



## *Dream Maker Program*

### Application

Please complete this application and include a narrative telling us about your “Dream” or your loved ones “Dream”. The completed application should be mailed or faxed to:

*Dream Maker Program*  
Jefferson House  
1 John H. Stewart Drive  
Newington, CT 06111  
Fax: (860) 667-4459

For additional information, please contact the Jefferson House Social Service Department at (860) 667-4453.

\_\_\_\_\_  
Recipient (Who the “Dream” is for)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person completing this application

\_\_\_\_\_  
Relationship to recipient

\_\_\_\_\_  
Telephone number of person completing this application

\_\_\_\_\_  
Signature of person completing this application

My Dream Is... (you may attach additional pages if needed):