

The moment a family receives their child's terminal diagnosis, suddenly nothing else matters. The Wings of Hope Pediatric Foundation assists families by offering meals, house cleaning, lawn care and when necessary financial assistance with paying bills (rent/mortgage, utility bills, car notes, car insurance, etc). Our service allows families to focus on their child and the time they have together. Our foundation is supported by donations and fundraisers that provide us the resources to complete our mission.

If your family or someone you know is in need of our services please have a licensed physician, nurse or social worker fill out the form below.

Referrer Name: _____ **Referrer Facility/Department:** _____

Referrer's best contact number: _____ **Guardian Name & phone number:** _____

Patient Name: _____ **Patient Date of Birth:** _____

Patient's Address: _____

Diagnosis: _____ **Date of Diagnosis:** _____

Is Patient in active treatment or remission: _____

Service being requested for patient/patient's family (please attach any bills you are requesting to be paid): _____

Referrer Signature _____ **Date** _____

I, parent/legal guardian of _____, authorize the release of confidential medical information concerning my child in this form for use by The Wings of Hope Pediatric Foundation.

Parent/Legal Guardian _____ **Date** _____

Please submit this form and bills requested to be paid to: cindyj.wingsofhope@gmail.com and tonya.wingsofhope@gmail.com

