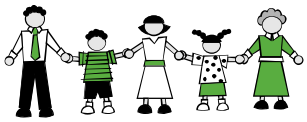

# Foster & Adoptive Care Coalition

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: o Birth o Relative o Foster o Group Care o Independent Living

Gender: o Male o Female

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

Legal Status: o Guardianship (must be a DCFS ward)

**Referring Source:** o Case Manager o Adoption Worker o Foster Parent o Relative Foster Parent o Other (Specify: _____)

Caregiver Name _____ May Coalition Contact? o Yes o 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.

Guardianship Administrator (for IL families only) _____ Date Signed _____

111 North Seventh Street, Suite 402
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Proud member of United Way of Greater St. Louis