

Application

Eligibility:

In order to be eligible:

The child must be between 3 and 18 years old.

Chronic illness must be documented and affirmed by a treating physician.

Referrer information:

Relationship to child: _____

Name: _____

Phone number: _____ Email: _____

Child's information:

Name: _____ Birthdate: ____/____/____ Age: _____

Gender: Male + Female +

Parent(s) or Guardian(s) Name(s): _____

Street Address: _____

City/state: _____ Zip Code: _____

Guardian's phone number: _____ Guardian's email: _____

Treating Physician: _____

Child's illness:

POTS

Type 1 diabetes

Epilepsy

Lyme disease

Mitochondrial disease

Cystic Fibrosis

EDS

Lupus

Crohn's disease

Other: _____

Description of child's illness: _____

Extent of illness/approximate diagnosis date: _____

How does this illness limit them? _____

Child's Sizing

Shirt: _____ Pants: _____ Shoes: _____

Allergies: _____

Child's favorite foods/restaurants: _____

Child's favorite toys, items, etc: _____

Lessons or activities the child would most be interested in. Possibilities may include:

Voice, piano, guitar, ukulele, performance theater, archery, photography, art, calligraphy, dance, swim, sewing, cooking, or make a suggestion of something the child is interested in.

1st Choice: _____ 2nd choice: _____ 3rd choice: _____

How did you hear about Neeley's Chronic Joy Foundation? _____

Has this child ever received a prior wish from another organization? (circle) yes/no

If yes, what? _____

Today's date: ___/___/___ Signature of referrer: _____

Please submit the completed application to neeleysjoy@gmail.com or 1234 S Power Rd, Suite 101, Mesa, AZ 85206.

*Please note: Not all referrals will be accepted. We wish we could help everyone, however candidates will be chosen based on availability.