

Seniors Are Special Too

c/o Windy Ellis

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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: _____