



WISH REFERRAL FORM page 1 of APPLICATION

Date Form Completed: _____
Should this application be expedited? **Yes** **No** If yes, please state reason: _____

WISH CHILD INFORMATION

Name: _____ DOB: ___/___/___ AGE _____ Gender: **Male** **Female**
Medical Condition: _____ Primary Language: _____
Permanent Address: _____
Street Address City State Zip Code County
Current Address (if different from above): _____
Street Address City State Zip Code County
Phone: _____ Caringbridge Site Address (if applicable): _____

FAMILY INFORMATION

Parent/Legal Guardian: _____ Parent/Legal Guardian: _____
Mother Father Other: _____ Mother Father Other: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Home Telephone: _____ Home Telephone: _____
Work Telephone: _____ Work Telephone: _____
Cellular Telephone: _____ Cellular Telephone: _____
Email Address: _____ Email Address: _____
Primary Language(s): _____ Primary Language(s): _____
Employer: _____ Employer: _____
Sibling(s) Name & Age: _____

PHYSICIAN AND MEDICAL INFORMATION

Physician Name: _____ Hospital/Treatment Facility: _____
Office Telephone: _____ Fax: _____
Address: _____
Street Address City State Zip Code

WISH INFORMATION

Has the child ever received a wish from **Wishes & More**® or another wish granting organization? **Yes** **No**
Does the child reside with both biological parents? **Yes** **No** * If no, additional paperwork may be necessary.
Is the child aware of his or her condition? **Yes** **No**
Is the child able to verbalize his or her wish? **Yes** **No** If no, how does the child communicate? _____
Does the child have developmental delays? **Yes** **No** If yes, what is developmental age? _____

NOTE: Wishes & More® does not solicit wish recipients as the family may not be ready to accept **Wishes & More**® as part of their lives at this time. Therefore, please respond to the next statement:
The parent/guardian is aware that you are completing this form on their behalf. **Yes** **No**

Name: _____ Relationship: _____ Phone: _____ Email: _____

For office use only:

Eligibility confirmed Yes No Date: _____ if no, state reason: _____
Wish Wizards: _____