



## Cover Sheet

### ***DREAM WISH OR SPECIAL REQUEST APPLICATION INSTRUCTIONS***

Dear Applicant:

Cherished Creations, Inc. is a nonprofit organization dedicated to improving the quality of life for children and young adults with serious illnesses by helping to fulfill their dream wishes and special requests. In order to qualify for this program, children and young adults (21 years of age or under) must meet the Eligibility Criteria as shown on the attached.

In order to be granted the dream wish or special request, an application package must be submitted and approved by the Cherished Creations, Inc. Board of Directors.

For Request "Under \$500", use the Single Application Form (Form 5).

Please mail or fax the forms to Cherished Creations. In all cases, the fulfillment of a Wish depends on the availability of resources, i.e. tickets, space, budget, etc.

During the review process, Cherished Creations, Inc. may request additional information as needed. Please note, under any circumstance we do not reimburse for any wishes purchased at any time throughout our process. If there are any questions or concerns, please call 908-790-0511 or e-mail us at [dpwhitney@cherishedcreations.com](mailto:dpwhitney@cherishedcreations.com)

Sincerely,

Doreen Whitney  
Director of Program Services  
Fax: 908-790-0522



**SPECIAL REQUEST UNDER \$500**

**FORM 5**

CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Please Print Clearly)

SPECIAL REQUEST: \_\_\_\_\_ When needed: \_\_\_\_\_ Diagnosis \_\_\_\_\_

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

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell/Work # \_\_\_\_\_

E-MAIL ADDRESSES: (Parent) \_\_\_\_\_ (Child/YA) \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ MD: \_\_\_\_\_ TEL # ( \_\_\_\_\_ ) \_\_\_\_\_

SOCIAL WORKER: \_\_\_\_\_ TEL # ( \_\_\_\_\_ ) \_\_\_\_\_

APPLICATION SUBMITTED BY: (Please print) \_\_\_\_\_

TELEPHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**RELEASE**

I, the undersigned parent/guardian of \_\_\_\_\_ (referred to as the "child" in the rest of this document), in consideration of the granting and/or being involved in the granting of a special request described as follows, \_\_\_\_\_, for the child, do assume all risk of accident or damage, including property, to myself and/or the child and/or other immediate family members, and do release and discharge Cherished Creations, its employees, agents, volunteers, Board of Directors and trustees of any claim and/or liability on account of any personal injury or damage of any kind sustained as the result of the carrying out of the special request described in this Release.

I acknowledge that I have received the advice, counsel and authorization of the Attending Physician \_\_\_\_\_, MD, and/or other legal advice, for the child to participate in the special request as described above and this Release. I have relied upon both my legal and attending physician's advice in connection with this special request and Release, and not on any statements made by Cherished Creations, or any person connected with it.

\_\_\_\_\_  
 (Parent/Guardian's Name - Print) (Parent/Guardian's Signature) (Date)

\_\_\_\_\_  
 (Recipient's Name (if over 18) - Print) (Recipient's Signature (if over 18)) (Date)

Two witnesses must sign and provide their addresses:

1. \_\_\_\_\_  
 (Name - Print) (Signature) (Date)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

2. \_\_\_\_\_  
 (Name - Print) (Signature) (Date)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_