

HIGH HOPES FOUNDATION HOT SHOT OF THE MONTH REFERRAL

Date: _____ Referred By: _____

Child's Name: _____ Age: _____ DOB: _____

Parent(s)/Guardians: _____

Address: _____

City/Town: _____, NH Zip Code: _____

Home Phone: _____ Cell #: _____ Work #: _____

Child's illness and challenges:

Information of what child likes and needs:
