Cherished Hopes

REAL PEOPLE. MEANINGFUL MOMENTS.

Every individual has a hope or a dream — something they would love to do, somewhere they would love to go, or someone they long to see.

A little hope can make a lasting difference.

Cherished Hopes is an NDLTCA program that helps member organizations bring meaningful, personal wishes to life for the individuals they serve.

WHO CAN APPLY?

Individuals receiving care or services through NDLTCA member organizations in North Dakota, including nursing facilities, basic care, assisted living, home care, home health, hospice and QSP services.

WHAT COULD A HOPE LOOK LIKE?

RECONNECT

A family reunion, wedding, graduation or virtual visit.

TRY SOMETHING NEW

A first-time experience, new skill or lifelong interest.

JUST FOR JOY

A special outing, favorite activity or meaningful treat.

PROGRAM GUIDELINES

- One hope per individual in a 12-month period.
- Up to four individual hopes per member organization per 12 months.
- Organization-wide events are not eligible.
- The member organization makes all arrangements if funding is awarded.
- Electronics such as iPad's will become the property of the organization if the individual no longer needs it.

HOW FUNDING IS DECIDED

A committee reviews each request for eligibility and feasibility. The ND Long Term Care Foundation reserves the right to approve or deny any request.

Itemized expenses are required. Photos and a brief story are due within 30 days after the hope is fulfilled.

HOPES WE HAVE HELPED MAKE POSSIBLE

PAST AWARD PHOTO



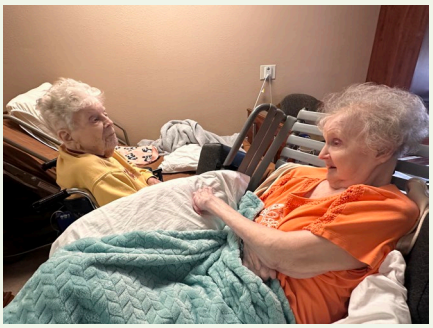
Chris Larson, residing at SMP Health in Valley City attends Baseball tournament in Omaha, Nebraska with friends and family

PAST AWARD PHOTO



Kelly Renz of Golden Manor in Steel is awarded a bike to stay active and to spend time outside with a Golden Manor friend

PAST AWARD PHOTO



Lana Olson, residing at Baptist Health Care Center in Bismarck visits her 105-year-old mother in person.

PAST AWARDS HAVE INCLUDED

- A leg brace not covered by insurance
- A printer for photos of loved ones
- A pizza party with relatives
- A trip to Stump Lake Threshing Bee
- A refrigerator for an individual's room
- Cowboy boots and western clothing
- A bull-riding event, a new guitar, and a companion puppy

CHERISHED HOPES | REQUEST FORM

Individual's Name: _____ Date: _____

Service Type: ☐ Nursing Facility ☐ Basic Care ☐ Assisted Living ☐ Home Care ☐ Home Health ☐ Hospice ☐ QSP

Member Organization: _____ Phone: _____

Contact Person: _____ Email: _____

Address / City / ZIP: _____

Has this individual previously received Cherished Hopes funding? ☐ Yes ☐ No If yes, date: _____

THE HOPE | Describe the wish and why financial assistance is needed.

_____

_____

_____

_____

_____

FINANCIAL ESTIMATE Total requested: $_____

List each anticipated expense (such as lodging, ticket, meals, transportation or a special item), its estimated cost, and how the amount was determined. Attach a separate sheet if more space is needed.

Item / Expense	Amount	Details / Cost Basis
_____	$_____	_____
_____	$_____	_____
_____	$_____	_____

Check payable to: ☐ Member Organization ☐ Individual

If funded, the member organization is responsible for making all arrangements needed to fulfill the hope.

Are there other local resources that could help with this request? ☐ Yes ☐ No

If yes, identify organization / resource and amount: _____

☐ Permission from the individual and/or the individual's authorized representative has been obtained for NDLTCA to use photos and the individual's story.

☐ The member organization agrees to submit photos and a brief write-up within 30 days after the hope is fulfilled.

READY TO MAKE A HOPE REAL?

Submit to NDLTCA • 1900 N. 11th St., Bismarck, ND 58501

Questions or requests?

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