|  |  |
| --- | --- |
| **Seniors Are Special Too**  PO Box 40965  Raleigh, NC 27629  800.410.7641  *email:* [*sast@seniorsarespecialtoo.org*](mailto:sast@seniorsarespecialtoo.org)  *website:* [*www.seniorsarespecialtoo.org*](http://www.seniorsarespecialtoo.org) |  |
| **Dream Assistance Form** |  |
|  |  |

## Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Year: |  | Marital Status: |  |

|  |  |
| --- | --- |
| Any Special Circumstances? |  |

|  |  |
| --- | --- |
| Additional Comments: |  |

## Dream Information

Please describe in detail your Dream: (For additional space use back of form)

## Emergency or Next of Kin Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Cell Phone: |  |
| Relationship: |  | | |