



Application Form
 2888 E. LongLake, Suite 140 *Troy, MI 48065
 Ph: 248-633-5109 Fax (248) 608-4838
www.believeinmiracles.org

Patient's Name			Date Submitted		
Address		City	Zip	Home Phone	
Parent(s)/ Guardian(s)				Cell Phone	
E-mail Address		Date of Birth	Age	Gender	
Hospital	Physician		Nurse/Social Worker		
Physician Phone #		Physician Fax #			
Diagnosis		Child lives with (Mother, Father, Both, Guardian)			
Siblings Information: Name		Relationship		Date of Birth	
Has the patient suffered a recurrence or change in medical condition? (Y/N)					
Has the patient received a wish from a wish granting organization? (Y/N)					
If so, name the organization that granted the wish:					
List wish and the approximate date the wish was granted:					
Your Name:			Your Phone #:		
Your E-mail:					
Your Relationship to the Child:					
How were you referred to JK Believe In Miracles?					
Trophy Recipient Request:					



JKBelieve in Miracles primarily helps children who have had a recurrence or a progressive life-threatening medical illness or is between the ages of 18-21 and has not yet received a wish from a wish granting organization..

Parent/Guardian Certification

I, _____, certify that the information provided in the application is true and correct as of the date set forth opposite my signature. I also certify that our treating physician has approved the application request and authorize release of my/ my child's medical information for purposes of this application.

Parent/Guardian Signature (Patient if over 18)

Date

Relationship to patient

Required Physician Verification

****PLEASE CHECK THE APPROPRIATE BOXES & SIGN BELOW****

Has the above mentioned patient been diagnosed with a life threatening medical condition and is the patient between the ages of 3 and 21 years old?

☐

YES

☐

NO

Has the above mentioned patient suffered a recurrence, change in condition or an ongoing chronic life threatening illness?

☐

YES

☐

NO

Explain the change in condition:

Doctor's Signature

Date

Dr.'s Name: (Printed) _____

Address _____