

New Hope for Kids Wish Application

Please print Attach PHOTO
Wish Child _____ Sex _____ Date of Birth ____/____/____ Age _____

Address _____ APT. # _____ County _____

City State Zip Code Home Phone (____) _____ - _____

Parent(s) or legal guardian(s)
Mr. Mrs. Miss _____ Date of Birth ____/____/____ US Citizen? _____

Mr. Mrs. Miss _____ Date of Birth ____/____/____ US Citizen? _____

Do you need an interpreter? YES NO Is their a family member that can interpret? YES NO

Email Address _____

Cell Phone (Mother) (____) _____ - _____ Cell Phone (Father) (____) _____ - _____

Mother/Guardian Workplace _____ Work Phone # (____) _____ - _____

Father/Guardian Workplace _____ Work Phone # (____) _____ - _____

Please list the name, age and sex of any children (under the age of 18) living in your home:

Name _____	Age _____	Sex _____	DOB ____/____/____
Name _____	Age _____	Sex _____	DOB ____/____/____
Name _____	Age _____	Sex _____	DOB ____/____/____
Name _____	Age _____	Sex _____	DOB ____/____/____

Medical Diagnosis _____

Attending Physician(s) _____

PLEASE PRINT

WISH IDEAS:

1st Choice _____

Special Requirements _____

2nd Choice _____

Special Requirements _____

3rd Choice _____

Special Requirements _____

How did you hear of New Hope Children's Wish? _____

*Primary Language _____ *Race _____

*Annual Income Range:

Under \$15,000 Between \$16,000 and \$25,000

Between \$26,000 and \$40,000 Over \$40,000

*New Hope Children's Wish Program requests ethnic and financial information for reporting and grant-writing purposes only.
Your answers are optional and confidential.

New Hope for Kids Wish Medical Acknowledgement

**MUST BE SIGNED, WITNESSED AND DATED
BY WISH CHILD'S PHYSICIAN(S)**

DIAGNOSIS _____

As the attending physician for _____,
Child's Name (Please Print)

I, _____ M.D., am familiar with
the
Physician's Name (Please Print)

physical condition of the above named child. I am of the professional opinion that this child's illness is potentially **life-shortening or life-threatening**. (This does NOT necessarily mean that the child is currently terminally ill. A life-threatening illness is defined by NHFK as any illness, which will in all likelihood shorten the above-named child's *full* life expectancy.) I am aware that the child's wish is

_____ and in consideration of the child's illness I recommend approval of this wish at the earliest time possible.

Signature of Witness

Physician's Signature

Print Name

Print Name

Physician's ME Number

Date

Date

Address

City

State

Zip Code

(_____) _____
Physician's Phone #

(_____) _____
Physician's FAX #

**New Hope for Kids
Wish Liability Release**

The undersigned _____,
PLEASE PRINT NAMES

the parent(s) and/or guardian(s) of _____ (the "Child")
PLEASE PRINT CHILD'S NAME

and _____,
PLEASE PRINT NAMES AND AGES OF OTHER MINOR CHILDREN PARTICIPATING

hereby represent that we have requested that New Hope for Kids, a Florida not-for-profit corporation, consider granting the wish of the Child above named. We further represent that we have the sole and unconditional authority to execute all legal documents on behalf of, and are the sole legal guardians(s) of the above named Child and all minor children participating.

As evidenced by our signatures set forth below, and in consideration of New Hope for Kids granting said wish, we hereby release New Hope for Kids, and all of its agents, officers, directors, servants and employees from any liability whatsoever in connection with the preparation, execution and fulfillment of said wish, on behalf of ourselves, the above named Child and all other minor children participating. The scope of this release shall include, but not be limited to, problems encountered in connection with transportation, food, lodging, medical problems, (physical and emotional), entertainment, photographs, property damage, and accidental injury of any kind.

(I), (We) further agree on behalf of ourselves, the above named child and all minor children participating, that New Hope for Kids, its agents, officers, directors, servants and employees shall remain free from any and all liability whatsoever in any way connected with granting the wish. This release of liability shall in no manner be affected by the participation by New Hope for Kids, its agents, officers, directors, servants or employees in making arrangements for and participation in the execution and fulfillment of the wish.

We hereby grant permission to New Hope for Kids, to obtain, use and disclose medical information concerning the above named Child as it deems necessary in the consideration of or granting the wish from whatever source or sources it shall determine at its sole discretion, and in accordance with applicable state and federal laws regarding the confidentiality of an individual's medical information. We further authorize each of the physicians who have attended to the above named Child to divulge and release to New Hope for Kids, or its agents, officers, directors, servants or employees, any and all medical information with regard to the above named Child as may be in the possession of or known to such physician. The name(s) and address(es) of all such physician(s) are set forth below:

Physician Name: _____	Physician Name: _____
Physician Address: _____	Physician Address: _____
_____	_____

LIABILITY RELEASE (continued)

We represent that neither New Hope for Kids nor any agent, director, officer, servant or employee of New Hope for Kids, nor any other person associated with said organization, has given us any advice or counsel with respect to the advisability and risk associated with said wish. In that regard we are relying solely upon our own judgment and the advice and information supplied to New Hope for Kids by the above named Child's physician(s). We agree that New Hope for Kids is acting and has acted solely at our request and in accordance with and pursuant to our instructions in this matter and that we will indemnify and hold New Hope for Kids and its agents, officers, directors, servants and employees harmless against any liability, cost or expense (including reasonable attorneys' fees) arising out of any misrepresentation made by us in this release or in any other document submitted by us to New Hope for Kids or our breach of any of our agreements contained herein or therein.

We represent that we have read the above release, prior to its execution, and that we understand and intend to be bound by the contents thereof.

Witness (Adult who sees you sign form)	Signature of Parent/Guardian
Print Name: _____	Print Name: _____

Witness	Signature of Parent/Guardian
Print Name: _____	Print Name: _____

Date	Date
	<u>JOINDER</u>

The undersigned are adult family members of the Child above-named that will participate in the wish if it is granted. We hereby join in this Liability Release for the purpose of releasing New Hope for Kids, its agents, officers, directors, servants and employees from liability to the same extent they are being released from liability by the Child's parents or guardians. We represent that we have read the above Liability Release and Joinder prior to its execution, and that we understand and intend to be bound by the contents thereof.

Witness	Signature
Print Name: _____	Print Name: _____

Witness	Witness
Print Name: _____	Print Name: _____

Date	Date
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New Hope for Kids Wish Publicity Agreement

We, _____
PLEASE PRINT NAMES

The parent(s) and / or guardian(s) of _____ (the "Child")
PLEASE PRINT CHILD'S NAME

and _____
PLEASE PRINT NAMES OF OTHER MINOR CHILDREN PARTICIPATING

give our consent for representatives of New Hope for Kids to use our Child's name and/or picture for the purposes of raising funds to grant his/her wish request.

We give our consent for New Hope for Kids to contact television, radio and newspaper media to do stories about our Child's wish for the purpose of increasing public awareness of New Hope for Kid's program, goals and fundraising needs. We understand that all such stories will be done tastefully and will portray with dignity our Child's condition and our family's situation.

We agree not to initiate contact with news media regarding our Child's wish unless we have first notified New Hope for Kids. If we do contact media sources without notifying New Hope for Kids, we understand that this action may be detrimental to the arrangements being made to grant our Child's wish.

We understand that our willingness to allow our Child's name and picture to be used for publicity may help to facilitate the arrangements for our Child's wish. However, our refusal to participate in New Hope for Kids publicity campaign will not determine whether New Hope decides to grant our Child's wish.

We understand that this publicity agreement in no way affects our Child's right to participate in the publicity campaign for any other organization.

Witness

Print Name: _____

Witness

Print Name: _____

Date

Signature of Parent/Guardian

Print Name: _____

Signature of Parent/Guardian

Print Name: _____

Date

New Hope for Kids Wish Guidelines

1. Wishes are granted by New Hope for Kids to a child (the “Wish Child”) without regard to race, national origin, ethnic background, sex, religion or handicap.
2. The Wish Child must be eighteen years of age or younger when the application is received.
3. **The Wish Child’s attending physician(s) must verify that the Wish Child has a life-threatening illness.** A life-threatening illness is defined by New Hope for Kids as any illness, which will in all likelihood shorten that child’s full life expectancy. Parents or guardians must provide physician verification when submitting the application.
4. The Wish Child’s attending physician(s) must give medical approval in writing of a wish in order for New Hope for Kids to grant the request.
5. Requests for boats, automobiles, motorcycles or other motorized conveyances will not be approved by New Hope for Kids
6. **Only one wish may be granted. New Hope for Kids does not grant wishes to a child who has previously received a wish from New Hope for Kids or another wish-granting organization.**
7. Wishes must not exceed New Hope for Kid’s corporate guidelines for the cost of a wish.
8. An applicant may list up to three potential wishes on the application.
9. No additions to a wish request may be made once New Hope for Kids has processed the application.
10. A Wish Child who desires to meet or speak to a celebrity is hereby advised that the celebrity’s schedule and willingness to meet the Wish Child determine this request. Celebrities are often overwhelmed with such requests. The following procedures are involved to grant the wish:
 1. Locate the agent.
 2. Agent confirms that the child has a life-threatening illness.
 3. Locate celebrity.
 4. Obtain agreement with celebrity to meet Wish Child. Can take 1-2 years.
 5. Finalize appropriate date, time and place for meeting. This usually happens at the last minute. Flexibility is a MUST!
11. Families are advised that New Hope for Kids cannot put a time frame on the granting of a wish. After approval, there is normally a period of six to eight weeks before the wish is granted. This time lag results from the fact that the number of wishes may exceed the amount of funding and/or other necessary resources available at the time. New Hope for Kids has no obligation to consider applications in the order in which they are received.

Guidelines Continued

- 12. Misinformation or forgery in any of the documents submitted to New Hope for Kids will lead to a cancellation of the wish.
- 13. New Hope for Kids is not responsible for the repair or maintenance costs of items that the child has received upon the granting of a wish.
- 14. If the Wish Child's physician(s) requests special arrangements in the granting of the wish, the parents are ultimately responsible for these arrangements, i.e.: medical equipment, presence of medical staff, etc.
- 15. Trips will ordinarily be scheduled for five days and four nights. If funding permits and New Hope for Kids determines that the circumstances are justifiable, a trip may be extended by New Hope for Kids to seven days.
- 16. **New Hope for Kids does not pay medical bills or provide funds for emergency assistance.**

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PLEASE DATE AND SIGN THESE GUIDELINES WHERE INDICATED BELOW, HAVE YOUR SIGNATURES WITNESSED, AND RETURN THEM TO NEW HOPE FOR KIDS TOGETHER WITH THE COMPLETED AND SIGNED WISH APPLICATION, AND THE COMPLETED, SIGNED AND WITNESSED LIABILITY RELEASE AND PUBLICITY AGREEMENT. IN ADDITION, THE ATTACHED MEDICAL ACKNOWLEDGEMENT MUST BE COMPLETED AND RETURNED BY YOUR CHILD'S PHYSICIAN(S) BEFORE NEW HOPE FOR KIDS WILL CONSIDER GRANTING YOUR CHILD'S WISH.

We hereby represent that we have read, understand and agree to these Guidelines, and that the information in the attached Wish Application is true and correct.

Witness
Print Name: _____

Signature of Parent/Guardian
Print Name: _____

Witness
Print Name: _____

Signature of Parent/Guardian
Print Name: _____

Date: _____

Date: _____