

Alessia Maria's Light of Love Foundation

Wish Application

PATIENT & FAMILY INFORMATION

Date of Application: _____

Child's First & Last Name: _____

Preferred Name: _____ Age: _____ DOB: _____

Sex: _____

Parent/Guardian Name(s):

Parent/Guardian Phone: _____

Email: _____

Mailing Address:

City: _____ State: _____ ZIP: _____

Child's Clothing Size (optional): _____

Diagnosis & Treatment

Brain Tumor Diagnosis: _____

Date of Diagnosis: _____

Current Treatment/Status: _____

Treatment Hospital: _____

City & State: _____

Family Information

Names and Ages of Siblings:

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Adults Living in the Household & Occupations:

Has the family received assistance from Alessia Maria's Light of Love Foundation previously? ☐ Yes ☐ No

If yes, please provide details:

Is the family currently seeking or receiving assistance from any other organization?

☐ Yes ☐ No

If yes, please list:

How did your family learn about the Light of Love Family Assistance Program?

MEDICAL PROVIDER / HOSPITAL / SOCIAL WORKER INFORMATION

Hospital Name, Phone Number & Address:

Medical Provider/ Oncologist Name, Phone Number & Address:

Social Worker Name, Phone Number & Address:

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****THE WISH****

Tell Us About Your Child

Please tell us a little about your child. What makes them special? What do they enjoy? What brings them happiness?

What Is Your Child's Wish?

Please describe the wish or experience your child would love to have.

Why Is This Wish Meaningful to Your Child and Family?

Please share what this experience would mean to your child and your family.

Who Would Be Included in the Wish?

Child: _____

Parent(s)/Guardian(s): _____

Siblings: _____

Other Family Members (if applicable):

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Number of People Participating: _____

Preferred Date or Timeframe

Preferred Date: _____

Preferred Timeframe:

- ☐ As soon as possible
- ☐ Within 1 month
- ☐ Within 3 months
- ☐ Other: _____

Are there any dates or times that should be avoided due to treatment or medical appointments?

WISH DETAILS

Please provide any additional information that may help us understand or fulfill the wish.

Estimated Cost (if known): \$ _____

Preferred Location: _____

Special Requirements or Considerations:

Accessibility, dietary, transportation, or other needs:

Are there any specific vendors, locations, activities, or organizations involved?

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ADDITIONAL INFORMATION

Please provide any additional information that you believe would be helpful when reviewing your child's wish.

CERTIFICATION & SIGNATURES

By signing below, I confirm that:

- The information provided in this application is true and accurate to the best of my knowledge.
- I am authorized to submit this application on behalf of the child and family.
- I understand that assistance is based upon the Foundation's review of the family's circumstances and available resources.
- I understand that submitting an application does not guarantee financial assistance.
- I authorize the Foundation to contact the hospital social worker or medical provider regarding this application if additional information or clarification is needed.

Parent/Guardian

Signature: _____

Printed Name: _____

Date: _____

Medical Provider OR Hospital Social Worker

Signature: _____

Printed Name: _____

Date: _____

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PHOTO & STORY RELEASE

We believe that sharing Alessia's story and the stories of the families we support can help spread kindness, hope, and awareness. However, **participation in photographs, stories, social media, or publicity is completely voluntary and is not required to receive a wish.**

☐ **YES**, I give Alessia Maria's Light of Love Foundation permission to use photographs and/or my child's story for Foundation-related awareness, fundraising, educational, or promotional purposes.

☐ **NO**, I do not give permission for photographs or my child's story to be used publicly.

Child's Name: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Please Email the completed application to info@alessiamariaslightoflovefoundation.org



EVERY MOMENT MATTERS.

In honor of Alessia Maria—whose light continues to shine, whose love continues to grow, and whose legacy lives on through the joy we bring to others.

Alessia Maria's Light of Love Foundation
Wish Application
FOR FOUNDATION USE ONLY

Date Application Received: _____

Date Reviewed: _____

Decision:

- ☐ Wish Approved
- ☐ Partially Approved
- ☐ Additional Information Requested
- ☐ Unable to Fulfill at This Time

Wish Approved:

Estimated/Approved Value: \$_____

Wish Fulfillment Date: _____

Foundation Representative: _____

Notes:

