



REFERRAL INQUIRY FORM

This application is a first step to receiving "A Simple Wish", although it is not confirmation of eligibility for a wish. We will review your information and you will be contacted by a member of our wish granting team. (We will never attempt to contact the recipient nor will we ever sell or distribute any information from this form.)

Name of recipient: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Contact Person (Caretaker): _____

Phone Number for Contact Person: _____

Email address: _____

Confirm email address: _____

Wish request is : _____

Person submitting request: _____

Phone # or email of requestor: _____

Date: _____ *Name of Hospice:* _____

Estimated time frame for granting the wish: _____