

Address: _____ City: _____

State or Province : _____ Zip/Postal Code : _____ Country: _____

E-mail _____ Fax: _____

FULL Names and ages of siblings living in the same household: _____

If parents are divorced or separated, with which parent does the child live? _____

Does this parent have legal custody? Yes No

If child is not in custody of either parent, explain relationship of guardian _____

We recognize that there are times when you may be away from home for treatments and medical care. Please provide us a contact person whom we can reach to get information to you during these times (family member, friend, etc.)

Contact Name: _____ Contact Number: _____

General Information About Applicant Child

Race: -Caucasian -African American -Hispanic -Native American Other (specify) _____

Is the child an active duty military dependant? Yes ___ No ___

If YES, Which service branch? (check one) Army ___ USMC ___ Navy ___ Air Force ___ National Guard/Reserve ___

Does this child have a CaringBridge or other special website? Yes ___ No ___ If "Yes," how is the site listed?

The child is suffering from _____
(condition or disease)

The child has the following special physical limitations or special needs that must be accommodated during an outdoor adventure:
(i.e., motor skills, limited mobility, physical weakness, physiological weakness, medical or facilitative devices needed, etc.)

- Has the child ever received an outdoor wish grant? Yes No Applied but not approved

If yes, or not approved, from what organization? _____

When? _____ What kind of wish was granted? _____

If "applied but not approved" what wish was requested? _____

- Has the child ever received a Make-A-Wish grant? Yes No Applied but not approved

If yes, what was it? _____ When? _____

- Is the child currently an applicant, or planning to apply, for any other wish grant (Make-A-Wish, other outdoor organization, etc.)? Yes No If yes, from what organization? _____

What wish was (or will be) requested from this other program? _____

- Has the child ever hunted or fished? Yes No If yes, briefly explain their level of experience.

- Has this child completed a Hunter Safety Course? Yes No

If yes, in what state? _____ Certificate Number: _____

****Please include a photocopy of the Hunter Safety Certificate.**

Please list the top three hunting or fishing activities (in order) that this child may desire if approved:

1. . _____ 2. _____ 3. . _____

How did you learn about Catch-A-Dream? _____

Treatments and Availability

Is the child currently undergoing any regularly scheduled treatments? Yes No If “Yes”, please describe schedule and frequency:

If approved, will the child and family be able to travel within 90 days? Yes No

If “No,” please explain.

Social Worker or Child Life Specialist (Does the child have one?) Yes No

Name: _____ Name of Clinic or Hospital: _____

Address: _____ City _____ State _____ ZIP _____

Phone number: _____ Fax: _____

Waiver of Liability

If the child is approved for a Catch-A-Dream Outdoor Adventure, will the parent/guardian be willing to sign a Waiver of Liability?
 Yes No (Copy available upon request)

Information About You (the person completing this form)

I am: (check one below)

The Child’s Parent or Guardian

A Concerned Friend or Family

The child’s social worker or child life specialist

The dream child!

The Child’s Attending Physician or other healthcare professional

My name is (if different from Parent or Guardian) _____

I can be contacted at (if different from above): _____

Questions? Call 662-325-8149 or e-mail catchadream@ext.msstate.edu

Return this completed form to: **Catch-A-Dream Foundation. PO Box 6280, Mississippi State, MS 39762 or FAX: 662-325-5870**

Please attach a separate sheet if there is anything else you want us to know about this application.