



**Holiday Adopt A Family Application**

Childhood Cancer Careline, *Giving from the Heart*  
 PO Box 1138 | Bothell, WA 98041  
 P 425.870.5622 | F 425.577.6362  
[www.childhoodcancercare.org](http://www.childhoodcancercare.org) | [info@childhoodcancercare.org](mailto:info@childhoodcancercare.org)

*Please complete application and mail with your wish list no later than **November 1<sup>st</sup>** to: PO Box 1138, Bothell WA 98041. For questions or concerns call 425.870.5622 and leave a message with your name, phone number, and the best time to contact you during business hours. A member of the organization will contact you within 72 hours of receipt, if your family has been adopted. We cannot guarantee that all applicants will be adopted. (Please apply **only** if you have not selected to receive similar services from another organization). Incomplete applications will not be processed.*

PARENT INFORMATION	
Mother's Name:	Father's Name:
Address:	Address (if different):
Phone Number:	Phone Number (if different):
Email Address:	Email Address (if different):
Mother's Employer:	Father's Employer:
Is Mother Living with Child?	Is Father Living with Child?

PARENT TEMPORARY LIVING INFORMATION	
Temporary Address:	Room Number:
Phone Number:	Expected Length of Stay:

PARENT WORK INFORMATION	
Father's Employer:	Mother's Employer:
Employer Address:	Employer Address:
Work Phone Number:	Work Phone Number:
May we contact you at work?	May we contact you at work?

SIBLING(S) INFORMATION				
Last Name:	First Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Favorite Color:
Shoe Size:	Shirt Size:	Pant Size:	Favorite game, cartoon character, etc.:	
Last Name:	First Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Favorite Color:
Shoe Size:	Shirt Size:	Pant Size:	Favorite game, cartoon character, etc.:	
Last Name:	First Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Favorite Color:
Shoe Size:	Shirt Size:	Pant Size:	Favorite game, cartoon character, etc.:	
Last Name:	First Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Favorite Color:
Shoe Size:	Shirt Size:	Pant Size:	Favorite game, cartoon character, etc.:	
Last Name:	First Name:	DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Favorite Color:
Shoe Size:	Shirt Size:	Pant Size:	Favorite game, cartoon character, etc.:	

HOLIDAY WISH LIST	
What holidays do you celebrate?	Do you need a holiday meal? <input type="checkbox"/> Yes <input type="checkbox"/> No

**MEDICAL INFORMATION**

*A signature from the child's doctor, clinical nurse or social worker needs to be signed at the bottom of this page to validate this application in addition to completion of this section.*

Name of hospital where child is/was treated:

Social Worker:

Phone Number:

Physician/CNS:

Phone Number:

Diagnosis:

Date of Diagnosis:

Number and dates of any relapses:

Has the child finished treatment? If so, when?

- Yes
- No

Briefly, what type of treatment is/was the child undergoing?

How did you hear about Childhood Cancer Careline, *Giving from the Heart*?

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Please use this space to share your story with us. Include why you need this assistance and how your child and family will benefit. Be specific about the financial impact your child's diagnosis has had on your family. Attach additional pages if necessary.

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**Attestation**

I have completed this entire form and attest that the information provided is true and complete at this time and that our family has not been selected to receive these services by another organization. I hereby authorize Childhood Cancer Careline, Giving from the Heart to release this information to individuals, organizations or businesses that are interested in purchasing Holiday gifts for my family. I also realize that completing this application does not guarantee that my family will be chosen. I understand that the organization, it's officers, members and/or the person from whom I received this application from harmless for any such gifts that my family may or may not receive. In addition, if any photos are taken of the chosen family they are the sole property of Childhood Cancer Careline, Giving from the Heart's organization and may be published or used ONLY to promote childhood cancer awareness.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor / CNS / Social Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor / CNS / Social Worker Phone Number