**Date Submitted: <<Today>>**

**WISH ASSIST FORM**

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

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

|  |
| --- |
| **WISH CHILD INFORMATION** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wish Child’s Name:** **<<Contact\_Name>>** | | | | |
| Age: <<Contact\_Current\_Age>> | DOB: <<Contact\_Birthdate>> | | | Gender: <<Contact\_Gender>>**Error! Missing test condition.**<<Contact\_Self\_describe\_comment\_box>> |
| Primary language of child: <<Contact\_language>> | | | Primary language of parents: <<Contact\_language>> | |
| If the primary language is not English, does anyone in the family speak English? | | | | |
| Medical Condition: <<Contact\_Diagnosis>> | | | | |
| Rush Wish? **Error! Missing test condition.** | | *If yes, has a medical note been included with this request?*  Yes  No | | |
| Wish Description: <<Case\_Description>> | | | | |



|  |
| --- |
| **ORIGINATING CHAPTER/AFFILIATE INFORMATION** |

|  |  |  |
| --- | --- | --- |
| Originating Chapter/Affiliate: <<Case\_ChapterName>> | | Contact: <<CaseOwner\_FirstName>> <<CaseOwner\_LastName>> |
| Phone Number: <<CaseOwner\_Phone>> | Emergency Number: | Email: <<CaseOwner\_Email>> |
| Address: <<Zip\_Code.Office\_Address\_1>>**Error! Missing test condition.**<<Zip\_Code.Office\_Address\_2>>**Error! Missing test condition.**<<Zip\_Code.Office\_City>>**Error! Missing test condition.**<<Zip\_Code.Office\_State>> <<Zip\_Code.Office\_Zip\_Code>> | | |

**FAMILY INFORMATION**

*Please list all wish participants*

First Name Last Name DOB Age Relationship to Child

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

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

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: | | | | |

**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: | | | |
| The family will be bringing their own mobility aid |  |  | Type: |
| Please supply a mobility aid |  |  | Type: |
| h w d | | | |
| Please specify in detail any special considerations needed (service animals, nursing services, etc.): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Information** | **Yes** | **No** | **Notes** |
| Is this child/family publicity eligible?  \*Always consult with the chapter before doing publicity. \* |  |  |  |
| Are there any family dynamics, special needs or behavioral issues to be aware of? |  |  |  |
| If yes, please explain: | | | |
| Does anyone in the family require special meals or have dietary restrictions? |  |  | Type: |