



# Foster & Adoptive Care Coalition

FOR EVERY CHILD... A PLACE TO CALL HOME

## Little Wishes Referral Form

**Child's Information:**

Date of Request: \_\_\_\_\_  
Date Granted: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Also Known As \_\_\_\_\_ Date of Birth \_\_\_\_\_ ID # \_\_\_\_\_

Placement:  Birth  Relative  Foster  Group Care  Independent Living

Gender:  Male  Female

Ethnicity:  African-American  Asian-American  Caucasian  Hispanic  Native American  Pacific Islander  
 Multi-ethnic  Other

Legal Status:  Guardianship (must be a DCFS ward)

**Referring Source:**  Case Manager  Adoption Worker  Foster Parent  Relative Foster Parent  
 Other (Specify: \_\_\_\_\_)

Caregiver Name \_\_\_\_\_ May Coalition Contact?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Case Manager \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Adoption Worker \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Request Information:** (Requests must fall within the guidelines/criteria of the Little Wishes program)

Describe the request: \_\_\_\_\_

Why is the child requesting the above wish? \_\_\_\_\_

Indicate preferred vendor name and vendor address (include zip code): \_\_\_\_\_ Cost: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Who will provide transportation for this class/activity? \_\_\_\_\_

Additional Information: \_\_\_\_\_

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_ Foster/Relative/Parent/Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required Signatures and Statements of release:**

*The Foster and Adoptive Care Coalition does not make reimbursements to individuals. All checks will be made payable directly to the vendor.*

I authorize the Foster and Adoptive Care Coalition to provide this service: no State funding or other resources are available to fund this child's requests.

The undersigned hereby releases and discharges the Foster and Adoptive Care Coalition, the Junior League of St. Louis, and its employees, agents and related companies from all liability and any and all manner of action or actions, causes or causes of action, including, but not limited to negligence, suits, legal fees, damages, claims and demands of whatsoever in law or in equity or otherwise, which (s)he may have or may acquire by reason of any injury, damage or harm to the participants while participating in said program, arising out of, or connected with, participation in said program; and

The undersigned understands that the Foster and Adoptive Care Coalition, the Junior league of St. Louis and its employees, agents and related companies accept no responsibility if the program is cancelled.

This consent and waiver will not be made the basis of a future claim of any kind against Foster and Adoptive Care Coalition, the Junior League of 51. Louis, and any of its employees, agents or related companies.

Please check the box below and submit the form.  
 I agree to the above terms and conditions.

