



High Hopes Experience Process

Who is eligible? New Hampshire resident children who:

- are ages 3-18.
- have a serious or chronic illness, such as but not limited to, the following: Cerebral Palsy, Muscular Dystrophy, Epilepsy, etc.
- haven't received a "wish" or experience from another agency.
- are referred by community members, e.g., teachers, doctors, friends, neighbors, etc.

What happens next?

Once we receive a referral, a phone conversation takes place with the parent(s) or guardian(s) for more information about the child referred. High Hopes will then send out an introductory letter and packet of forms for the parents to sign and return, including four references forms and medical release form.

After all forms and references are returned, High Hopes will schedule an in-person meeting with the parent(s) or guardian(s) to gather more information about the child and the possible experience. That information is presented to the Experience committee.

Next comes the two-part decision to grant the Experience. First, the Experience committee will decide whether to move forward with granting the request. Then, the final decision is presented at the next board meeting for a vote. If the final vote is yes, the process moves forward. If not, the parent is informed.

If the final vote is yes, we will begin working with the family on planning the Experience. This can take from weeks up to a year to complete.

What could the experience be?

For more than 30 years, we have presented a wide variety of Experiences – from single-event Experiences like meet-and-greets with sports figures, fully handicap-accessible family trips, and shopping sprees, to Experiences that impact children and families in the long-term: We have been able to provide a donated van that fit a child's wheelchair, so the family could go more places together; there have been access enhancements made to homes, including swing sets all the children could use, and a therapeutic hot tub; we have paid for training therapy dogs or for equine camps for young riders.



Referral Form for High Hopes Child

This is the first step for a child to receive an experience, it is not a confirmation that the child will receive an experience. Once our office receives the completed form, a phone call will be schedule with both the referrer and the family.

Relationship to Child

- | | |
|---|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Medical Professional | <input type="checkbox"/> High Hopes Family |
| <input type="checkbox"/> Other: _____ | |

Your information

Name: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Child's information

Name: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian: _____ Relationship: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Medical Condition: _____

Describe the child's situation and why you are referring them. Please use additional sheets if needed:
