

Refer a Child

Request for Sunshine 'Individual Dream' Application



Sunshine Foundation: Dreams for Kids fulfills dreams for children with severe physical disabilities or life-threatening illnesses, between the ages of three and 18th birthday, who reside in Canada.

Applying for an Individual Dream for a child begins with this referral form. The information that you provide here will help us determine if your child is eligible to receive a Sunshine Dream.

Who is eligible to refer a child for a Sunshine Dream?

- Medical professionals working with the child
- A parent or guardian of the child

If your relationship to the child is different than those listed above, please ask the child's family to visit our web site at www.sunshine.ca or contact Sunshine's Home Office (contact information is provided below).

Please complete and mail or fax this Referral Form to:

Sunshine Foundation of Canada
Suite 400, 495 Richmond Street
London, Ontario
N6A 5A9

Local phone: 519.642.0990
Local Fax 519.642.1201
Toll free phone: 1.800.461.7935
Toll free fax 1.800.461.7475
www.sunshine.ca dreams@sunshine.ca

1. YOUR CONTACT INFORMATION

Your Name: _____

Your relationship to the child you wish to refer: Medical Professional Parent/Guardian

Your Contact Information:

Agency (if applicable) _____

Address _____

City _____ Province _____ Postal code _____

Telephone (_____) _____ Fax (_____) _____ Email _____

2. ABOUT THE CHILD

Child's Name: _____

Child's Medical Condition: _____

Child's Dream (if known): _____

Child's Birth Date: _____ Age: _____ Sex: Male Female
(Month/Day/Year)

Additional Background Information: _____

3. CHILD'S PARENT OR GUARDIAN

(Please fill out if different than #1)

Parent/Guardian name(s) and relationship to child: _____

Address _____

City _____ Province _____ Postal code _____

Telephone (_____) _____ Fax (_____) _____ Email _____

4. PLEASE ANSWER THE FOLLOWING

- Has the eligibility criteria been explained to the child's parents? yes no
- Has this child received a Dream or Wish from a similar organization? yes no
- Is the family aware that an application is being requested? yes no
- Sunshine will send the Dreams Application form out by mail unless the request is urgent. Is this an urgent request? yes no

5. MAILING INSTRUCTIONS

Sunshine will send the application to (please check):

- You, as the referral source
- Parent or Guardian (if other than above)
- Other: Name _____
Address _____
City _____ Province _____ Postal code _____
Telephone (_____) _____ Fax (_____) _____ Email _____

Where did you learn about Sunshine Foundation? _____

Additional Comments: _____

Thank you for your referral! A Sunshine staff member will contact you promptly to discuss next steps in the application process.

Privacy Statement: The Sunshine Foundation of Canada understands its responsibility to keep personal and health information confidential in compliance with the Personal Information and Electronic Documents Act (PIPEDA). Out of respect for the child being referred, we accept referrals from parents/guardians or medical professionals treating the child.