



Application Form

Eligibility requirements:

Milford or Orange resident

60 years of age or older

Annual income of no more than \$20,000 for an individual or \$25,000 for a couple

Name _____

Today's Date ___/___/___

Address _____

Date of Birth ___/___/___

Telephone number _____

Annual Income \$ _____

Contact person _____

Contact telephone # _____

To the best of my knowledge, the above information is correct and I give the Senior Wish Society permission to verify this information.

Signature of applicant

Date signed

The Wish

If your wish of approximately \$300 - 500 was granted, what would you wish for?

_____ An appliance describe _____

_____ Money toward a bill describe _____

_____ An outing such as dinner, show, visiting friends or family...

_____ Other (please explain) _____

Please tell us how you heard about the Senior Wish Society? _____

The Senior Wish Society is sponsored by: Golden Hill Health Care Center, Home Care Plus, Attorney Jay Jaser, and Laurel Gardens of Milford and Orange.

**Completed applications should be mailed to: Senior Wish Society
PO Box 135
Milford, CT 06460
(203) 877-2296**