



The Dream Factory, Inc.
National Headquarters
410 W. Chestnut St., Suite 530
Louisville, KY 40202
Phone: 1.502.561.3001
Email: dinfo@dreamfactoryinc.org
Website: www.dreamfactoryinc.org

Local Chapter Information

I. INTRODUCTION

The Dream Factory is a non-profit corporation created and operated for the sole purpose of making the dreams of children with critical or chronic illnesses come true. A child, to be eligible to have his or her dream granted by The Dream Factory, Inc., must:

- be three to eighteen years old;
- have a qualifying illness that is verifiable by the child's physician;
- not have received a dream from any other wish-granting organization;
- have a dream request that's from the child and not a parent, guardian or other party and must be considered to be medically appropriate for the child;
- be able to communicate the dream request to a representative of The Dream Factory.

The Dream Factory regrets that it may not have the necessary resources to grant the dreams of all children who apply and are eligible to have their dreams granted. The Board of Directors reserves the right, in its sole discretion, to grant or deny an application.

Because The Dream Factory is a volunteer-based organization whose members raise funds in their communities to grant dreams for local children, dream applications can only be accepted for children who reside in or are treated in areas where chapters are located.

An applicant must satisfactorily complete the following steps to have his or her application processed by The Dream Factory:

- Complete all sections of this Application;
- Have witness signatures on the appropriate lines, which can be anyone older than 18 who is not listed anywhere else in the forms;
- Parent(s) or guardian(s) of the applicant must sign the appropriate signature line(s) located in this Application and, in cases where both biological parents are not signing the forms, provide a copy of the child's birth certificate or legal documents awarding custody of the child;
- Have the primary care physician complete and sign the Medical Authorization Form.

Note to parents: Because of financial, insurance and liability considerations that may affect the organization, as well as guidelines and policies imposed upon The Dream Factory, Inc. by our National Bylaws, we may not be able to provide your child's dream request. Therefore, we will accept your child's application and process it with the understanding that the dream may not be granted.

{The Dream Factory Application was last revised on July 14, 2020.}

2. BACKGROUND INFORMATION

Date of Application: _____

A. CHILD

Name: _____ Male Female Other

Age: _____ Date of Birth: _____ Shirt Size: _____ Ethnicity (optional): _____

Home Address: _____

City, State, Zip: _____

Phone Number: () _____

Email address for Mother _____ Father _____

Cell Phone for Mother () _____ Father () _____

Has the child received a dream from another wish-granting organization? Yes No

B. PARENT(S) OR GUARDIAN(S)

Parent Name: _____ DOB: _____ Shirt Size: _____

Address (if different): _____

Parent Name: _____ DOB: _____ Shirt Size: _____

Address (if different): _____

C. MARITAL STATUS OF PARENTS (Check one of the following)

Married Single Divorced Separated Widowed

If single, divorced or separated is checked, please indicate whether the father, mother, both parents or a third person or persons has legal custody of the child. In these situations, a copy of the child's birth certificate or court order awarding custody of the child must accompany all applications.

Guardian(s) (if applicable): _____ DOB: _____

Address & Phone & Email (if applicable): _____

D. BROTHERS AND SISTERS

List all brothers and sisters under 19 years of age who live at home:

Name: _____ DOB: _____ Male Female Shirt Size: _____

Name: _____ DOB: _____ Male Female Shirt Size: _____

Name: _____ DOB: _____ Male Female Shirt Size: _____

Name: _____ DOB: _____ Male Female Shirt Size: _____

Name: _____ DOB: _____ Male Female Shirt Size: _____

Name: _____ DOB: _____ Male Female Shirt Size: _____

3. MEDICAL INFORMATION

Child's Diagnosis: _____

Primary Treating Physician (Name, Address, Phone and FAX): _____

Hospital or Other Medical Facility which has treated child (Name, Address and Phone: _____

Is your child aware of the nature of his/her illness or condition? _____ Yes _____ No

Describe any special medical needs of child (for example, is your child confined to a wheelchair, in need of 24-hour nursing care, requires certain equipment, etc.): _____

4. DESCRIPTION OF DREAM:

If known, describe in detail your child's dream. Include all details in the description that may help The Dream Factory to better understand your child's dream.

If The Dream Factory determines it cannot grant the dream requested above, please describe your child's alternate dream.

If the dream request is a trip, please list three possible dates of travel.
Dates #1 _____ Dates #2 _____ Dates #3 _____

DATE

PARENT OR GUARDIAN

WITNESS

PARENT OR GUARDIAN

The Dream Factory cannot review any application that is not accompanied by the following signed documents:

- Authorization for the Use/Disclosure of Protected Health Information
- General Liability Release
- Information Release (Optional)
- Medical Authorization
- Fraud Prevention and Response



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Authorization for Use/Disclosure of Protected Health Information

Physician Name _____ Address _____
Patient Name _____ DOB _____ Address _____

I authorize the use and disclosure to The Dream Factory, Inc. (Dream Factory) of protected health information about Patient as described below.

1. Information that may be used/disclosed: All protected health information relating to Physician's assessments of: (a) whether Patient is medically eligible for Dream Factory services; and (b) if so, whether his/her desired wish is medically appropriate. In addition, Physician is authorized to fill out, sign and provide to The Dream Factory, Inc. any forms that The Dream Factory, Inc. may require, including forms relating to Patient's medical eligibility, the requested wish and medical considerations relating thereto.
2. Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives.
3. Persons authorized to receive the information: Employees or other authorized representatives of: The Dream Factory, Inc.
 (whose national headquarters are located at)
 410 W. Chestnut St., Suite 530
 Louisville, KY 40202
 502-561-3001 (phone) 502-561-3004 (fax)
4. Purpose for which information will be used/disclosed: To enable The Dream Factory, Inc. to obtain: (a) Physician's assessments regarding whether Patient is medically eligible to have a wish granted by The Dream Factory, Inc. and, if so, whether the requested wish is medically appropriate; and (b) pertinent information relating thereto.
5. Expiration date/event: This authorization expires once Patient's wish has been granted by The Dream Factory, Inc. or a final determination has been made that Patient is not medically eligible to receive a wish.
6. Statements required by 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 notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization;
 - b. I understand that I may refuse to sign this authorization and that my refusal to do so will not affect Patient's ability to obtain treatment or payment or eligibility for benefits; and
 - c. I understand that if the person/entity that receives the information described above is not a healthcare provider or health plan covered by federal privacy regulations, such information will no longer be protected by these regulations and could potentially be re-disclosed by the recipient.

Name of Parent/Legal Guardian Relation to Patient Signature of Parent/Legal Guardian



**DREAM
FACTORY**

GENERAL LIABILITY RELEASE

This General Release releases The Dream Factory, Inc. from any and all liability in connection with a Dream request that may be granted by The Dream Factory, Inc.

Dream Child's Name: _____ Parent(s) or Legal Guardian(s): _____

Additional Participants: _____

Child's primary treating physician: _____

The Dream Factory, Inc. includes all volunteers, officers, directors, employees and agents of The Dream Factory, Inc., a non-profit corporation. The Dream consists of:

Parents'/Guardians' Statement:

1. As evident by our signature below, we release The Dream Factory, Inc. and all of its agents, servants and employees from any liability in connection with the execution and fulfillment of said dream.
2. In addition, the undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States and voluntarily agrees to assume all risks, before, during or after fulfillment of said dream.
3. I/We further agree that the Dream Factory, Inc. shall remain free from liability and the liability of The Dream Factory, Inc. shall in no manner be affected by its participation and assistance in making arrangements for the participation in the execution of the fulfillment of said dream.
4. Parent/Guardian has thoroughly discussed the Dream with the Child.
5. The Dream requested is that of the Child, and not a suggestion from a Parent, Guardian or other adult.
6. The Parent(s) or Guardian(s) whose signature(s) are affixed to this document is/are the sole legal guardian(s) of the Child and each Participant and has sole unconditional authority to execute all legal documents on their behalf.
7. Parent/Guardian agrees to consult with the Physician regarding the physical and emotional effects of the Dream request. Parent/Guardian will follow the advice of the Physician in connection with the Dream. Parent/Guardian has not been promised anything by The Dream Factory or anyone associated with The Dream Factory, Inc.
8. Neither The Dream Factory, Inc. nor anyone associated with it has advised Parent/Guardian regarding the advisability of the Dream and the risk associated with the Dream. Instead, Parent/Guardian is relying solely on the advice and information supplied by the Physician.
9. Parent/Guardian acknowledges that The Dream Factory, Inc. has acted and is acting solely at Parent's/Guardian's request and according to Parent's/Guardian's instructions.
10. Parent/Guardian understands that the decision of The Dream Factory to grant an applicant's dream request is based, in part, on information supplied by Parent(s)/Guardian(s) to The Dream Factory, Inc. The Dream Factory, Inc. retains the right to prosecute, civilly or criminally, any persons responsible for providing false information to The Dream Factory, Inc. with the intent to wrongfully obtain a Dream.

Consideration: Parent/Guardian is freely giving the authorizations and liability releases in this document in consideration of The Dream Factory, Inc.'s considering the dream request, and if it determines, granting the dream request.

Release: Parent/Guardian releases The Dream Factory, Inc. as explained in this paragraph. This release is made by Parent/Guardian for itself, the Child, and any Participant(s). This release extends to all liability, damages and claims of any kind which may be connected with, resulting from or arising from the consideration of the Dream request. For example, this release includes: (1) all problems encountered in connection with transportation, food or lodging; (2) medical problems, both physical and emotional; (3) entertainment; (4) photographs; (5) accidental injury of any kind; or (6) death. This release also includes all liabilities, damages and claims which are not listed in this paragraph.

PARENT ACKNOWLEDGES READING AND UNDERSTANDING THIS GENERAL RELEASE FORM BEFORE SIGNING IT AND AGREES TO ALL OF THE TERMS CONTAINED IN SAID GENERAL RELEASE.

Date

Parent or Guardian

Witness

Parent or Guardian



**DREAM
FACTORY**

**OPTIONAL
INFORMATION RELEASE**

I _____ and _____

Hereby acknowledge and represent that we are the parents and/or legal guardians of

_____.

We hereby authorize The Dream Factory, Inc. or any of its agents, servants, officers or employees to photograph, film and/or electronically record interviews with us, _____, and his/her physicians in such manner as The Dream Factory, Inc. shall choose.

I/We further authorize The Dream Factory, Inc. or any person or organization participating in the taking of said photographs, films and/or electronically recorded interviews to distribute now and at any time in the future any or all of the said photographs, films, and/or electronically recorded interviews to anyone including the general public and to magazines, newspapers, television and radio stations and/or any other organization or person which customarily presents information or news to the general public.

I/We further authorize The Dream Factory, Inc. to disclose to the general public, as well as to the television and radio stations, newspapers and magazines, now or at any time in the future, the name of the child to receive the dream and to freely discuss with anyone any aspect of the child's physical and/or emotional condition.

It is our understanding that by signing this Information Release that any aspect of the child's physical and/or emotional condition becomes public information and that we will no longer have any control over the distribution of said information and acknowledge that the child may learn of his/her condition through other persons and that the child's condition will become common knowledge. It is not necessary for The Dream Factory, Inc. of any other person or organization to contact me/us prior to releasing any of the said information to the general public.

Date

Parent or Guardian

Date

Parent or Guardian

Date

Witness



Fraud Prevention and Response

The Dream Factory takes a serious view of any attempt to commit fraud by its staff members, volunteers or families requesting dreams for their children. It is the policy of The Dream Factory, Inc. that every instance or suspected instance of fraud by its employees, volunteers and dream families will be investigated and reported to the appropriate authorities.

There are two broad categories of fraud perpetrated against nonprofit organizations: internal fraud perpetrated by persons inside of the organization such as employees, officers and volunteers; and external fraud committed by persons such as vendors, donors, dream applicants and program participants.

For the purpose of this policy, the term fraud is used to describe a range of actions such as deception, forgery, theft, embezzlement, misappropriation, and false representation. Fraud is further defined as the intentional false representation or concealment of a material fact for the purpose of obtaining an advantage, avoiding an obligation or causing a loss.

Because of the potential damage to The Dream Factory's reputation in terms of negative publicity, lower employee and volunteer morale, the cost of litigation and investigation, and disruption to the operations of the organization, fraud against The Dream Factory will be reported to the police and appropriate prosecuting authority for investigation which may result in criminal action being taken against the alleged perpetrators.

This policy applies to the parents/guardians of children completing dream applications as well as to employees, volunteers and officers of The Dream Factory, Inc.

Read and acknowledged: _____ Date: _____
(Print parents/guardians name(s) here)

(Signed) _____

(Signed) _____

Parents or Legal Guardians of _____



Medical Authorization

As the primary care physician for _____, I,

_____ M.D. or D.O., am familiar with the physical condition of the abovenamed child and am of the opinion that the condition of the abovenamed child is of a critical or chronic nature and therefore meets the criteria for dream fulfillment by The Dream Factory, Inc. I have explained to the

abovenamed child's parent(s) or legal guardian(s) the medical condition of the abovenamed child. I have discussed with the parents(s) or legal guardian(s) the risks involved, both physical and mental, with participation by the abovenamed child in fulfillment of the dream as it was explained to me and as hereinafter described. I have instructed them as to who to call in the event medical assistance is needed and how to handle medical emergencies.

As long as the parent(s) or legal guardian(s) take sufficient precaution to protect the abovenamed child in accordance with my instructions to them, I am of the opinion that the participation in the dream described to me by the abovenamed child will not present medical risks to him/her sufficient to prevent my recommendation that he/she participate in the following dream which will involve a reasonable amount of time.

Child's Date of Birth: _____

Description of the Child's Illness:

Description of the Dream:

Witness's Signature

Physician's Signature

Date

Date

Physician's Office Address

Physician's Office Phone Number

Physician's Emergency Phone Number