



High Hopes Foundation 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, Autism, etc.
- Are applied for by a parent or guardian, community member, e.g. teacher, doctor, friend, neighbor, etc.

What happens next?

Once we receive an application, a phone conversation takes place with the parent(s) or guardian(s) for more information about the child. High Hopes Foundation will then send out an introductory letter, medical release form, and eligibility/publicity form.

After all forms are returned, High Hopes Foundation will schedule an in-person meeting with the parent(s) or guardian(s) to gather more information about the possible Experience. This information will be presented to the Board.

Once everything is approved, 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 35 years, we have presented a wide variety of Experiences. From single-event Experiences, like meet-and-greets with sports figures, or fully handicap-accessible family trips, to Experiences that impact children and families for the long-term; we have been able to provide a donated van that fits a child's wheelchair, so the family could visit 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 the training of therapy dogs, as well as equine camps for young riders.



Application Form for High Hopes Foundation Child

This is the first step for a child to receive an Experience. It is not a confirmation the child will receive an Experience. Once the Experience Director receives the completed form, a phone call will be scheduled with the family, for more information regarding the child.

Relationship to Child

- Parent/Guardian Family Friend
 Medical Professional High Hopes Foundation Family
 Teacher 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 child, Experience applied for, and why you are applying for them. Please use additional sheets if needed.
