



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 need or 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 5 visit max per year, usually once or twice 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?_____