



# Referral Form for High Hopes Foundation Hot Shot

This is the first step of the Hot Shot program process, it is not a confirmation. Once the Programs Director receives the completed form, a phone call or e-mail outreach will be schedule with both the referrer and the family.

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Referrer's Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s)/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, NH Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Child's illness and challenges:

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Information of what child likes and needs:

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**Please submit completed referral forms to the High Hopes Foundation's office via USPS or Email at:**

High Hopes Foundation of NH, Inc.  
12 Murphy Drive, Suite 106  
Nashua, NH 03062  
(603) 966-3483

Email: [Tracy@HighHopesFoundation.org](mailto:Tracy@HighHopesFoundation.org)  
Visit us at our website: [www.HighHopesFoundation.org](http://www.HighHopesFoundation.org)