

**Hugs and Hope Application Form (3 pages)**

**FAMILY INFORMATION:**

Parents: \_\_\_\_\_

CONFIDENTIAL Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Two email addresses (**Don't include last names**)

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
(name and phone number)

Mailing Address to post on Internet (**NOT confidential home Address**):

\_\_\_\_\_  
\_\_\_\_\_

**PATIENT INFORMATION:**

Child's name: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Personal web site [URL:](#) \_\_\_\_\_

Main Diagnosis: \_\_\_\_\_

Other Diagnoses: (please describe in plain English and do not abbreviate)

\_\_\_\_\_  
\_\_\_\_\_

Child's skill level and limitations: \_\_\_\_\_

Interests, collections, hobbies: (Attach a BRIEF typewritten or printed bio (1-2 paragraphs) about your child to help us get to know him or her AND two clear photos of your child -- before and after treatment, from the shoulders up if possible)

**DOCTOR INFORMATION:**

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Have doctor mail us a letter stating child's diagnoses and verifying a critical illness. **This letter MUST be written on the doctor's letterhead (stationery).**

**SIBLING INFORMATION:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

2) Name \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

3) Name \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

**If you have questions about completing this application, email our registrar, Peg at:**  
[webster52@charter.net](mailto:webster52@charter.net)

\_\_\_\_\_  
(Parent Signature and date)

Mail completed application to:

Peg Janssen  
3071 S. Rifle Road  
Rhineland, WI 54501

## CHECKLIST:

Below is a list of everything we require in order to post your child on the HUGS and HOPE web site. Please be sure you complete ALL the following. Incomplete applications will be rejected. If any information is missing, your child will NOT be featured on our site.

- ( ) 1. Photos of your child (close ups, preferably alone rather than with others)
- ( ) 2. Typed letter from child's doctor on his own letterhead.
- ( ) 3. This completed and signed application, which MUST have every question answered and MUST include two email addresses (which don't include your last name), and a mailing address which is DIFFERENT from your confidential home address.
- ( ) 4. Have you subscribed to both HUGS and HOPE newsletters? If not, send blank emails to: [HugsAndHopeNews-subscribe@yahoogroups.com](mailto:HugsAndHopeNews-subscribe@yahoogroups.com) AND [HugsAndHopeParentssubscribe@yahoogroups.com](mailto:HugsAndHopeParentssubscribe@yahoogroups.com).
- ( ) 5. Mark your calendar on the last day of every month so you will remember to provide a **BRIEF** update on your child's health (1-2 sentences).

Send your update from this web page: [www.hugsandhope.org/sendupdate.htm](http://www.hugsandhope.org/sendupdate.htm)

You will be asked for the password, which is peanutbutter (all one word).

**If we do not receive monthly updates, children are removed from our site.**