



Join the Wellness Wishes Family and Become a Recipient of Our UWAR Projects

Please complete the following application in its entirety and return per instructions below.

Name: _____

Address: _____

Phone Number: _____ Email: _____

Veteran Senior Citizen Caregiver Birthday: _____

Do you have a Full-Time or Part-Time Caregiver? YES NO

If VETERAN, list rank, branch & service date: _____

Do you currently utilize adaptive equipment (ex: walker, wheelchair, etc.)? YES NO

If YES, please explain: _____

Please note your income tier:

Below \$1,000 per month	
Between \$1,100 - \$2,000 per month	
More than \$2,000 per month	

Please note any and all issues that you have, or that are a concern for you:

Mobility Issues		Overall physical condition	
Balance Issues		Overall mental condition	
High-Risk for Falls		Overall medical condition	

Briefly explain why you feel you're the best candidate to receive a UWAR unit (and services) at no cost:

Please submit application to Wellness Wishes via email or postal mail:

apply@WellnessWishes.org

P.O. Box 613 Lithopolis, Ohio 43136

