



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: _____ 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: _____
 Physician Email: _____
 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: _____
 Date form completed: ____/____/____ Expedite application: **YES** **NO** Reason _____