



GRANT A WISH, INC BABY PROGRAM

Application for General Baby Supplies & Baby Equipment

2024

This application is for economically disadvantaged families to receive baby equipment & supplies for their newborns or toddler up to the age of 5 years old. We accept a letter from someone in authority at an agency that can verify your financial situation or your need for these items from an established public/private entity. You can provide proof of income at the time you apply without a case worker, attach proof of public assistance information to this application. You must agree to allow your picture to be taken for our baby program. Most of the items available are gently used to new, but are in very good condition. You have to pick out what clothing items or supplies that you want, but we can only give you, what we have available in stock at the time you arrive for your appointment. You are limited to 4 visit max per year, usually once every three months. This program is for families that really need the support. If you can afford to buy your own supplies this program is not for you. You must pickup the baby items that you select at the time of your appointment, we do not deliver.

Mail Application to: **GRANT A WISH BABY PROGRAM P.O. BOX 17698 CHICAGO, IL 60617-0698**

or Email Application: grantawish1136@gmail.com

Grant A Wish, Inc Client Information Section:

Date of Application: ___ / ___ / 2024

Who is applying? Mother ___ Father ___ Guardian ___ Other ___

Name of Mother/Father/Guardian _____

Current Address _____ Apt # _____

City _____ State _____ ZipCode _____

Your contact phone #(____) _____ Alternate phone/Cell # (____) _____

Contact Information: Name of Contact _____ Relationship to

you? _____ Does your family receive Public assistance? Yes ___ No ___ What is the age of your baby? Newborn ___ 1-3yrs ___ 3-5yrs ___ Is your baby a boy ___ or girl ___.

When you apply by mail or email, you can also schedule an appointment on our website on the same page you got the baby application at the bottom. For more information: (773) 454-8352.

Are you looking for regular assistance? Yes ___ No ___

Is this your first baby? Yes ___ No ___ If no, how many children do you have? _____ How many do you need assistance for? _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

What is your email address? _____ @ _____ Would you like to be on our mailing list?

Yes ___ No ___ How did you hear about our organization? _____ What baby supplies or baby equipment are you looking to receive? _____

I am responsible for selecting the donated items. I am responsible for the items that I have selected. I do not hold Grant A Wish, Inc or their donors responsible for misuse of the baby supplies or equipment. I agree to allow my photo to be taken by Grant A Wish, Inc for the sole use on their website and printed materials for the

Grant A Wish Baby Program Only? Signature: _____

For Official Use: Will the Wish for the baby program be granted? Yes ___ No ___ If no, what is the reason it was declined? _____

Baby Program Wish Number 2024- _____ Authorized by: _____

Title: _____ Date Application received? ___ \ ___ \ 2024 Date Approved: ___ \ ___ \ 2024

What date is the first appointment? ___ \ ___ \ 2024 Pick up Time? _____ Who is authorized to pick up items? _____