

# United Way *Golden Wishes*



United Way of Miami-Dade

## ABOUT

Golden Wishes is a United Way initiative launched in 2016 to help make dreams a reality for local older adults (age 60+) in Miami-Dade County by teaming up with nonprofits and community groups to grant wishes. Together, we aim to celebrate older adults that continue to go above and beyond for their families, friends, and community – or those that need a little help to overcome a barrier.

## ELIGIBILITY

Nominees must be 60 and older, and live in Miami-Dade County. The committee is seeking truly meaningful and compelling wishes for deserving seniors with financial constraints who are without the means to fulfill their wish on their own.

Nominations and co-creation of wishes are accepted from “wish partners.” These are individuals, nonprofits, companies, civic or faith groups, or other community groups that want to honor an older adult in a special way. Remember that as a nominating entity or group you automatically lead the wish fulfillment team which is the hands-on team responsible for planning and executing the overall wish of nominees. Golden Wishes may assist with the financial and in-kind resources needed. Priority is given to honorees that lack the financial resources to satisfy the wish on their own

## TYPES OF WISHES GRANTED

- **TIER 1: Solutions & Basic Necessities**
  - (e.g. overcoming a barrier, home maintenance and repairs, replacing a broken appliance or furniture, bill assistance.)
- **TIER 2: Enhancing Health & Wellness**
  - (e.g. exercise equipment for older adults, fitness tracking devices, health monitors, medication dispensing system, Uber gift cards to attend medical appointments, gardening kits, arts and crafts kits, puzzle and board game kits.)
- **TIER 3: Fostering Connectivity & Learning**
  - (e.g. tablet with downloaded apps tailored for older adults, jitterbug phone, virtual concert or meet and greet, tuition for a virtual class.)
- **OTHER:** Wishes with significant meaning to the recipient that are COVID19 safe and appropriate

*Wishes will NOT be granted for cash, automobiles, real estate, major home renovations, legal services, medical treatments or other wishes (at the discretion of the volunteer selection committee) and any wish selected will have a budget and financial cap.*

## **NOMINATION FORM INSTRUCTIONS DEADLINE:**

**Monday, March 8th, 2021 by 5:00pm**

Start today by identifying a deserving older adult, envision a wish your organization or group would like to organize for them, and complete a nomination form to let us know how Golden Wishes can help.

To nominate someone, simply fill out the nomination form on the following pages and email it to [goldenwishes@unitedwaymiami.org](mailto:goldenwishes@unitedwaymiami.org).

Alternatively, you may drop the nomination form off in-person or mail it to:

United Way of Miami-Dade  
Attn: Golden Wishes  
3250 Southwest Third Avenue  
Miami, FL 33129

*Mailed applications must be postmarked by the due date and time in order to be considered.*

For more information, contact Camila Bernal:  
[goldenwishes@unitedwaymiami.org](mailto:goldenwishes@unitedwaymiami.org) or 305-646-7086

## NOMINATION FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

### A. NOMINEE PROFILE (i.e., the person you'd like to receive the wish)

Nominee's Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Senior Living Facility Name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### Nominee's Demographics & Language:

Year of Birth: \_\_\_\_\_ Gender:  Female  Male  Other

Language:

- English (receiving all communications in English is OK)
- Spanish only
- Spanish preferred, but some English is OK
- Haitian Creole only
- Haitian Creole preferred, but some English is OK
- Other / Additional comments:

#### About the Nominee:

1. Past occupations/careers: \_\_\_\_\_

\_\_\_\_\_

2. Interests, hobbies or other passions: \_\_\_\_\_

\_\_\_\_\_

3. Are there any physical or cognitive impairments (or other) that may influence the nominee's ability to participate in the wish? (Golden Wishes will make every effort to accommodate impairments when planning Wishes.)

- Yes (please describe: \_\_\_\_\_)
- No

4. To the best of your knowledge, what best describes the nominee's transportation situation:

- Has a car and drives self
- Has reliable family, friends or service to provide transportation
- Often takes public transportation
- Requires other transportation solution be provided

**B. NOMINATOR INFORMATION**

**Nominator's Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Organization/group: \_\_\_\_\_

**Additional Nominator Information:**

What is your relationship to the nominee? (e.g., family, friend, service provider, doctor, etc.): \_\_\_\_\_

\_\_\_\_\_

If your nominee's wish is selected, the expectation is that you will lead the wish fulfillment process, including coordinating wish fulfillment and serving as the primary point of communication between United Way and the nominee.

**C. WISHES**

As part of your nomination, you may submit up to three wishes (a first-choice wish, and alternate second- and third-choice wishes). If your first wish is particularly costly, providing less-costly options as second and/or third wishes is recommended.

**1. First Choice Wish**

**Please select a category:**

- Solutions & Basic Necessities
- Enhancing Health & Wellness
- Fostering connectivity, learning and/or new experiences
- Other

Description: What is the wish you envision? Please provide as detailed a description as you can and elaborate on the value and an initial execution plan. (200 character minimum) \_\_\_\_\_

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\_\_\_\_\_

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Value: What will make this wish so special, meaningful and impactful for the recipient? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Alternate: Second Choice Wish**

Please select a category:

- Solutions & Basic Necessities
- Enhancing Health & Wellness
- Fostering connectivity, learning and/or new experiences
- Other

Description/Value/Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Alternate: Third Choice Wish**

Please select a category:

- Solutions & Basic Necessities
- Enhancing Health & Wellness
- Fostering connectivity, learning and/or new experiences
- Other

Description/Value/Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. SPECIAL CONSIDERATIONS**

1. What else can you share about the nominee relevant to the goal of granting wishes to a “truly deserving older adult”?

Here are some questions to help you think (these are not required questions):

- What is your motivation for wanting to honor, value and celebrate the nominee?
- What special contributions has/is the nominee making to their family, friends, neighbors and/or community?
- How long has the nominee been interested in this wish? Is the wish something the nominee has ever done before?
- Is it beyond the financial means of the nominee to achieve this wish on their own?

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**E. SIGNATURE (Nominator)**

By submitting this wish, I acknowledge that acceptance of this application by Golden Wishes (GW) does not constitute commitment by GW to fulfill the wish request. If GW determines that this wish should enter the next stage of the wish process, a GW representative will contact me for more information. I understand that this contract also does not constitute a commitment to grant a wish. Furthermore, I release GW from all liability relating to injuries that may occur in the process of granting the wish. By signing the application form, I agree to hold GW entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by any circumstances.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

***Did any service provider assist you in completing nomination form? If so, provide:***

Staff name: \_\_\_\_\_ Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_