

Dream It...
Do It!

“DREAM” Request Form



Foundation of Monroe
985 Elmwood Avenue
Rochester, NY 14620

This form must be filled out in its entirety. All incomplete forms will be returned to the person(s) facilitating the request.

Date: _____

Staff/Person Contact: _____

Agency: _____

Address of Contact Person: _____

Administrator Signature (required): _____

Contact Phone Number: _____

DREAMer Name(s) and Age(s): _____

Address of DREAMer: _____

Please give a brief description of the Developmental Disability: _____

DREAM Description (*continue on other side if necessary*) Please be specific as to what the Dream is: _____

Please provide a detailed explanation of how having this dream come true would be a life-changing experience for its recipient, i.e., how passionate the individual about the dream, how will it affect the individual's outlook on life, well-being and/or health.

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Please give a summary of the individual’s disabilities: _____

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

What special requirements will the individual need: _____

Does the DREAMer have any funds that they can contribute toward the dream?: _____

Does the DREAMer have a Supplemental Needs Trust established?: _____

Name the other sources of funding that were researched for this request: _____

Accompaniment by Staff or Family Member

Yes (*please identify name and relationship to individual*) _____

No

Other (*please specify*): _____

