



# Jamie's Dream Team

## Jamie's Dream Team Request Application

Dear Dream Applicant,

The mission of Jamie's Dream Team is to lift the spirits of those suffering from, and ease the burden caused by, serious illness, injury, disability, or trauma.

The purpose of Jamie's Dream Team is to provide assistance and/or make distributions to or on behalf of qualifying individuals who are handicapped, disabled, terminally ill, severely injured or suffering from a serious medical condition, disease, or trauma.

Sincerely,

Jamie Holmes, Founder and President  
Jamie's Dream Team

### **Help us to help you make your dream come true...**

- Please read this form very carefully and follow all the instructions to complete the steps necessary to make your dream come true.
- You will find many answers to your questions to our Frequently Asked Questions section.
- Incomplete applications will delay processing of the application, please submit all required information.
- Please include a photograph which is clear and within the last year, if may contain your family

### **We regret that we are unable to grant the following types of dreams**

- Cash
- Reimbursement for complete dreams
- Travel outside the United States
- Medical treatment / supplies / equipment / transportation
- Legal assistance
- Cruises

### ***Dreams***

#### ***Jamie's Dream Team***

*4617 Walnut Street*

*McKeesport, PA 15132*

*Phone: 412-377-3898*

[www.jamiesdreamteam.org](http://www.jamiesdreamteam.org)

[dreams@jamiesdreamteam.org](mailto:dreams@jamiesdreamteam.org)



# Jamie's Dream Team

## A. INDIVIDUAL INFORMATION

Name \_\_\_\_\_

Age/DOB \_\_\_\_\_ Sex ( ) Male ( ) Female

Medical Condition/Disease\* \_\_\_\_\_  
\_\_\_\_\_

Handicap/Disability\* \_\_\_\_\_  
\_\_\_\_\_

Illness/Injury\* \_\_\_\_\_  
\_\_\_\_\_

Trauma\* \_\_\_\_\_  
\_\_\_\_\_

\*Additional Information and/or documentation may be required

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

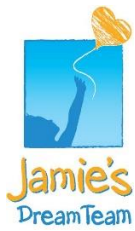
Work Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_



# Jamie's Dream Team

## B. PARENT(S) / LEGAL GUARDIAN(S) FOR MINORS

Name \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ (  ) Mother (  ) Father (  ) Other

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ (  ) Mother (  ) Father (  ) Other

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cellular Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

School the Dream Child is attending: \_\_\_\_\_

Does the child reside with both parents? (  ) Yes (  ) No  
If no, additional information and/or documentation may be required.

Is the child the subject of a custody Order of Court? (  ) Yes (  ) No  
If yes, additional information and/or documentation may be required.



# Jamie's Dream Team

**"FOR TRAVEL DREAMS ONLY"**

**"If the recipient's parents have joint custody, both parties are required to sign and date in the appropriate places below"**

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Print Name

---

Signature

---

Date

---

Print Name

---

Signature

---

Date



# Jamie's Dream Team

## ADULTS WHO WILL GO ON THE DREAM/TRIP

1. Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License: State: \_\_\_\_\_ Number: \_\_\_\_\_

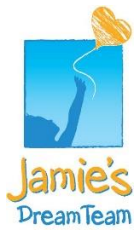
2. Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver License: State: \_\_\_\_\_ Number: \_\_\_\_\_



# Jamie's Dream Team

3. Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver License: State: \_\_\_\_\_ Number: \_\_\_\_\_

4. Name: \_\_\_\_\_

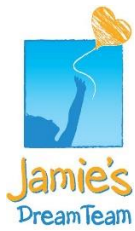
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver License: State: \_\_\_\_\_ Number: \_\_\_\_\_

*\*Add pages for additional names*



# Jamie's Dream Team

## C. PHYSICAN INFORMATION

Dream Applicant's Name \_\_\_\_\_

Dream Applicant's Signature / Parent / Legal Guardian \_\_\_\_\_

### **This Part to Be Filled Out by Physician Only**

Primary Treating Physician\* \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Medical reports and/or records may be required from physician

Office Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If patient is under hospice care – Hospital Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Applicant's Diagnosis: \_\_\_\_\_

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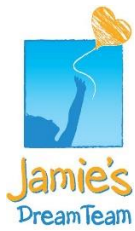
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I certify that I am the treating physician of the Applicant. I have discussed (or will discuss) the dream request with my patient and have deemed it safe and reasonable if his/her dream is granted.

Physician Signature Only:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Jamie's Dream Team

## D. ASSISTANCE / DREAM REQUEST

Has the individual ever received assistance and/or a "dream" from Jamie's Dream Team, or any other organization?

(\_\_\_) Yes (\_\_\_) No If yes dates \_\_\_\_\_

If yes please describe \_\_\_\_\_

\_\_\_\_\_  
If yes, additional information and/or documentation may be required.

**\*\*Dream Requests will be discussed at your dream interview\*\***

\_\_\_\_\_  
Is time of the essence? (\_\_\_) Yes (\_\_\_) No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn of Jamie's Dream Team: \_\_\_\_\_

\_\_\_\_\_

For Jamie's Dream Team Use Only:

Person Taking Request: \_\_\_\_\_ Request Date: \_\_\_\_\_

Individual Eligible (\_\_\_) Yes (\_\_\_) No If no, explain \_\_\_\_\_

Date of Determination \_\_\_\_\_





# Jamie's Dream Team

## E. Dream Agreement

Please initial where indicated following each item below:

1. **Granting of dream.** Jamie's Dream Team ("JDT") agrees to pursue the fulfillment of the Dream of the person named above ("Recipient") in accordance with the terms and conditions of this Agreement. JDT reserves the right in its sole discretion, to decide if a dream will be granted. JDT assists with dream requests for dream Recipient and immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father and/or dependent children, living in the home, under the age of 18. \_\_\_\_\_
2. **Permission to disclose medical condition.** The Recipient grants JDT the right to disclose the nature of his/his medical conditions to the extent necessary in the fulfillment of the Dream. Furthermore, the Recipient grants JDT permission to obtain medical information about the recipient which JDT may feel necessary for necessary for fulfillment of the Dream and authorized all physicians and medical care provides to provide JDT and dream Recipient. \_\_\_\_\_
3. **Responsibility for Ordering Medical Necessities** JDT is NOT responsible for ordering medical necessities or supplies for dream recipient. This shall be handled by the dream recipient's nursing staff or caregiver. \_\_\_\_\_
4. **Relatives/Friends.** No person may accompany that Recipient during any portion of the dream fulfillment, unless specifically agreed to in writing between JDT and dream Recipient. \_\_\_\_\_
5. **Waiver.** The Recipient and all participants hereby waive any and all rights he or she may have or may hereafter acquire against JDT, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses suffered by the Recipient, and all participants, arising out of or in any way related to JDT perpetration, execution or fulfillment of the Dream, regardless of whether such loss or harm is caused by the active, passive or gross negligence of JDT or any other person. \_\_\_\_\_
6. **Release.** Recipient, and all participants, together, and each of them individually, does hereby forever release and remiss JDT, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to JDT preparation, execution of fulfillment of the Dream, any injury, damages, or losses suffered by Recipient or participants, or any of them suffered by Recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active, passive or gross negligence of JDT or any other person. \_\_\_\_\_
7. **Indemnity.** Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless JDT, its officers, directors, agents, and employee of and from any and all losses suffered by JDT, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to JDT's preparation, execution and fulfillment of the Dream, or to breach by Recipient, and all participants of the representations and warranties attorney's fees and costs incurred by JDT, if officers, directors, agents, and employees in retaining attorneys of JDT's choice to defend any and all such claims, lawsuits and actions. \_\_\_\_\_
8. **Dream expenses.** The expenses JDT has agreed to pay for are those foreseeable and directly related to the fulfillment of the Dream. Dream Recipient, relatives or friends together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstance beyond JDT a control, especially if fulfillment of the Dream involves travel. JDT shall not any responsibility or liability or expenses incoming by Recipient, relatives, or friends which have not been expressly assumed by JDT pursuant to this Agreement, which have been caused unforeseen events, or circumstances beyond JDT's control. For example, a particular Dream may contemplate JDT paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient's medical condition deteriorates so that immediate hospitalization in necessary, Recipient may be forced to remain away from home longer than the period of time contemplated by the dream, in that event, it will be the sole responsibility of the Recipient to the Recipient to pay for all expenses in excesses in excess of those for which JDT has agree to pay whether medically-related, for meals and lodgings, including, hospitalization, or the other goods, or service of any nature. It dealt occurs during dreams, JDT is unable to assist in any way. \_\_\_\_\_
9. **Fundraising.** As a participant in JDT program, if needed, at campaign may be undertaken in your community, with your prior approval, to raise funds and/or Frequent Flyer Miles to fulfill the Dream. Money raised will be used for your dream up to a maximum allocation a described in item 7. Funds or Miles raised above the allocation for your dream will be used for future dream. \_\_\_\_\_
10. **Illegal.** Illegal, Illegal stimulus, use of alcohol, immoral, or unethical behavior will result in termination of dream ceasing all funding and requiring refund of all monies and cost expenses. \_\_\_\_\_



# Jamie's Dream Team

11. **Representations and warranties.** Recipient, relatives, or friends together and each of them individually, make the following, representation, and warranties in JDT:
  - (a) they have made a true and full disclosure at medical condition by JDT.
  - (b) they will notify JDT if any when Recipient's medical condition should deteriorate of any time prior to fulfillment of the Dream.
  - (c) they are carrying, or during the fulfillment of the Dream, shall be carrying, full medical insurances, including any additional coverage which may be required as a result of the Dream to be fulfilled, or that they assume the risk and personal responsibly of failing to carry adequate medical insurance;
  - (d) if fulfillment of the Dream involves travel, they are able to bear the financial burden of the potentially substantial expresses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond JDT's reasonable control (more fully explained in Paragraph 7), or that they assume the risk and personal responsibility to such expenses; \_\_\_\_\_
  
12. **Termination of dream.** JDT reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the Dream at any time after the signing of this Agreement, if JDT should determine that,
  - (a) fulfillment of the Dream will endanger the health and safety of Recipient or of others,
  - (b) the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the Dream,
  - (c) events or circumstances render if impractical, imprudent, or inadvisable to fulfill or continue to fulfill the Dream or
  - (d) Recipient and any participants have breached any of the representation and warranties contains in Paragraph 8 of this AgreementIn the event JDT aborts preparation, or fulfillment of the Dream, Recipient, or any participants may have incurred in contemplation of JDT's fulfilling the Dream. NOTE. Only Jamie's Dream Team may make a request for resources on behalf of a dream. If the dream Recipient, any participants, friends, or anyone having knowledge of this dream user the name of Jamie's Dream Team to solicit support, the Dream will be immediately disqualified and terminated. \_\_\_\_\_
  
13. **Further Assurances.** Recipient, and all participants agree that he or she shall, at the request of JDT, execute and deliver to JDT all further document that JDT deems necessary or appropriate in order to prepare, execute and fulfill the Dream. \_\_\_\_\_
  
14. **Counterparts.** This Agreement may be executed in counterparts, any of which shall be deemed to be an original. \_\_\_\_\_
  
15. **Amendments.** This Agreement shall not be modified or superseded, except by a writing executed by the parties. \_\_\_\_\_
  
16. **Governing law.** The laws of the Commonwealth of Pennsylvania shall govern this Agreement. \_\_\_\_\_
  
17. **Binding effect.** This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto. \_\_\_\_\_
  
18. **Severability.** If any portion of the Agreement shall be determined to be invalid or unenforceable, all other, portions shall remain valid and enforceable. \_\_\_\_\_
  
19. **Entire agreement.** This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understand related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and to party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein: \_\_\_\_\_
  
20. **Captions.** The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit, or extend this Agreement or any of its provisions. \_\_\_\_\_
  
20. **Grant of Right of Publicity.** PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENT OF THE DREAM MAY RESULT IN PUBLICITY, WHETHER OR NOT THE DREAM FOUNDATION ACTIVELY TAKES STEPS TO PUBLICIZE THE DREAM.  
\_\_\_\_\_

Signature Participant: \_\_\_\_\_ Date \_\_\_\_\_



# Jamie's Dream Team

Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ of \_\_\_\_\_,

do hereby consent to and authorize Jamie's Dream Team, its officers and directors, to use and/or publish of myself on its website, [www.jamiesdreamteam.org](http://www.jamiesdreamteam.org), and to Facebook, [www.facebook.com/jamiesdreamteam](http://www.facebook.com/jamiesdreamteam), and/or in its literature which may be distributed to the general public. I do further consent to and authorize Jamie's Dream Team, its officers and directors, to use my name, as well as my disclose my medical condition, illness and/or disability on its website, Facebook page, media, and/or in the literature which may be distributed to the general public.

Date \_\_\_\_\_ Signature: \_\_\_\_\_



# Jamie's Dream Team

## PARENT / GUARDIAN AUTHORIZATION FOR RELEASE OF INFORMATION ON BEHALF OF MINOR CHILD

I, \_\_\_\_\_ of  
\_\_\_\_\_

do hereby consent to and authorize Jamie's Dream Team, its officers and directors, to use and/or publish photographs of my child/ward \_\_\_\_\_ on its website, [www.jamiesdreamteam.org](http://www.jamiesdreamteam.org), Facebook, [www.facebook.com/jamiesdreamteam](http://www.facebook.com/jamiesdreamteam), media, and/or in its literature which may be distributed to the general public. I do further consent to and authorize Jamie's Dream Team, its officers and directors, to use my said child's/ward's name, as well as disclose my medical condition, illness and/or disability on its website, Facebook page, media, and/or in the literature which may be distributed to the general public.

Date: \_\_\_\_\_ Signature \_\_\_\_\_



# Jamie's Dream Team

## HIPAA FORM

Authorization for User/Disclosure of Protected Health Information

To: Physician \_\_\_\_\_

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

Physician Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Re: Patient (Print Name Legibly) \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize the use and disclosure to Jamie's Dream Team of health information about Patient as described below.

Information that may be used/disclosed: All protected health information relating to Physician's assessments of

- (a) whether Patient is medically eligible for Jamie's Dream Team services and
- (b) if so, whether his/her desired dream is medically appropriate. In addition, Physician is authorized to fill out sign and provide to the Jamie's Dream Team forms that the Jamie's Dream Team may request, including forms relating to Patient's medical eligibility, the requested dream and medically consideration relating thereto.

Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives.

Persons authorized to receive the information: Officers, board members, and other authorized representatives.

JAMIE'S DREAM TEAM – 4617 Walnut St, McKeesport, PA 15121, Phone: 412-377-3898, [www.jamiesdreamteam.org](http://www.jamiesdreamteam.org)

Purpose for which information will be user/disclosed: To enable Jamie's Dream Team to obtain:

- (a) physician's assessments regarding whether Patient is eligible to have a dream granted by the Jaime's Dream Team and, if so, whether the requested dream is medically appropriate; and
- (b) pertinent information relating thereto.

Expired date/event. This authorization expires once Patient's dream has been granted by Jamie's Dream Team or a final determination has been made that Patient is not eligible to receive a dream.

Statement required HIPAA in accordance with the Health Insurance Portability and Accountability Act. I acknowledge the following:

- (a) I understand that I may revoke this authorization at any time by so notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization.
- (b) I understand that if the person/entity that receives the information described above is not a healthcare provider health care covered by federal privacy regulations such informational will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

Patient Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



# Jamie's Dream Team

## Mail Instructions for Application and Complete Application Checklist:

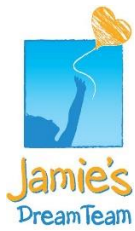
- \_\_\_\_\_ 1. Clear and recent photo within the last year
- \_\_\_\_\_ 2. Request letter
- \_\_\_\_\_ 3. Doctor letter of Prognosis and Diagnosis.
- \_\_\_\_\_ 4. Step A, and B, of the application completed with ALL required information
- \_\_\_\_\_ 5. Step C of the application complete and signed by your Doctor
- \_\_\_\_\_ 6. Step D of the application completed with ALL required information
- \_\_\_\_\_ 7. Step E of the application, the Dream Agreement Form:
  - \_\_\_\_\_ Initial all places where indicated (Number 1-20)
  - \_\_\_\_\_ Sign and date at the bottom.
- \_\_\_\_\_ 8. Releases of Information, adult, and child.
- \_\_\_\_\_ 9. HIPAA form completed and signed (Disclosure form – HIPAA, Health Insurance Portability, and Accountability Act)
- \_\_\_\_\_ 10. The attached Frequently Asked Questions section has been reviewed fully.

If you are sure if your application is complete, please call at (412) 377-3898 and we will answer your question. If we receive an incomplete application, it will not be processed until all required information is received.

### Please mail completed application to:

**Dreams**  
**Jamie's Dream Team**  
4617 Walnut Street  
McKeesport, PA 15132

**No faxed applications will be accepted.**



# Jamie's Dream Team

## **Frequently Asked Questions**

The mission of Jamie's Dream Team is to lift the spirits of those suffering from, and ease the burden caused by, serious illness, injury, disability, or trauma. We receive no state or federal funding, relying instead on the generosity of our supporters to fulfill dream requests.

### **What is a dream?**

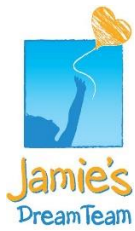
- The dream must come from the adult/child battling the illness.
- Dream recipient must be able to communicate the wish and comprehend/participants in the dream experience.

### **What do I need to be able to travel?**

- Dreams involving overnight, or airline travel require that you have a valid driver's license or government-issued photo identification, and a MAJOR CREDIT CARD or DEBIT CART.
- YOU NEED YOUR DOCTOR'S APPROVAL. Travel dreams will required your doctor to sign our medical authorization form, and/or our oxygen released form, if you are not on hospice, we may require a letter of referral form a physician, nurse or social worker, as Jamie's Dream Team works closely with medical personnel to determine the appropriate time to safely carry out the dream,
- TRAVEL DREAMS MUST BE SAFE AND RELISTIC FOR THE TRAVELER AND REALISTIC FOR JAMIE'S DREAM TEAM TO FULFILL.

### **What is included in a travel dream needing accommodations?**

- Travel related dreams needing accommodations, ARE NOT ALL INCLUSIVE, unless otherwise noted. You may be responsible for your own spending money to cover gas, souvenirs, tips, meals, hotel accommodations, park passes, etc.



# Jamie's Dream Team

## Who can travel with me?

- JAMIE'S DREAM TEAM WILL PROVIDE FOR THE DREAM RECIPIENT AND THEIR IMMEDIATE FAMILY MEMBERS OR CAREGIVER – such as a spouse/significant other/caregiver/mother/father and/or any dependent children, living in the home, under the age of 18.
- If the dream recipient wants grown children over the age of 18, grandchildren or other relatives or friends to accompany them on the trip, the family would be responsible for making arrangements and payment for the additional accommodations, meals, etc.

## What if I want to stay with family or have family/friends brought to me?

- If the dream recipient wants family members or friends brought or then they may stay as long, as desired unless Jamie's Dream Team has provided outside hotel accommodations/meals etc.
- As much as we would like to assist with large, extended family trips, our limited resources make it impossible. Therefore, we bring the family to you.





# Jamie's Dream Team

## **How are airline tickets handled?**

- For dreams requiring air travel, we must raise funds and/or donated frequent flyer miles. Family and friends are encouraged to donate miles by calling our office.
- If frequent flyer miles cannot be raised in time, flights may be purchased if funding allows.
- ALL DREAM RECIPIENTS FLY ECONOMY CLASS.
- All flights are booked at least 14 days in advance in order for us to get the best prices on purchased tickets. Travelers must be flexible on their requested travel dates.

## **What if I require special medical assistance?**

- Because we are not a medical foundation, WE CANNOT ASSIST WITH MEDICAL NEEDS SUCH AS AIR AMBULANCE TRANSPORTATION, OXYGEN, MEDICAL EQUIPMENT TREATMENTS, NURSES AND AIDES.
- All medical assistance should be pre-arranged by your medical provider. This includes oxygen, wheelchairs, scooters, etc.
- We cannot arrange or provide for hospice care away from home, dialysis treatments, or nursing care while you are away.
- Should a dream recipient encounter a medical emergency while traveling we cannot assist with ambulance transportation, emergency room visits or hospital admissions. We cannot incur any additional costs deemed necessary for family members should their visit need to be extended while the dream recipient is hospitalized or with further arrangements if death should occur.

## **What if I want to meet a celebrity?**

- Celebrity dreams may take a long time to arrange, as they are dependent upon their availability and willingness to participate. Therefore, we cannot guarantee meet and greets, phone calls or autographed memorabilia.
- Dream recipients requesting a celebrity dream (actors, musicians, sports figures, authors, etc.) must be able to travel to the celebrity. We cannot request in-home meet and greets.
- The dream recipient must be able to communicate normally and be able to ambulate without medical assistance when requesting a meet and greet. (Remember, this needs to be a positive experience for everyone.)
- DUE TO THE LENGTH OF TIME REQUIRED TO FULFILL A CELEBRITY DREAM, WE ASK THAT REFERRING AGENCIES AND FAMILIES NOT REFER SUCH DREAMS AS EMERGENCY DREAMS.



# Jamie's Dream Team

## What is an Emergency Dream?

- Emergency dream are recipients made for those with A LIFE EXPECTANCY OF EIGHT (8) WEEKS OR LESS. We process emergency dreams on a case-by-case basis.
- ANY DREAM RECIPIENT WITH A LIFE EXPECTANCY OF LESS THAN EIGHT (8) WEEKS REQUESTING TRAVEL OF ANY KIND MUST HAVE A SIGNED MEDICAL AUTHORIZATION FORM OXYGEN RELEASE FORM FROM THEIR PHYSICIAN (not a hospice nurse or social worker stating that the recipient is safe to travel and that traveling will in no way jeopardize their health or put them in harm's way. The dream recipient, or caregiver, must have a major credit card and proof that, in that event of an emergency, they can provide for medical needs deemed necessary, and have the means to provide for extended accommodations, airline charges, emergency, they can provide for any medical needs deemed necessary, and non-emergency transportation, and meals. SUCH DREAMS ARE CONSIDER ON A CASE-BY-CASE BASIS AND MUST MEET APPROVAL OF OUR REVIEW BOARD, IT IS UNDERSTOOD THAT SHOULD THE DREAM RECIPIENT PASS AWAY WHILE ON THEIR DREAM, JAMIE'S DREAM TEAM IS NOT RESPONSIBLE OR LIABLE, FOR TRANSPORTING THE RECIPIENT HOME, NOR PARTICIPATING FURTHER IN THE DREAM.

## How long does it take to process a dream?

The verification process of your complete application may take up to four (4) weeks, with the exception of emergency dreams. Please make sure your application is completed and everything required has been submitted (please refer to checklist provided). Missing information will delay or halt your application.

All aspects of each dream are subject to Jamie's Dream Team board approval.

Please keep in mind – Jamie's Dream Team reserves the rights to its sole and absolute discretion to cancel/change preparation or fulfillment of the Dream at any time after signing the Agreement if they feel the Dream with endanger the health or safety of the Recipient, Therefore, we ask that all dreams be realistic for Recipient and for Jamie's Dream Team to fulfill.