

HOLY PURSUIT'S DREAM FOUNDATION APPLICATION TO REFER A CHILD

What is your relationship to the child you are referring? (Please Check One)

- Parent/Guardian
- Self
- Relative/Family Member
- Medical Professional
- Other

Define Other:

Referrers Personal Information

Name:

Telephone Number:

Email Address:

City:

State:

How Did You Hear About Holy Pursuit's Dream Foundation?

Childs personal information which you are referring.

Name:

Gender:

Age:

Date of birth:

Family Information

Parent/Guardian 1

Name:

Telephone Number:

Email:

*This application is the initial step in granting a child an outdoor adventure – it is not conformation of eligibility. This application will be forwarded to one of our team members who will review it.

Street Address:

City:

State:

Zip code:

Parent/Guardian 2 (If Applicable)

Name:

Telephone Number:

Email:

Street Address:

City:

State:

Zip code:

Medical Information

Primary Diagnosis:

Current Medical Status:

Is the child currently eligible to travel?

Is there a medical reason why we need to move quickly?

Physician Information

Name:

Telephone Number:

Email:

Hospital or treatment facility:

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Childs Dream Adventure (Please Check One)

- Hunting Trip
 - Fishing Trip
 - Other:
-

If hunting, please list 3 trips your child would be interested in going on. One being his or her first choice and three being his or her last choice.

- 1.
- 2.
- 3.

If fishing, please list 3 trips your child would be interested in going on. One being his or her first choice and three being his or her last choice.

- 1.
- 2.
- 3.

Please tell us any other important information that you feel we should know about the child you are referring.

Any other comments and/or concerns.

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