



APPLICATION INSTRUCTIONS

Chic by Karina Foundation (CBKF) is a not for profit organization providing “special wishes” for children with life-threatening or terminal illnesses. The Foundation is not affiliated with any other organization having similar objectives.

1. Applications will be accepted only for children chronologically aged three (3) through seventeen (17) years. Children must also reside or receiving medical treatment within the Foundation’s designated geographic locations: Alabama, Connecticut, Florida, Georgia, Maryland, Massachusetts, New Jersey, New York, North Carolina, Pennsylvania, South Carolina, Virginia and Texas.
2. Applications for a second wish will be accepted only under exceptional medical circumstances. Typically, this second wish will not be granted if the prior wish was completed within the past 24 months.
3. There are 4 pages required to apply for a wish: Parent Application, Physician Form, CBKF Release and Indemnity Form and the medical facility’s Authorization to Release Healthcare Information which has been generally referred to as the HIPAA form. HIPAA NOTICE: - The United States Congress enacted the Health Insurance Portability and Accountability Act (HIPAA), which took effect on April 14, 2003. HIPAA was designed to protect patients’ medical records and other health information provided to health plans, doctors, hospitals and other health care providers. In order to comply with this federal law, The Chic by Karina Foundation requires that the parent/legal guardian acquire the Authorization to Release Healthcare Information Form from the medical facility where their child is receiving treatment, sign and send in as the 4th page necessary to apply for a wish.
4. Any family member over the age of 18 participating in the wish must complete a separate CBKF Release and Indemnity Form and return with the original forms to headquarters.
5. CBKF must receive within 60 days a complete original set of each of the 4 pages mentioned above. All paperwork must be signed, notarized where appropriate and mailed to the foundation’s headquarters. Incomplete wish applications will be closed after 60 days of receipt of any of the documents mentioned above. Applicants will need to reapply should this happen.
6. In cases of guardianship, proper documentation must be submitted to the Foundation.
7. Wish applications go through a background check with local wish granting organizations to verify whether the child was a wish recipient.
8. Please be specific regarding the child’s “special wish.”
9. All expenditures must be made directly by the Foundation; consequently, the Foundation cannot accept an application where parents or guardians for a child’s wish have already expended funds.
10. Questions may be directed to the Foundation office by calling (781)-322-2331 during normal business hours or via email: info@chicbykarinafoundation.org



PARENTS APPLICATION FORM

(Please read Application Instructions before completing)

Child's Name: _____ Birthdate: _____ Sex: _____
(Last) (First)

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Home or Cell Phone: _____

Address: _____ Email: _____

Mother's Name: _____ Home or Cell Phone: _____

Address: _____ Email: _____

Guardian's Name (if applicable, must provide documentation): _____

Address: _____ Relationship: _____

Home or Cellphone: Email: _____

Name(s), dates of birth and relationship of other family children:

Hospital: _____ Address: _____

Physician: _____ Phone: _____

Social Worker: _____ Phone: _____

Social Worker Comments: _____

Has applicant ever applied for and/or received a wish from any not-for-profit organization including the Chic by Karina Foundation? Yes: _____ No: _____

If yes, please detail: _____

Agency: _____ Wish: _____ Date of Wish: _____

Child's "Special Wish" (Be specific): _____

Parent/Guardian Comment: _____

I hereby certify that the responses and information provided in this application (and the materials submitted with this application form) are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of said wish.

Parent/Guardian Signature: _____ Date: _____



PHYSICIAN INFORMATION FORM

(Please read application instructions before completing)

Child's Name: _____ Date of Birth: _____
(First) (Last)

Address: _____ City: _____ State: _____ Zip: _____

Diagnosis: _____ Date of Diagnosis: _____

Current Treatment: _____

Comments: _____

Are you aware of Child's "Special Wish"?: _____

If the request is for a trip, when may child travel? _____

Does child require any special apparatus (e.g. wheelchair)? _____

Attending Physician's Name: _____

Hospital: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

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RELEASE AND INDEMNIFICATION FORM

Date: _____

Wish Applicant: _____

In the event that the wish applicant's special wish is approved, the undersigned releasor, as parent and/or guardian of the wish applicant and on behalf of the family members participating in the granting of this special wish, and in consideration thereof, understands and agrees that The Chic by Karina Foundation, its agents, assigns and employees are not responsible for any claims, judgments, causes of actions or damages arising out of or relating to the receipt, use, or enjoyment of a special wish. The undersigned, individually and on behalf of the participating members, hereby holds The Chic by Karina Foundation, its agents, assigns and employees harmless from any such claims and agrees to indemnify same in the event of any claim, judgment, or action. This agreement shall apply to all claims, which are made in the future by any third party as a result of the use and enjoyment of a special wish.

Permission to Photograph/Use of Photograph

The undersigned, aware that videos and photographs may be taken during fulfillment of a special wish by the parents or by representatives of The Foundation or by news stations and press, individually and on behalf of the family members listed below, consents to be photographed and filmed without compensation. Photographs may be used for news articles and on the website of The Chic by Karina Foundation.

Print Name of Both Parents/Legal Guardian

Signature of Both Parents/Legal Guardian

Print Name of Siblings 18 and older participating in wish

Signature of Siblings 18 and older participating in wish

Address: _____

Sworn to before me this _____ day of _____, 20 _____

Notary Public: _____