



**ELLE FOUNDATION INC.**

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## **APPLICATION REQUIREMENTS AND GUIDELINES**

The **ELLE FOUNDATION INC.** is a non-profit organization whose mission is to create memories of joy for children battling cancer by granting final wishes for children with a recurrence of cancer. The ELLE FOUNDATION is not affiliated with any other organization having similar objectives.

1. Applications will only be accepted for children diagnosed with a recurrence of cancer. Applicants must be 18 years old or younger and be under the care of a Pediatric Oncologist. (If exceptional medical circumstances exist for children not within this age group – please contact the foundation).
2. Children and all family members taking part in the wish must reside in the United States.
3. The child applying for the wish must have been in remission for at least 24 months before experiencing a relapse or secondary cancer. The Elle Foundation will exercise its limited discretion to grant a final wish within a shorter period when exceptional medical circumstances exist.
4. The child applying for the wish must have had a first wish granted and completed it no less than 24 months (2 years) prior to applying for a final wish, written documentation is required. The Elle Foundation will exercise its limited discretion to grant a final wish within a shorter period when exceptional medical circumstances exist.
5. The Wish Application must state why the mission of the ELLE Foundation is important to the wish applicant.
6. A detailed description of the wish and why it is being requested must be included on the Wish Application.
7. Wishes are for immediate family only, 2 parents, wish child and biological siblings. Step siblings may be included only if they live full time with the wish child.
8. In cases of guardianship, proper documentation must be submitted to the Elle Foundation.

9. Travel wish expenses are only covered for siblings 20 and under that permanently reside in the home of the wish child.

10. A nurse may be included only if a physician deems it medically necessary.

**11. The ELLE Foundation will not grant wishes for the following:**

- The same experience or travel/destination as the child's first wish.
- Travel outside the continental United States. (Wishes to Hawaii or Alaska will not be granted).
- Shopping Spree (a specific item can be requested but a general shopping gift card will not be granted).
- Private meet & greet with a celebrity, entertainer or athlete.
- Construction renovations to a room or house.
- Automobile, motorcycle, ATV, or any motorized vehicles.

**12. Travel:**

- Length of hotel stay is dependent on the wish being requested for up to a maximum of 7 days/ 6 nights.
- Hotel reservations will be made for room size and category to accommodate wish participants only. If additional family members/friends are traveling at the same time all of their expenses, including but limited to, hotel, meals, transportation, airport/hotel transfers and theme park/event tickets are at their own expense.
- Travel Black-Out Dates: Travel wishes will not be granted over holidays including but not limited to Thanksgiving, Christmas, New Year's and Easter.

13. All expenditures must be made directly by the ELLE Foundation; consequently, the ELLE Foundation cannot accept an application where parents or guardians for a child's wish have already expended funds.

14. The ELLE Foundation Inc. is not responsible for any medical expenses that may be incurred during the wish. If hospitalization should be required during the wish the wish family is responsible for all expenses including but not limited to ambulance transfers, hospital stays, medical expenses, meals, lodging beyond the wish dates and location and medical transfers back to the wish child's home.  
In the case of death, the ELLE Foundation Inc. is not responsible for the cost of transferring the remains back to the wish child's home.

15. **Termination of a Wish:** The ELLE Foundation Inc. reserves the right, in its sole and absolute discretion, to terminate preparation or fulfillment of a wish at any time. Termination can be a result of, but is not limited to, the ELLE Foundation determining that, (a) fulfillment of the wish will endanger the health and safety of the wish recipient or of others, (b) the wish recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the wish, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the wish or (d) the wish recipient and any participants have breached representation and requirements.
16. The **ORIGINAL** Wish Application and the Physician's Information Form must be completed and returned to the ELLE Foundation's office by mail.
17. The **ORIGINAL** Release and Indemnification Form must be signed, witnessed and mailed with the completed applications. **A CURRENT PHOTO of the WISH CHILD must be emailed to [larichmond@ellefoundation.org](mailto:larichmond@ellefoundation.org). The photo must be in high resolution jpeg format.**
18. **HIPAA NOTICE:** - *The United States Congress recently enacted the Health Insurance Portability and Accountability Act (HIPAA), which took effect on April 14, 2003. HIPAA was designed to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. In order to comply with this federal law, The ELLE FOUNDATION, Inc. now requires that the parent/legal guardian sign and return the HIPAA Form in order to process the wish application. The physician's application requires a response from the wish applicant's treating physician. The physician should require the wish applicant's parents/legal guardian to complete and sign a HIPAA form during the treatment process.*

**Please ensure, before returning the physician's portion of your application, that signed copy of the HIPAA form accompanies this document. If a HIPAA form has not yet been completed, please call the treatment facility and request one. Please note: the wish application cannot be processed without the signed HIPAA form.**