



WISH REFERRAL FORM APPLICATION (Page 1 of 6)

Date form completed: __/__/__
Expedite application: **YES** **NO**
Reason: _____

WISH CHILD INFORMATION Wish Number: _____

Name: _____ Nickname: _____
First Middle Last
DOB: __/__/__ Age: ____ Gender: **Male** **Female** Medical Condition: _____
Wish Child Cell Phone: _____ Wish Child Email: _____
Permanent Address: _____
Street Address City State Zip Code County
Current Address (if different from above): _____
Street Address City State Zip Code County
Primary Language: _____ Caring bridge 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: _____
Veteran? Yes No Active Inactive	Veteran? Yes No Active Inactive
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**
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: Wish Wizards _____