



Every resident or tenant has a *hope* or a *dream*.....Something they would like to *do*. Somewhere they would like to *go*. Somebody they would like to *see*.

Facilities might not always have the means to accommodate these hopes and dreams.

The *Cherished Hopes* program is here to help.

Every resident or tenant has a hope or a dream.

is a program provided by the ND Long Term Care Association to assist facilities with granting wishes to residents and tenants in long term care facilities.



Who can apply for a Cherished Hope?

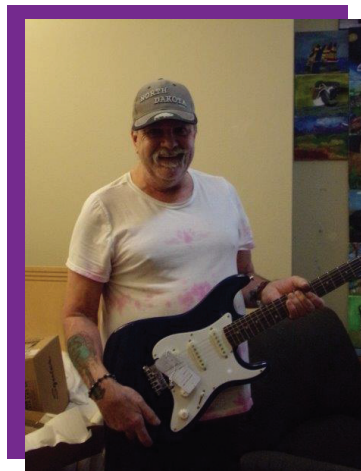
Residents and/or tenants residing in long term care facilities in North Dakota that are members of the ND Long Term Care Association.

How are wishes granted?

A committee will review the wish applications to determine eligibility and feasibility of providing funding for the wish. The ND Long Term Care Foundation reserves the right to grant or deny wish applications.

Guidelines:

- ♦ Limit of one (1) wish per resident/tenant per 12 months.
- ♦ Limit of four (4) individual wishes per facility per 12 months.
- ♦ Facility events should not be submitted as a cherished hopes request.
- ♦ Facilities will be required to submit an expense breakdown for all wishes. It is the responsibility of the facility to make all arrangements required to fulfill the wish if funds are granted. Electronics such as iPad's will be the property of the facility if the resident leaves or passes away.
- ♦ Photos and a write up is required within 30 days after the wish is fulfilled.



Would your residents/tenants be interested in....

A Relationship Hope: Reunite relationships whether through actual meeting, such as a family reunion, graduation or wedding or through the use of technology such as web cams.

A Lifelong Hope: Learning to play the piano, riding in a semi-truck or farm machinery because that was their job for many years, or attend a school reunion.

A Hope for Fun: Take a ride in a favorite sports car, learn to speak a foreign language, spend an afternoon bowling with friends or family, dinner and a limo ride, a trip to a casino, a visit to a spa, or a trip to a nearby lake to fish.

(These are simply ideas. Categories are not limited to what is listed above).

Cherished Hopes is here to help!

A few wishes that have been granted to residents/tenants:

- ♦ A leg brace not covered by insurance
- ♦ Printer to print pictures of loved ones
- ♦ A pizza party with relatives
- ♦ A trip to Stump's Lake Thrashing Bee with friends
- ♦ A refrigerator for resident's room
- ♦ New cowboy boots and western clothing
- ♦ Attend a bull riding event
- ♦ A new guitar
- ♦ An Innovative Companion Puppy

Cherished Hopes Request Form

Name of Resident/Tenant: _____

Facility Information: Basic Care Assisted Living Nursing Facility

Facility Name: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____ City/Zip: _____

Permission of the resident/tenant and/or family members has been obtained in order for NDLTCA to use pictures.
The NDLTCA Cherished Hopes Program provides the financial means to make wishes become a reality. Your facility will be responsible for completing the wish and providing staff to accompany residents/tenants if needed.

Request: Please explain the resident/tenants wish in detail including why the resident/family currently can not afford the wish.

Financial Estimate: \$ _____

Please list the expenses related to this request (i.e. hotel, tickets, meals, transportation, special item) along with the estimated cost of each and how you came up with the amount requested. If you need more room to explain the expenses and how you came up with the amount, please attach a separate spreadsheet.

<u>Item</u>	<u>Amount</u>	<u>Details</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Check should be made payable to: Facility Resident

Are you aware of any local resources that could potentially assist financially or otherwise with this Cherished Hope request? Yes No If yes, please identify resources and amounts.

Entity: _____ Amount: _____

Entity: _____ Amount: _____

Submit this form to:



1900 N. 11th Street, Bismarck, ND 58501

Email: mirranda@ndltca.org