

Wish Child's Name: _____
First Middle Last

Preferred Name: _____ Gender: Male Female Self-Describe _____

Age: _____ DOB: _____ Wish Child T-Shirt Size: _____

Wish Child's Medical Condition: _____

Wish Child's Primary Address: _____

Wish Child's Mobile Telephone, if applicable: (_____) _____

Wish Child's Email, if applicable: _____

My Favorites:

Color _____

Music/Singer _____

Book/Story _____

Hobby _____

Game _____

Movie _____

Food _____

Show _____

Restaurant _____

Actor/Actress _____

Cake/Candy _____

Sport/Athlete _____

Snack Food _____

Pet/Animal _____

Class in School _____

Other _____

When I'm outside, I like to...

When I'm inside, I like to...

Electronics / Games that I like to play with are...

When I'm with my family, I like to...

When I'm with my friends, I like to...

Volunteer Note: Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured (ensuring that one idea does not involve travel and/or large gatherings). **Please note the family's availability for wish fulfillment.**

Wish Idea: _____

WHY
Why is this important to you?

WHAT
What would you like to do? What does it look like?

HOW
How did you hear about it?

WHEN
When is a good time for it?

Tell me more – tell me everything you know about it.

Wish Idea: _____

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Please complete a notes page after completing the initial wish discovery visit to ensure we can fully understand the wish child and their interests. Notes may include, but are not limited to the following:

- **Three time frames when the family would be available for wish fulfillment**
- Specific details of the envisioned wish experiences not captured on Wish Child Form
- Specific family needs and/or requests
- Questions and comments from family members
- Stories and pictures that help to understand why the child's wish ideas are meaningful for them
- Any additional information about the wish child and/or wish family that you want to share with staff

Would a phone call with you to discuss this wish, wish child or wish family be helpful? Yes No

Volunteer Name: _____ Date of Meeting: _____

Name of Child's Medical Provider

Provider Phone

Provider Email

Secondary Medical Contact

Phone

Email