



Wish Application Guidelines And Policy Statement

Carolina Sunshine For Children has granted wishes for South Carolina children since 1983. It is our sole purpose to assist children with life threatening illnesses and their families through difficult times. We have granted over 700 wishes since our inception and are working diligently to grant every reasonable wish presented to us. Carolina Sunshine For Children is a non-profit IRS 501(c)(3) charitable organization and all wish donations go directly to granting wishes. Administrative expenses are paid by the Board of Directors.

Please note that our resources are limited and Wish requests must be within the policies established by the Board of Directors. Please read this Policy Statement carefully prior to completing an Application and nominating a child for a Wish. Please note the section requiring information from the child's Attending Physician. This Policy Statement should accompany the Application when it is provided to the Physician.

Carolina Sunshine for Children will grant wishes to children with currently life-threatening illnesses, subject to approval by the Carolina Sunshine Board of Directors, confirmation of the current life-threatening status of the illness by the Attending Physician based on the medical criteria established by Carolina Sunshine For Children and meeting the following requirements:

The Child must be age 3 through 18 years old.

The Child must be a resident of South Carolina. A Child being treated at a medical facility outside of the state of South Carolina is still eligible.

The Child must not have previously been a recipient of a Wish from Carolina Sunshine For Children or any other wish-granting organization.

Only one Wish will be granted per Child.

Only members of the immediate household and family may participate in the wish. This includes brothers, sisters, moms and dads. Contact a Carolina Sunshine For Children Board Member regarding Foster families.

The Wish must be the Wish of the Child.

Carolina Sunshine For Children will not grant any wish request which consists of or involves the purchase of any motorized vehicle or firearm; the definition of each is at the discretion of the Board.

The Carolina Sunshine For Children Board of Directors meets on the first Wednesday of each month throughout the year. Wish Applications should be received no later than the Monday prior to the Board meeting for prompt consideration. All decisions by the Board of Directors are final.

The completed Wish Application and Physician's Statement of Qualification (4 pages) should be mailed to:

Carolina Sunshine For Children, Inc.
P.O. Box 1803
Columbia, South Carolina 29202

Wishes must be completed within one (1) year following their approval. After that time, a new Application must be submitted for re-approval by the Board of Directors.



Wish No.: _____

Budget: \$ _____

Assigned To: _____

Approval Date: _____

WISH APPLICATION

Date of Request: _____

WISH APPLICANT INFORMATION

Name of Wish Child: _____ Sex: _____ Age: _____

Address/Apt. #: _____

City / State / Zip: _____

Date of Birth: _____

Parent(s) / Guardian(s): _____

(Please identify relationship to Wish Child for each parent/guardian listed)

Parent/Guardian Phone: _____ (Home) Family Member: _____

Parent/Guardian Phone: _____ (Work) Family Member: _____

Email Address: _____

Please list name, age and birth date for all siblings or other family members who will participate in this Wish and reside in the home with the Child: Only family members residing in the immediate household are eligible.

Name: _____ Age/DOB: _____ Relationship to Child: _____

Name: _____ Age/DOB: _____ Relationship to Child: _____

Name: _____ Age/DOB: _____ Relationship to Child: _____

Name: _____ Age/DOB: _____ Relationship to Child: _____

Name: _____ Age/DOB: _____ Relationship to Child: _____

Name: _____ Age/DOB: _____ Relationship to Child: _____

(Please attach additional listings on a separate sheet if necessary)

Has this Wish Child or any other Child in the household previously received a Wish from Carolina Sunshine for Children or any other wish granting organization? Yes No

If Yes, Child's Name: _____ When: _____

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WISH INFORMATION

Requested Wish: _____

Requested Wish Dates: _____

Why do you feel this child needs this wish?: _____

THIS AREA FOR PHYSICIAN'S USE ONLY.

This Wish Application must be signed by the Attending Physician, confirming that the Child's illness is life-threatening at the time this Wish Application is submitted.

Medical Diagnosis: _____

Please include specific details on the Physician's Statement of Wish Child Qualification Form (next) page and return as part of the Wish Application.

Attending Physician: _____

Office Address: _____

City/State/Zip: _____

Physician's Phone: _____ Physician's Fax: _____

Physician's Signature: _____

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Wish Requested by: _____

Address:

City/State/Zip:

Phone: _____ (Home) _____ (Work)

As the person or organization requesting a Wish from Carolina Sunshine For Children, Inc., I certify that the above information is complete, accurate and true.

By: _____

Date:

Carolina Sunshine For Children Physician's Statement of Wish Child Qualification

Purpose Statement: To grant wishes to children ages 3 through 18 years who present with a Life-threatening Condition at the time of the referral.

Wish Child's Name: _____

Please review the Definitions below and check any/all that apply for this Child:

- 1. Progressive Disorders – Those that become more severe over time
- 2. Degenerative Disorders – Characterized by a gradual deterioration of the body or mind that would lead to increased impairment or loss of function.
- 3. Malignant – Cancerous, tending to metastasize, threatening to life.

Possible Specific Diagnoses that would be considered (Please check/circle any/all that apply):

- Cancer: Any cancer.
- Cardiac: Complex, life-threatening heart lesions/conditions.
- Chronic Medical Problem with Life-threatening Complications: Cerebral palsy, mental retardation, developmental delay etc...**WITH COMPLICATIONS** such as recurrent PICU admissions, intractable seizures, significantly deteriorating level of functioning. **(NOTE: Please indicate the specific chronic medical problem and include a list of the complications below).**
- GI: Liver failure, severe short bowel syndrome, storage diseases.
- Hematology: Sickle Cell with stroke or aplastic anemia.
- Immunology: HIV, other severe immune deficiencies.
- Nephrology: End-stage renal failure.
- Neurology: Degenerative neurologic disorders, intractable seizures.
- Pulmonology: Tracheostomy patients, Cystic Fibrosis with significant lung involvement.
- Rheumatology: Lupus, Dermatomyositis, or Scleroderma with complications.
- Transplants: Bone marrow or solid organ.
- Tumor: Tumors that are currently life threatening.

The list above is not all-inclusive. The Board of Directors of Carolina Sunshine For Children will review all requests for possible approval. Please list below any specific diagnoses and medical information to assist in our review process:

I certify that this Wish Child currently has a Life-threatening Condition and the above medical information is accurate to the best of my knowledge.

Physician's Signature

Date

****End of Wish Application****

The information contained in this Wish Application is confidential

Mail Applications To: Carolina Sunshine For Children, Inc.
P.O. Box 1803 • Columbia, South Carolina 29202