A Wish Come True™
Granting Wishes ✦ Embracing Families

Wish Referral

WISH #: ________________

WISH CHILD:

Child's Name: ____

Date of Birth: ____________________________________ Gender Identity: ______________________

Medical Condition:____

Is the child able to communicate? **Yes** ☐ **No** ☐ Primary Language Spoken _________________

Does the child have any developmental delays? **Yes** ☐ **No** ☐

Has the Child's medical condition involved ongoing medical interventions/treatment/procedures?
Yes ☐ **No** ☐

Has the child needed long term and/or recurrent hospitalizations ? **Yes** ☐ **No** ☐

Has the child ever received a wish from any other organization(s)? **Yes** ☐ **No** ☐

Does the child reside with both biological parents? **Yes** ☐ **No** ☐

SIBLINGS:

Please List the Names of siblings living with the wish child:

____ ____

____ ____

____ ____

____ ____

PARENTS:

Mother's Name: ____________________________________ Email:______________________________

Address: ____

Home Phone: ______________________________ Mobile Phone:______________________________

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Wish Referral

WISH #: ________________

Father's Name: __________________________________ Email: ____________________________

Address: ____

Home Phone: ____________________________ Mobile Phone: ____________________________

PHYSICIAN INFORMATION:

Physician's Name: ____

Practice: _________________________________ Hospital: ________________________________

Phone Number: ___________________________ Fax: ____________________________________

Address: ____

PERSON WHO IS REFERRING CHILD:

Name: __________________________________ Relation to Child: _________________________

Is the family aware of the referral? **Yes** ☐ **No** ☐

Phone Number: ___________________________ Fax: ____________________________________

How did you hear about us?: ____

Date of Referral: ___________________________

6 Jefferson Drive, Coventry, RI 02816 | P: (401) 781-9199 | F: (401) 781-6227 | awish.org

Wish Referral

WISH #: _______________

FAMILY'S STORY:

Date Referral was Received:__________________

Received by:____

Approved ☐ **Not Approved** ☐

____ Date: _________________

Mary-Kate O'Leary
Executive Director

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