

## Secret Request **SSHHH..**

**\*\* Wishes that have a specific date (concert, theater, event) must be received by the Development office at least 3 weeks before the event date.**

**INSTRUCTIONS:** To be completed by an Associate without telling the person for whom you are applying. If the committee approves this first step of the application process, then you must discuss the wish request with the person and family member/legal guardian as appropriate.

Date: \_\_\_\_\_ Person Completing Request: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Dept. \_\_\_\_\_ Location: \_\_\_\_\_

Person's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

What services does the person above receive from the Arc Allegany-Steuben?

Please give a brief description of the person's intellectual and/or developmental disability:



**Description of the WISH:** (attach an additional sheet of paper if necessary)



Explain how having this wish come true would be a life-changing experience. Include all details that would help in judging the appropriateness of the wish, including how passionate the person is about the wish and how it will affect the individual's outlook on life, well-being, and/or health (Attach additional sheets of paper if necessary:

What is the recipient doing to achieve this wish on his/her own?

Is the request time-sensitive?  Yes  No If yes, please explain:

In the space below, provide a detailed budget of the wish. Don't forget to include tolls, travel, and meals if applicable:

Before submitting the wish, have you taken into account:

- Number of staff needed to carry out the wish? \_\_\_\_\_
- Can staff get the time off to execute the wish? \_\_\_\_\_
- Amount of money the person receiving the wish is willing to contribute to the wish? \_\_\_\_\_

Program Director Signature (Required before sending this request to the Development office):

\_\_\_\_\_

Signature indicates approval to apply for the specified Wish Request for this person.

Please submit to the Arc of Steuben Foundation, Att: Development Department, Industrial Park by Confidential Interoffice Mail or scan the forms and email them to [myriah.perry@thearcas.org](mailto:myriah.perry@thearcas.org)

**NOTE:** The fulfillment of Arc Star Wishes is determined by several factors, including appropriateness of the wish, program criteria, and availability of funds.



**APPROVAL:** Yes \_\_\_ No \_\_\_ Pending: \_\_\_

**Comments:** Date: \_\_\_\_\_

**Date of Notification:** \_\_\_\_\_

**Upon approval, the following needs to be completed and signed, and returned to the Arc Allegany-Steuben:**

Please explain how the wish is appropriate for the recipient, and what safety precautions (if any) will or should be taken to ensure that the recipient is not harmed by the wish.

Please sign below to acknowledge that, individually and as guardian for the recipient, you

- (1) believe that the wish is safe to provide for the recipient;
- (2) assume all liability for any damages or accidents that occur as a result of the recipient's receipt of the wish;
- (3) will ensure that persons involved with activities related to the wish will take any reasonable safety precautions identified in the wish request; and
- (4) release and indemnify Arc Allegany-Steuben, Steuben Arc Foundation, and/or any of its affiliates from any potential damages and/or claims due to the provision of the wish in any manner.

\_\_\_\_\_  
Individual/Parent/Guardian

\_\_\_\_\_  
Date