



General - Unchained Foundation Request Application (Non-Hospice)

If the Unchained Applicant is under hospice care, please have the hospice social worker complete a Hospice Application. The Hospice Application is processed more quickly and available online for the social worker ONLY to submit.

Dear Unchained Applicant,

Unchained Foundation, a Texas nonprofit organization with status as 501(c)3 tax exempt charitable corporation status, is dedicated to providing inspiration, comfort, and closure to critically ill adults. With the unwavering support of volunteers, hospices, healthcare organizations, and compassionate donors, we strive to bless our clients by granting them the opportunity to be unchained from the chaos of daily life.

Help us to help you make your Unchained Request come true...

- If you are under hospice care, please have your hospice representative submit a Hospice Application.
- Please read this form very carefully and follow all the instructions to complete the steps necessary to make your Unchained Request come true.
- You will find many answers to your questions in our [Frequently Asked Questions](#) section.
- Please submit all required information; **incomplete applications will be denied.**

Unchained Foundation is a Texas nonprofit 501(c)(3) organization formed February 28, 2024, all monetary and in-kind donations are tax deductible. We place the utmost priority on protecting the privacy of our benefactors and recipients. Unchained Foundation keeps all information in strict confidence. We will not sell or trade personal information to any other entity.

We do not grant the following types of Requests:

- Requests for adults with chronic illnesses— with the exception of individuals with a clinical prognosis of 12 months or less
- Requests from individuals living outside the USA
- Surprise Unchained Requests
- Cruises
- Legal assistance
- Cash/Financial assistance
- Hunting
- Reimbursements
- Funeral arrangements or posthumous requests
- Automobiles, Lifts, Repairs, RVs or Rentals
- Travel outside the United States. However, on a case-by-case basis we may allow one-way travel to countries outside of the U.S. for patients who wish to die at home and consider travel to U.S. territories.
- Property, home improvements, repairs, or housing assistance
- Medical treatment, supplies, equipment, transport, etc.
- Any Unchained Request in violation of the rules, policies, or procedures of our organization or that of our corporate partners, in effect from time to time

HEADQUARTERS & MAILING ADDRESS
263 Housefinch Loop, Leander, Tx 78641
PHONE 737-738-1190

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Step 1: Application Requirements

- **Please include a photograph, personal letter, and copy of tax return** for the most recent year in which you filed (outlined in detail below).
- **Photograph:** Must be clear and taken within the past year. It may include family, pet, etc.
- **Letter:** Your letter should:
 - Be 1-2 pages, clearly describe your Unchained Request, its importance to you, what it means to you and where the most help is needed to fulfill that Unchained Request
- **Annual Income:** Please provide a copy of the signature page of your most recent tax return (Form 1040) or other proof of annual household income (e.g. SSI, Disability Statement or Bank Statement)

Step 2: General Information

Applicant's Legal Name: _____ Email: _____

Address: _____

City/State/Zip: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Age: _____ Ethnicity (Optional): _____

(Must be over 18)

Military Veteran: Y ___ or N ___ Branch and Dates of Service: _____

Are there Clubs, Organizations or Churches you are a member of you would like to participate in this?
(Optional): _____

Gender: _____ Referred by: _____

Present/Most Recent Employer: _____ Current Annual Household Income*: _____

Other Contact Person: _____ Relationship: _____ Phone: (____) _____

Address: _____ Email: _____

(Including City/State/Zip if different from above)

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Unchained Foundation Recipient Request: _____

Alternative Unchained Foundation Request (Must be entirely unrelated to the first request.):

(If no alternative request is listed, only the primary request will be pursued.)

Has Applicant ever been granted a request by another organization? _____ Yes _____ No

Does Applicant, or a participant in the request, have a well-funded credit or debit card? _____ Yes _____ No

____ VISA ____ M/C ____ Other: _____

Does Recipient, or one of the participants in the request, have a valid driver's license or ID? _____ Yes ____ No

Is an application submitted or pending with another wish-granting organization? _____ Yes _____ No

If yes, where? _____

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Step 3: Unchained Request

UNCHAINED APPLICANT: _____

Unchained Request: _____

Alternative Unchained Request (Must be entirely unrelated to first Unchained Request): _____

(If no alternative Unchained Request is listed, only primary Unchained Request will be pursued)

Participants requested family, spouse, caregiver, and children under the age of 18 living at home:

RECIPIENT CHILD'S NAME:	SEX:	RELATIONSHIP:	AGE:	DOB:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Step 4: Medical Information:

Unchained Applicant's Signature: _____

This Part To Be Completed By Physician Only

Physician's Name: _____

Physician's Address: _____
(Including City/State/Zip)

Phone Number: () _____ Fax Number: () _____

If patient is under hospice care - Hospice Name: _____ Phone: () _____

(A Hospice Application that is more expedited is available for social worker to fill out on our website at www.unchainedfoundation.org)

Applicant's Diagnosis: _____

Current Life Expectancy in MONTHS: _____

I certify that I am the treating physician of the Applicant. To the best of my knowledge, my patient **has a life expectancy of 12 months or less** OR my patient could not actively participate in the Unchained Request beyond the next 12 months. I certify that my patient is of sound mind, and capable to sign legal documents. I have discussed (or will discuss) the Unchained Request with my patient and have deemed it safe and reasonable if his/her Unchained Request is granted within the next three months.

Signature of Physician, NP or PA only **Title** **Date**

Step 5: Unchained Request Agreement

Please initial items 2, 3, 4, 5 and 20 where indicated, below:

- 1. Granting of Request.** Unchained Foundation (“UF”) shall assist with the Unchained Requests for the person identified below (“Recipient”) and Recipient’s immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father, and/or dependent children who live in the home and are under the age of 18, subject to the terms and conditions set forth in this agreement. UF reserves the right in its sole and absolute discretion, to decide if a Unchained Request will be granted and on what terms. UF shall have no obligation to fulfill any Unchained Requests hereunder if it elects to terminate or abandon such Unchained Requests pursuant to section 10 below.
- 2. Permission to disclose medical condition.** The Recipient grants UF the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the Unchained Request. Furthermore, the Recipient grants UF permission to obtain medical information about the recipient which UF may feel necessary for fulfillment of the Unchained Request and authorize all physicians and medical care providers to provide UF with all medical information. _____ **[initial here]**
- 3. Waiver.** The Recipient and all participants hereby forever waive any and all rights or claims he or she may have or may hereafter acquire against UF, its officers, directors, agents, and employees arising out of any injury, harm damage or loss of any kind to body or property, including without limitation the transmission of infectious or communicable disease and/or attorneys’ fees (collectively “Losses”) suffered or incurred by the Recipient, and any participant, arising out of or in any way related to UF’s preparation, execution or fulfillment of the Unchained Request, whether or not such Losses were caused by the active, passive or gross negligence or omission of UF or any other person. _____ **[initial here]**
- 4. Release.** Recipient, and all participants, together, and each of them individually, do hereby forever release and hold UF, its officers, directors, agents, and employees harmless from any and all Losses suffered or incurred by Recipient or any participant arising out of or in any way related to UF’s preparation, execution or fulfillment of the Unchained Request, whether or not such Losses were caused by the active, passive or gross negligence of UF or any other person. _____ **[initial here]**
- 5. Indemnity.** Recipient, and all participants, jointly and severally, do hereby agree to indemnify and hold UF, its officers, directors, agents, and employees harmless of and from any and all Losses suffered or incurred by UF, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising from the actions or omissions of Recipient and any participant during the

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preparation, execution and fulfillment of the Unchained Request, or due to a breach by Recipient, or any participants, of the representations, warranties or covenants contained in this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys' fees and costs incurred by UF, its officers, directors, agents, and employees in retaining attorneys of UF's choice to defend any and all such claims, lawsuits, and actions. _____ **[initial here]**

6. **Relatives/Friends.** No person may accompany the Recipient during any portion of the Unchained Request fulfillment, unless specifically agreed to in writing between UF and Unchained Recipient.
7. **Unchained Request expenses.** The expenses UF has agreed to pay for are those foreseeable and directly related to the fulfillment of the Unchained Request. Unchained Request Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond UF's control, especially if fulfillment of the Unchained Request involves travel. UF shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by UF pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond UF's control. For example, a particular Unchained Request may contemplate UF paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient's medical condition deteriorates so that immediate hospitalization is necessary, Recipient may be forced to remain away from home longer than the period of time contemplated by the Unchained Request. In that event, it will be the sole responsibility of the Recipient to pay for all expenses in excess of those for which UF has agreed to pay, whether medically-related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature. If death occurs during Unchained Request, UF is unable to assist in any way.
8. **Fundraising.** As a participant in Unchained Foundation program, if needed, a campaign may be undertaken in your community, with your prior approval, to raise funds and/or frequent flyer miles to fulfill the Unchained Request. Money raised will be used for your Unchained Request up to a maximum allocation as described in item 7. Funds or miles raised above the allocation for your Unchained Request will be used for future Unchained Requests.
9. **Representations and warranties.** Recipient, relatives, friends, and participants, jointly and severally, make the following representations and warranties to UF:
 - (a) they have made a true and full disclosure of all medical conditions to UF;
 - (b) all information contained in the application and any materials provided in support of the application are true and correct in all material respects;
 - (c) they will notify UF if and when Recipient's medical condition should deteriorate at any time prior to fulfillment of the Unchained Request;
 - (d) they are carrying, or during the fulfillment of the Unchained Request shall be carrying, full medical insurance, including any additional coverage which may be required as a result of the

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Unchained Request to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;

(e) if fulfillment of the Unchained Request involves travel, they are able to bear the financial burden of the potentially substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond UF's reasonable control (as set forth in paragraph 7), and that they assume the risk and personal responsibility for such expenses;

(f) if fulfillment of the Unchained Request involves travel or the gathering, participation in or exposure to large groups, they are fully aware of the health and safety risks associated with such Unchained Requests, including without limitation potential exposure to infectious or communicable disease, impositions or quarantine, restrictions of movement and or travel advisories, the threat of such risks, or the occurrence of any loss, damage cost or expense, including Losses, as a result.

(g) Recipient has not previously been granted a Unchained Request by UF or another charitable Unchained Request-granting organization; and

(h) in requesting UF to fulfill the Unchained Request, the Unchained Request Recipient is not relying upon nor have they received any counsel or advice from UF with respect to the advisability of or the risks attendant to the Unchained Request.

10. Termination of Unchained Request. Unchained Foundation shall terminate the preparation and/or fulfillment of the Unchained Request after the signing of the Agreement, if: (1) Unchained Foundation determines, after consulting with a medical professional, that fulfillment of the Unchained Request may endanger the health or safety of Recipient or of others involved in the Unchained Request; (2) Unchained Foundation determines, after consulting with a medical professional, that the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the Unchained Request; (3) the Recipient passes away prior to the fulfillment of the Unchained Request; (4) UF determines, in its sole and absolute discretion, that the Unchained Request Recipient, his or her Unchained Request or the participants of the Unchained Request do not complement the values of the UF or those of its corporate partners; (5) Recipient and any participants have breached any of the representations, warranties or covenants contained in this Agreement, or (6) the Unchained Request is in violation of the rules, policies or procedures of Unchained Foundation or its corporate partners, in effect from time to time. In the event UF aborts preparation or fulfillment of the Unchained Request, Recipient, and all participants agree that UF shall not be held liable or responsible for any expenses that Recipient, or any participants may have incurred in contemplation of UF's fulfilling the Unchained Request. NOTE: Only Unchained Foundation may make a request for resources on behalf of a Unchained Request. If the Unchained Request Recipient, any participants, friends or anyone having knowledge of this Unchained Request uses the name of Unchained Foundation to solicit support, the Unchained Request will be immediately disqualified and terminated.

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11. **Further assurances.** Recipient, and all participants agree that he or she shall, at the request of UF, execute and deliver to UF all further documents that UF deems necessary or appropriate in order to prepare, execute and fulfill the Unchained Request, including without limitation, evidence of permission to perform a background check on the Recipient.
12. **Counterparts.** This Agreement may be executed in counterparts, any of which shall be deemed to be an original.
13. **Amendment.** This Agreement shall not be modified or superseded, except by a writing executed by the parties.
14. **Governing law.** The laws of the State of Texas shall govern this Agreement without regard to its conflict of laws principles. All disputes arising out of this agreement between the parties shall mediated informally. If the parties are unable to resolve their disagreements informally, exclusive venue of all disputes is in Williamson County Texas with suit in a state district court or county court at law.
15. **Binding effect.** This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.
16. **Severability.** If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.
17. **Entire agreement.** This Agreement, the application and all materials provided in support of the application constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.
18. **Captions.** The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.
19. **Proof of financial hardship.** Unchained Request Recipient understands UF reserves the right to request documentation of financial hardship.

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20. Grant of Right of Publicity. PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENT OF THE UNCHAINED REQUEST MAY RESULT IN PUBLICITY, WHETHER OR NOT THE UNCHAINED FOUNDATION ACTIVELY TAKES STEPS TO PUBLICIZE THE UNCHAINED REQUEST.

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The Unchained Request Recipient and Participants hereby irrevocably authorize UF: (a) to publicize and use Participants' likenesses, voices and features, with or without their names, for any publication, promotion, advertisement, trade, business use, or any other purpose whatsoever in perpetuity; (b) to photograph, videotape, film, and record each participant in any manner the Unchained Foundation chooses; (c) to copyright, convey, transmit or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, through all media presently in existence or later invented, throughout the world, including without limitation print, video, television, radio, digital, internet, and social media; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any Unchained Request granted.

The Unchained Request Recipient and each of the participants agrees that it is not necessary for UF or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby releases UF from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the Unchained Request.

Initial here: _____ (Must be initialed by ALL Participants)

By signing below, you affirm and acknowledge that you have read this Agreement, have retained a copy, and fully understand and agree to its provisions. All Participants must sign Agreement. For any minor Participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor.

_____	_____
Unchained Request Recipient	Date

_____	_____
Unchained Request Participant	Date

_____	_____
Unchained Request Participant	Date

_____	_____
Unchained Request Participant	Date

_____	_____
Unchained Request Participant	Date

_____	_____
Unchained Request Participant	Date

_____	_____
Unchained Request Participant	Date

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HIPAA FORM

Authorization for Use/Disclosure of Protected Health Information

TO: _____
(Physician)

(Physician's
Address)

(Physician's Telephone Number)

RE: _____
(Patient – Print Name Legibly)

(Patient's Date of Birth)

I authorize the use and disclosure to Unchained Foundation of protected health information about Patient as described below:

Information that may be used/disclosed: All protected health information relating to Physician's assessments of:

- (a) **whether Patient is medically eligible for Unchained Foundation 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 Unchained Foundation forms that the Unchained Foundation may require, including forms relating to Patient's medical eligibility, the requested wish and medical considerations relating thereto.**

Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives.

Persons authorized to receive the information: Employees or other authorized representatives of: UNCHAINED FOUNDATION – 263 Housefinch Loop, Leander, Tx 78641
Phone: 1-737-738-1190 www.unchainedfoundation.org

Purpose for which information will be used/disclosed: To enable Unchained Foundation to obtain:

- (a) Physician's assessments regarding whether Patient is medically eligible to have a Unchained Request granted by the Unchained Foundation and, if so, whether the requested wish is medically appropriate; and

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- (b) pertinent information relating thereto.

Expiration date/event: This authorization expires once Patient’s Unchained Request has been granted by Unchained Foundation or a final determination has been made that Patient is not eligible to receive a Unchained Request.

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 so notifying Physician in writing, except to the extent that action has already been taken in reliance on the authorization;
- (b) 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.

Patient Name	Patient Signature	Date
Patient Representative	Patient Representative Signature	Date

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Mailing Instructions for Application and Completed Application Checklist:

Please use this list to check-off each step of the application before submitting.

(Without these items your application will be denied)

_____ **1.** Step 1 of the application completed and sent with a:

_____ Clear and recent photograph (within the past year)

_____ Request letter 1- 2 pages clearly describing the Unchained Request

_____ Copy of the signature page of your most recent tax return or other proof of annual income
(e.g. SSI, Disability Statement or Bank Statement)

_____ **2.** Step 2 and Step 3 of the application completed with ALL required information

_____ **3.** Step 4 of the application completed and signed by your doctor

_____ **4.** Step 5 of the application, the Unchained Request Agreement Form:

_____ Initial numbers 2, 3, 4, 5 and 20

_____ Sign and date at the bottom

_____ **5.** HIPAA form completed and signed (Disclosure Form - HIPAA, Health Insurance Portability and Accountability Act)

_____ **6.** The attached Frequently Asked Questions section has been reviewed fully.

If you are not sure if your application is complete, please call us at (805) 564-2131 and we will happily answer your questions. If we receive an incomplete application it will be denied.

Please mail completed application to:

Unchained Foundation
263 Housefinch Loop
Leander, Tx 78641

No faxed applications will be accepted.

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Frequently Asked Questions

Unchained Foundation grants final Unchained Requests for adults with a life-threatening illness. With our headquarters located in Santa Barbara, and a network of volunteers and supporters, we serve those in the greatest need around the country. We receive no state or federal funding, relying instead on the generosity of our supporters to fulfill Unchained Requests.

What is a Unchained Request?

- Unchained Request must come from the adult diagnosed with a terminal or life limiting illness.
- Unchained Applicant must be able to communicate the Unchained Request and comprehend/participate in the Unchained Request experience.
- Unchained Requests can be small (a dinner out with the family, a computer), elaborate (vacation at the Orlando theme parks, travel to the Grand Canyon), or improve the quality of life (TV, laptop).
- For more examples, please visit our website www.unchainedfoundation.org
- We do not cover funeral expenses or posthumous requests.
- Please also read what Unchained Request we are unable to grant on the cover page of the application.

Do I need to be a Hospice patient to receive a Unchained Request?

- No. We have a Hospice Application for hospice patients, and a General Application for patients still pursuing active treatment.

Does it matter where I live in order to get a Unchained Request fulfilled?

- You have to live within the contiguous United States, Hawaii, Alaska or Puerto Rico.
- You don't have to be a US citizen, but need to currently reside in the US or Puerto Rico.

Filling out the application:

- Anyone can fill out the application, but the Unchained Applicant (or if the applicant is unable to sign, his power of attorney) has to sign it. We need to make sure that this is the patient's Unchained Request, not someone else's for the patient.
- Anyone can write the Unchained Request letter, as long as it reflects the applicant's Unchained Request.
- The applicant has to be able to communicate his/her Unchained Request, so if a patient is unconscious or unresponsive, we are not able to help.
- If you had a wish through Make-A-Wish Foundation as a child, we need to know when that was and what your wish was, in order to determine your eligibility at this time.
- If your doctor does not want to put down a life expectancy, send the application in anyway. As long

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as the diagnosis and physicians signature is there, we will try to work with your doctor to find out if you qualify for our program or not.

- Should you get denied based on the life expectancy that your doctor put on the application, feel free to have the doctor fill out Step 4 again at a later time. We will keep your application for a year and would only need the medical part resubmitted within that time frame.
- If you don't want to know what life expectancy the doctor puts in Step 4, Medical Information, feel free to have the doctor mail or fax that page in separately. Please call us for our fax number, should you wish to do that.
- The original application has to be mailed to Unchained Foundation, 263 Housefinch Loop Leander, Tx 78641
- We do accept faxed applications for emergencies only. Should the patient's life expectancy only be from a few days to two months, you can call our office for the fax number to send the application in that way. We do still need the original mailed in; so don't forget to put that in the mail after faxing.

What should I include in my application letter?

- We want to learn about you, your Unchained Request, and the loved ones around you that it may affect. The more detail you can offer, the better. We want to know why your Unchained Request is important and unique to you. Help us understand how this final Unchained Request would make an impact for you and/or those you love.

How long does it take until I get my Unchained Request?

- It takes about three weeks to get the application processed before we begin with the verification process.
- Verification will take anywhere from a few days to several months, depending on the response time of your medical team/doctor.
- Once we start working on the Unchained Request, please allow about three weeks to arrange for air travel, as flights get more expensive the closer to the desired date they are booked.
- Emergency Unchained Requests get processed the day we receive them and are verified ASAP
- While we will do our best to start working on your Unchained Request as soon as possible, we can not rush your request for reasons other than medical necessity.

I do not file taxes, can I still apply? What's the income limit to qualify?

- If you don't file taxes, just let us know about it and if you can, include an SSI, disability statement or a bank statement.
- We want to help those in the greatest of need that are unable to do so on their own. We look at each application individually. We look at the taxable income, take into consideration how many

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people live in the household, geographic location, and also check if the letter talks about financial hardship. Also, if someone wants to meet a celebrity, then lack of financial means may not be the issue, but instead assistance in making that connection.

What do I need to be able to travel?

- If your Unchained Request requires travel, you need a major credit card or debit card with enough funds to cover expenses such as meals and ground transportation, as well as the unforeseen cost associated with a hospital stay and getting home in case of an emergency.
- We do not ask for your credit card number.
- If your Unchained Request includes a hotel stay, you will need a credit card at check-in to cover incidentals. If using a debit card for hotel check in please be aware that a hold will be put on the card from the hotel. Often, the blocked funds will not be released until about a week after your stay.
- You need a valid government issued picture ID.
- Your doctor needs to approve your travel. We will fax additional paperwork to your doctor to best assess your medical needs and make sure that you are cleared for travel.

What is included in a travel Unchained Request?

- Typically, we cover air transportation (economy class only) as well as accommodations (one hotel room/family room only).
- We provide travel within the USA, Hawaii, and Alaska based on your location and at our discretion.
- On a case-by-case basis, we may allow one-way travel to countries outside of the U.S. for patients who wish to die at home and consider travel to U.S. territories.

Who can be part of my Unchained Request?

- The Unchained Request will be for the Unchained Applicant, one other adult as a caregiver, as well as your children under 18 that live in your home.
- An additional caregiver will be accommodated at the doctor's request for medical reasons only.
- Caregiver does not have to be a family member.
- Additional people would be responsible for their own trip planning/cost.

Unchained Foundation is a Texas nonprofit 501(c)(3) organization formed February 28, 2024, all monetary and in-kind donations are tax deductible. We place the utmost priority on protecting the privacy of our benefactors and recipients. Unchained Foundation keeps all information in strict confidence. We will not sell or trade personal information to any other entity.

If I want to visit family or have family sent to visit me, how long can I/they stay and how many family members can be included?

- As long as you can stay with family or family can stay with you, there is no time limit.
- If you or your family need hotel accommodations, we can only cover 3-4 nights and one hotel room only.
- If we bring family to you, we will be able to cover 2-3 tickets if they are flying, or gas money for one vehicle.
- If you go to visit family, we will include you, your caregiver and your children under 18 who live with you.

What if I have special medical needs?

- We are unable to assist with medical needs, such as ambulance transportation, oxygen, medical equipment, nurses and aides, dialysis, etc.
- We are unable to arrange or provide hospice care away from home, dialysis treatments, or arrange for your oxygen needs.
- Should you have a medical emergency during your Unchained Request, we are unable to assist in any way.

What if I want dentures?

- We will do our best to find a dentist that will work with us to provide dentures for you. However, we will only be able to help if there are no teeth left, as pulling teeth is considered a medical procedure.

What if I want to meet a celebrity?

- Celebrities are hard to reach and they are very busy people. For that reason, it can take many months to arrange for a meet and greet.
- Celebrities do not make house calls, so you have to be able to travel to the concert/event that the celebrity is at in order to meet her/him and still meet our travel requirements (see above)
- In order for a meet and greet to be a good experience for both sides, we ask that if you apply to meet a celebrity, you are able to communicate with him/her.
- Before beginning a celebrity Unchained Request, we will have a trained volunteer meet you so that we may learn more about you and why meeting this celebrity is so important to you.

What is an emergency Unchained Request?

- If the life expectancy of the applicant is two months or less, we consider the Unchained Request to be an emergency. These requests can be faxed in, but the original still needs to be mailed. Please call us for our fax number
- Emergency Unchained Requests get processed the day we receive them and are verified ASAP
- If an emergency Unchained Request is for a bedside reunion or similar, our turnaround time can be within 24 to 48 hours.
- Emergency Unchained Requests cannot be celebrity Unchained Requests.
- If an emergency Unchained Request requires travel by the applicant, we will consider a road trip within limited boundaries only.

Please keep in mind — Unchained Foundation reserves the right to its sole and absolute discretion to cancel/change preparation or fulfillment of the Unchained Request at any time after signing the Agreement if the organization feels the Unchained Request will endanger the health or safety of the recipient. Therefore, we ask that all Unchained Requests be realistic for the recipient and for Unchained Foundation to fulfill.