



WISH REFERRAL FORM

WISH CHILD INFORMATION

Wish Number: _____

Name: _____ Nickname: _____ Gender: **Male** **Female**
First Middle Last

DOB: ____/____/____ Age: ____ Medical Condition: _____ Current School: _____

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: _____ 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: _____

Veteran? **Yes** **No** Active Inactive

Veteran? **Yes** **No** Active Inactive

Preferred contact person: _____ Preferred contact method: **Phone** **Email** **Text**

Sibling(s) Name & DOB: _____

PHYSICIAN AND MEDICAL INFORMATION

Physician Name: _____ Hospital/Treatment Facility: _____

Office Telephone: _____ Fax: _____

Physician Email: _____ Address: _____

Social Worker: _____ Social Worker Email: _____

Social Worker Telephone: _____ Address: _____

WISH INFORMATION

Has the child ever received a wish from **Wishes & More**® or another wish granting organization? **Y / N**

Is the child aware of his or her condition? **Y / N**

Is the child able to verbalize his or her wish? **Y / N** If no, how does the child communicate? _____

Does the child have developmental delays? **Y / N** If yes, what is developmental age? _____

Does child reside with both legal guardians? **Y / N** If no, additional forms may be needed

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. Y / N

Name: _____ Phone: _____ Email: _____

Date form completed: ____/____/____ Relationship: _____ Expedite application: **Y / N** Reason _____