



The Wish Connection
Wish Application

I. Wish Child Information

Name: _____

Age: ___ Date of Birth: _____ Home Phone No. _____

Gender: ___ Male ___ Female

Medical Condition: _____

Permanent Address: _____
(Street Address) (City) (State) (Zip Code)

EMAIL Address: _____

County of Residence (please circle one):

Texas:

San Antonio/Austin Executive Committee:

Atascosa, Bandera, Bastrop, Bexar, Blanco, Burnet, Caldwell, Comal, Guadalupe, Hays, Kendall,
Kerr, Lee, Medina, Travis, Williamson, Wilson,

Dallas Area Executive Committee:

Collin, Dallas, Denton, Ellis, Hunt, Kaufman,
Rockwall, Tarrant

California:

San Francisco Bay Area Executive Committee:

Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Mateo, Santa Cruz,
Solano, Sutter, Yolo

NONE OF THE ABOVE:

Please indicate your State & City/County/Parrish of Residence: _____

Must reside in a geographic area of the United States where AT&T employees/retirees
are available to grant wishes through TWC.

Current Address (if different from above):

(Street Address) (City) (State) (Zip Code)

Is the child aware of their medical condition? ___ Yes ___ No



Has the child ever received a Wish, **or applied to have a wish granted**, from any other wish-granting organization or by any other chapter of The Wish Connection?

Yes No

Is the child able to verbalize his or her wish? Yes No

If "No", how does the child communicate? _____

Does the child have developmental delays? Yes No

If "Yes", please explain: _____

The child is (check one):

a child of an active AT&T employee

a child of a retired AT&T employee

recommended by an active AT&T employee

Recommender's Name: _____

recommended by a retired AT&T employee

Recommender's Name: _____

II. Parent/Legal Guardian/Family Information

Has there been a court-ordered termination of parental rights for either biological parent?

No Yes (if yes, please designate which parent's rights have been

terminated): _____

Has there a court-ordered Custody arrangement governing custody of the child?

No Yes (if so, please explain whether the custody is "joint custody" or

which parent has "sole custody"): _____

NOTE: If there is a court-ordered termination of parental rights or a court-ordered custody arrangement, please attach a copy of the court order when returning the Wish Application.



	Biological Mother (or Legal Guardian)	Biological Father (or Legal Guardian)
Name:		
Email Address:		
Home Address (if different from Child's Permanent Address above):		
Home Phone (if different from Child's Home Phone above):		
Cell Phone:		
Work Phone:		
Active AT&T Employee? If so, please state current position		
Retired AT&T Employee? If so, please state position at and year of retirement.		
If none of the above, please state current employer or whether you are a stay-at-home parent.		

Sibling(s) Name	Sibling(s) Age	Is Sibling Residing in the same household with the Wish Child?



Adult Emergency Contact (Non-Wish Participant)

Name: _____
Home Phone: _____ Cell Phone: _____
Address: _____
(Street) (City) (State) (Zip)

III. Physician and Medical Information

Physician Name: _____
Hospital/Treatment Facility (if applicable): _____
Office Telephone: _____ Fax: _____
Address: _____
(Street) (City) (State) (Zip)

Please Note: You must include the Physician's Referral form signed by your physician when submitting the Wish Application Packet.

IV. Recommending Employee Information (if applicable)

Complete this section only if the Wish Child is NOT a child of an active or retired AT&T employee.

Recommending Employee's Name: _____

Recommending Employee's Home Address:

(Street Address) (City) (State) (Zip Code)

If Recommending Employee is an active AT&T employee, please state his/her current position: _____

If Recommending Employee is a retired AT&T employee, please state his/her year of retirement and the last position held prior to retirement:

Please Note: If the Wish Child is NOT a child of an active or retired AT&T employee, you must include the Recommending Employee's Referral form signed by the Recommending Employee when submitting the Wish Application Packet.



V. Acknowledgements and Signatures

I understand and agree:

1. That no promise or assurances have been made to me by any representative of The Wish Connection regarding the requested Wish.
2. That the granting of any Wish and the participation of any person in the Wish is contingent upon approval by The Wish Connection and the child’s physician, as well as full compliance with all conditions, qualifications, and restrictions designated by The Wish Connection.
3. That all individuals with parental or custodial rights for the child must sign the Wish Application and submit the Wish Application Packet, including the Physician’s Referral form, Liability Release, Authorization to obtain Medical Information, and Publicity Authorization, and, if applicable, the Recommending Employee’s Referral form, on or before the Application Deadline in order for my Application to be considered by The Wish Connection.
4. That submission of a timely submitted Wish Application Packet does not guarantee that The Wish Connection will grant the Wish.
5. That the receipt of a Wish may impact the eligibility for public assistance and/or public benefits.

I promise that the information provided by me is true and complete to the best of my knowledge.

Signature of Biological* Parent(s)/Legal Guardian(s)	Printed Name of Biological* Parent(s)/Legal Guardian(s)	Date of Signature(s)

***Unless there has been a court-ordered termination of parental rights or a court-ordered custody arrangement for the wish child or any of the siblings listed above, both biological parents must sign both the Wish Application and the Release of Liability, Authorization to Obtain Medical Information, and Publicity Authorization. If there is a court-ordered termination of parental rights or a court-ordered custody arrangement for the wish child or any of the siblings listed above, please attach a copy of the court order when returning the Wish Application.**



Please mail or fax the Wish Application Packet, including the Medical Physician Referral, Release of Authorization Form and (if applicable) Recommending Employee's Referral form to:

Please Complete and Send the Form to:

**San Antonio/Austin
Executive Committee:
All other Geographic Areas:**

Kathy Lloyd
113 Lake View Dr.
Spicewood, TX 78669
Phone: (512) 659-0704

[Email: kathyglloyd@yahoo.com](mailto:kathyglloyd@yahoo.com)

Fax: Call for Fax number

**Dallas Area
Executive Committee:**

Marilynn W. Fair
208 S Akard Rm. 1050
Dallas, TX 75202
Phone: (214) 757-7684

[Email: marilynn.williams@att.com](mailto:marilynn.williams@att.com)

Fax: Call for Fax Number

**San Francisco Bay Area
Executive Committee:**

Cindy Pang
5005 Executive Pkwy
Rm. 2N250EE
San Ramon, CA 94583
Phone: (925) 302-4452

[Email: cindy.pang@att.com](mailto:cindy.pang@att.com)

Fax: Call for Fax number