friends of Hospice PO Box 102 Oswego, NY 13126.

Email and text will be the fastest way for us to fill your request.