



**EVERY WISH IS GRANTED IN
LOVING MEMORY OF
LAUREN ELLE RICHMOND**
June 6, 1993-December 20, 2008



The Heart of the ELLE Foundation

At the age of 10, Lauren Elle was diagnosed with a very rare and tenacious chordoma tumor on her brainstem. For over five years Lauren fought numerous recurrences. She knew that a recurrence is more emotionally and physically devastating than a first diagnosis.

Lauren would say: "With a first diagnosis, you have a plan. You go through surgery, chemo, and radiation with the hope and faith that you are going to get better. It's a terrible thing to go through, but there's hope. Then suddenly, whether it's a month, a year, or two years, it comes back. Now you feel...why can't I catch a break, what did I do wrong?"

In her final days Lauren wrote, I AM UP TO YOU – and charged her parents, Laurie & Dean and older sister, Dana, with taking care of her final wish & foundation, which Lauren defined as the "Reason for Her Journey".

Lauren's vision for ELLE's mission was to give children with a recurrence of cancer and their families a moment to forget, to laugh, to rejuvenate their spirits.

Lauren inspires us every day and continues to teach us that with love, perseverance, courage, and compassion for others you can turn a terrifying experience into something good and make a difference in the world.

What Wish Applicants Need to Know:

1. The ELLE Foundation is operated on a 100% volunteer basis - staffed by Laurie, Dean, Dana and a family of volunteers. Every wish is granted personally by Lauren Elle's family.
2. ELLE's financial support comes from the generous donations of family, friends, community organizations & local businesses all touched by Lauren's journey and the journeys of ELLE's Kids.
3. ELLE does not have the financial resources of larger wish granting organizations therefore ELLE's Wish Guidelines are strictly adhered to.

Paying It Forward *ELLE's Wish Supporters Love Wish Stories*

ELLE depends on every wish family to support ELLE's Mission by providing ELLE with the requested Wish Photos, Thank You Notes & Videos within 1 week of wish completion to share with ELLE's Wish Team & Donors.

***Creating Memories of Joy for Children with Cancer &
Granting Final Wishes for Children Battling a Recurrence***
www.ElleFoundation.org



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 36 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 36 months (3 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. If there is a stepparent participating in the wish this must be communicated to the ELLE Foundation before the application is submitted. Proper authorization forms must be completed and signed.
10. Travel wish expenses are only covered for siblings 20 and under that permanently reside in the home of the wish child.
11. A nurse may be included only if a physician deems it medically necessary.

12. 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.

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 with 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.

18. APPLICATION PHOTO: WISH APPLICATION WILL NOT BE REVIEWED IF A CURRENT PICTURE IS NOT SUBMITTED

When taking the photo, please keep the following guidelines in mind:

1. The photo should be taken **specifically for the wish application**.
2. Wish child only
3. Choose a **clean, pleasant background**.
4. We ask that the **wish child is smiling and looking directly at the camera**.
5. Most importantly, this should be a photo the **wish child feels proud of and would like to represent themselves** to the wish application committee.
6. Be sure it is "**One ELLE of a Picture**". Picture will be shared with our application team & on ELLE's website and social media if wish application is approved.
7. **PICTURE MUST EMAILED IN JPEG FORMAT TO:**
Laurie Richmond: larichmond@ellefoundation.org
Include the wish applicants name in the subject line of the email.

19. **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.



ELLE FOUNDATION INC.

www.ElleFoundation.org

Email: larchmond@ellefoundation.org

P.O. BOX 8068

Bridgewater, NJ 08807-8068

908-393-5529

SPECIAL ITEM WISH APPLICATION

PLEASE PRINT CLEARLY

TODAY'S DATE: _____

CHILD'S NAME: _____
(Last) _____ (First) _____

HOME ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE.** _____ **APT/UNIT #** _____

AGE: _____ **DATE OF BIRTH (with year)** _____ **Gender:** Male Female

NICKNAME: _____

MOTHER'S FULL NAME (as it appears on Driver's Lic) _____

FATHER'S FULL NAME (as it appears on Driver's Lic) _____

MOTHER'S DATE OF BIRTH (DD/MM/YYYY) _____

FATHER'S DATE OF BIRTH (DD/MM/YYYY) _____

DRIVER'S LICENSE NUMBER _____

DRIVER'S LICENSE NUMBER _____

DRIVER'S LICENSE EXPIRATION DATE _____

DRIVER'S LICENSE EXPIRATION DATE _____

HOME ADDRESS _____

HOME ADDRESS _____

City _____ **State** _____ **ZIP** _____

City _____ **State** _____ **ZIP** _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE _____

CELL PHONE _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

CHILD'S NAME: _____
(Last) _____ (First) _____

GUARDIAN'S NAME (if applicable, must provide documentation): _____

RELATIONSHIP TO CHILD: _____ **HOME PHONE:** _____

GUARDIAN'S ADDRESS: _____

ORIGINAL DIAGNOSIS

NAME OF FIRST DIAGNOSIS _____

DATE OF FIRST DIAGNOSIS _____

HOSPITAL & PLACE OF TREATMENT (include city) _____

DATE ALL TREATMENTS ENDED _____

RECURRENCE/CURRENT DIAGNOSIS

RECURENCE DIAGNOSIS _____

DATE OF RECURRENCE DIAGNOSIS _____

HOSPITAL AND PLACE OF TREATMENT (include city) _____

TREATMENT DATES: _____

PHYSICIAN INFORMATION

PHYSICIAN'S NAME _____

PHYSICIAN'S PHONE NUMBER _____

PHYSICIAN'S HOSPITAL MAILING ADDRESS _____

PHYSICIAN'S E-MAIL ADDRESS _____

SOCIAL WORKER/REFERRING MEDICAL CONTACT INFORMATION

SOCIAL WORKER'S NAME

TITLE

MAILING ADDRESS

EMAIL ADDRESS

PHONE NUMBER

COMMENTS/ADDITIONAL INFORMATION BY REFERRING MEDICAL CONTACT:

CHILD'S NAME: _____
(Last) _____ (First) _____

HAS THIS CHILD BEEN GRANTED A FIRST WISH? _____ YES _____ NO

PREVIOUS WISH INFORMATION:

DATE WHEN FIRST WISH WAS COMPLETED: _____

AGE OF CHILD WHEN FIRST WISH WAS COMPLETED: _____

NAME OF WISH GRANTING ORGANIZATION: _____

PHONE NUMBER OF WISH GRANTING ORGANIZATION: _____

BRIEFLY DESCRIBE THE FIRST WISH: _____

HAVE ANY OTHER WISH GRANTING ORGANIZATIONS GRANTED ANY WISHES/ITEMS IN ADDITION TO THE FIRST WISH?

YES _____ NO _____

PLEASE LIST ANY AND ALL ADDITIONAL WISHES/ITEMS RECEIVED BY THIS APPLICANT:

Name of Wish Granting Organization	_____
Date Wish Granted	_____
Wish Description	_____

HAVE ANY OTHER WISH GRANTING ORGANIZATIONS BEEN CONTACTED FOR THE WISH BEING REQUESTED IN THIS APPLICATION?

YES _____ NO _____

IF YES, PLEASE LIST THE NAME OF THE WISH GRANTING ORGANIZATION (S) YOU HAVE CONTACTED:

HOW DID YOU LEARN ABOUT THE ELLE FOUNDATION INC: PLEASE BE SPECIFIC:

CHILD'S NAME: _____
(Last) _____ (First) _____

CURRENT WISH INFORMATION

WISH ITEM BEING REQUESTED: Be very specific and include model numbers and websites.
Please list accessories that you would like to have included in the wish.

BRAND NAME	MODEL #	Detailed Name of Item	Color	Website Item Can Be Purchased On

MAILING INFORMATION:

Ship to Name: _____

Address: _____

Apartment/Unit #: _____

City: _____ **State:** _____ **Zip Code:** _____

I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of said wish.

**THIS DOCUMENT MUST BE SIGNED BY BOTH PARENTS
AND/OR LEGAL GUARDIANS**

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE _____

RELATIONSHIP TO CHILD _____ DATE _____

CHILD'S NAME: _____ (Last) _____ (First)

THIS SECTION **MUST**:

- 1. IN DETAIL DESCRIBE WHAT LAUREN ELLE'S VISION AND THE ELLE FOUNDATION'S MISSION MEANS TO THE WISH CHILD.**
- 2. REFLECT THE WISH CHILD'S OWN FEELINGS ABOUT BATTLING A RECURRENCE AND WHY THE GRANTING OF THIS SECOND WISH IS IMPORTANT TO THE WISH CHILD.**

**FOR CHILDREN 8 YEARS OLD AND OVER THIS SECTION MUST BE WRITTEN BY THE CHILD
(YOU CAN SUBMIT A VIDEO FOR CHILDREN BOTH UNDER AND OVER 8)**

CHILD'S NAME:

(Last)

(First)

THIS SECTION CAN BE USED BY PARENTS, SOCIAL WORKER OR PERSON PRESENTING THIS WISH APPLICATION TO GIVE ANY ADDITIONAL INFORMATION OR DETAILS THAT YOU WOULD LIKE THE ELLE FOUNDATION TO TAKE INTO CONSIDERATION WHEN REVIEWING THIS APPLICATION.

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