



CODY LOUK DREAM KEEPER FOUNDATION APPLICATION

Please complete the form below in its entirety. **Failure to provide complete information can delay the application process! This form must be signed by a parent or legal guardian of the applicant child.**

Information about the Child

(Please PRINT. This information must be COMPLETE in order to process the application)

Full name: _____

First

Middle

Last

Nickname child goes by: _____ Last 4 digits of Social security # _____ DOB: _____

Age: _____ Gender: Male/Female Height _____ Weight _____ Hair Color _____ Eye Color: _____

Medical Verification

We must have this information in order to process the application.

The child's attending physician is:

Name: _____

Address _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Phone (_____) _____ Fax: (_____) _____

May we contact the attending physician for medical verification? Yes No

RELEASE If yes, please sign the following: *I have granted the Cody Louk Dream Keeper Foundation permission to contact my child's attending physician regarding the health status of my child and hereby grant permission for the physician to release the requested information to the Cody Louk Dream Keeper Foundation.*

Date: _____

Parent or Guardian Signature

Full Names of Parents or Legal Guardians

Contact Information

Father: _____

First

Middle

Last

Work Ph _____ Cell Ph: _____ Home Ph: _____

Mother: _____

First

Middle

Last

Work Ph _____ Cell Ph: _____ Home Ph: _____

Legal Guardian (if not a Parent) _____

First

Middle

Last

Work Ph _____ Cell Ph: _____ Home Ph: _____

Qualification Criteria

- 18 years old or younger
- U.S. or Canadian Citizen
- Suffering from disability, illness, disease, paralysis, ect

* A parent or guardian must accompany child on the hunt.

We recognize that there are times when you may be away from home for treatments and medical care. Please provide us a contact person whom we can reach to get information to you during these times (family member, friend, etc.)

Contact Name: _____ Contact Number: _____

General Information About Applicant Child

The child is suffering from _____
(condition or disease)

The child has the following special physical limitations or special needs that must be accommodated during an outdoor adventure:(i.e., motor skills, limited mobility, physical weakness, physiological weakness, medical or facilitative devices needed, etc.)

• Has the child ever received an outdoor wish grant? [YES / NO] Applied but not approved

If yes, or not approved, from what organization? _____

When? _____ What kind of wish was granted? _____

If “applied but not approved” what wish was requested?

• Has the child ever hunted or fished? [YES / NO] If yes, briefly explain their level of experience.

• Has this child completed a Hunter Safety Course? [YES / NO]

If yes, in what state? _____ Certificate Number: _____

****Please include a photocopy of the Hunter Safety Certificate.**

Please list the top three hunting or fishing activities (in order) that this child may desire if approved:

1. . _____ 2. _____ 3. . _____

How did you learn about The Cody Louk Dream Keeper Foundation?

Treatments and Availability

Is the child currently undergoing any regularly scheduled treatments? [YES / NO] If “Yes”, please describe schedule and frequency:

If approved, will the child and family be able to travel within 90 days? [YES / NO]

If “No,” please explain.

Information About You (the person completing this form)

I am: (check one below)

___ The Child’s Parent or Guardian

___ A Concerned Friend or Family

___ The dream child!

___ The Child’s Attending Physician or other healthcare professional

My name is (if different from Parent or Guardian) _____

I can be contacted at (if different from above): _____

Questions? Call 775-304-3003 or e-mail jindandy-nno@sbcglobal.net

Return this completed form to: The Cody Louk Dream Keeper Foundation at 5795 Kluncy Canyon Road, Winnemucca, Nevada. 89445

Please attach a separate sheet if there is anything else you want us to know about this application.