**SALESFORCE WISH ASSIST FORM**

****

**Wish Child’s Name: <<Contact\_Name>>**

Proposed Arrival Date: <<Case\_Start\_Date>>

Proposed Departure Date: <<Case\_End\_Date>>

|  |  |
| --- | --- |
| Originating Chapter Contact: <<CaseOwner\_FirstName>> <<CaseOwner\_LastName>> | |
| Phone Number: <<CaseOwner\_Phone>> | Emergency Number: |
| Email address: <<CaseOwner\_Email>> | |

Are there any non-comp participants traveling with the family? **Error! Missing test condition.**If yes, please enter them below:

First Name Last Name DOB Age Relationship to Child

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| <<Relationship\_Start>><<Relationship.RelatedContact\_FirstName>> | <<Relationship.RelatedContact\_LastName>> | <<Relationship.RelatedContact\_HiddenBirthDate>> | <<Relationship.RelatedContact\_Current\_Age>> | <<Relationship\_Type>> |

Best phone numbers to reach the family while they are traveling:

|  |  |
| --- | --- |
| Phone #1: <<Case\_Preferred\_Contact\_Number>> | Phone #2: |
| Emergency Contact (Adult not traveling on wish): <<Case\_EmergencyContactName>> | |
| Relationship: <<Case\_Emergency\_Contact\_Relationship>> | Phone: <<Case\_Non\_Participant\_Emergency\_Number>> |

**TRAVEL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TRANSPORTATION** | | | **Yes** | **No** | **Notes** |
| Rental car needed | | |  |  |  |
| AVIS wizard #: Click here to enter text. | AVIS AWD #: Click here to enter text. | Preferred driver name: Click here to enter text. | | | |
| Wheelchair van needed | | |  |  |  |
| Rental car already booked | | |  |  |  |
| Rental car company: Click here to enter text. | | Confirmation # Click here to enter text. | | | |
| Would you like to book a limo on the wish day (if applicable) | | |  |  |  |
| Other transportation needed? (Shuttle, public transport, etc) | | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACCOMMODATIONS** | | **Yes** | **No** | **Notes** |
| Is lodging needed? | |  |  |  |
| If no, please provide an explanation: Click here to enter text. | | | | |
| Number of rooms needed: Click here to enter text. | Number of beds: Click here to enter text. | | | |
| Full kitchen requested | |  |  |  |
| Does the family have a credit card? | |  |  |  |
| Are accessible accommodations needed? | |  |  |  |
| If yes, please explain: Click here to enter text. | | | | |

**MEDICAL EQUIPMENT INFORMATION**

*\*The Assisting chapter will try their best to secure the equipment requested, but cannot make any guarantees\**

|  |  |  |  |
| --- | --- | --- | --- |
| **Does anyone in the wish party require the following?** | **Yes** | **No** | **Notes** |
| Refrigerator for medicines |  |  | Mini-fridge  temp-controlled fridge |
| Needle disposal containers |  |  |  |
| IV pole |  |  |  |
| Nebulizer |  |  |  |
| Oxygen (If yes, please provide prescription) |  |  | daytime nighttime  24 hours |
| Do any participants have mobility restrictions? |  |  |  |
| If yes, please explain: Click here to enter text. | | | |
| The family will be bringing their own mobility aid |  |  | Type: Click here to enter text. |
| Please supply a mobility aid |  |  | Type: Click here to enter text. |
| ht wt d | | | |
| Please specify in detail any special considerations needed (service animals, nursing services, etc): Click here to enter text. | | | |

**ADDITIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Notes** |
| Are there any family dynamics, special needs or behavioral issues to be aware of? |  |  |  |
| If yes, please explain: Click here to enter text. | | | |
| Does anyone in the family require special meals or have dietary restrictions? |  |  | Type: |