



**Angels of Light**

Holiday giving for children and families with life threatening illnesses.

**INTAKE FORM**

**FAMILY LIAISON:** \_\_\_\_\_

LIAISON PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LIAISON MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_

FAMILY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**GUARDIAN 1 NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD(REN): \_\_\_\_\_

GUARDIAN 1 CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**GUARDIAN 2 NAME:** \_\_\_\_\_

RELATIONSHIP TO CHILD(REN): \_\_\_\_\_

GUARDIAN 2 CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**NAMES & AGES OF CHILDREN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIAL WORKER NAME:** \_\_\_\_\_

SOCIAL WORKER HOSPITAL AFFILIATION: \_\_\_\_\_

SOCIAL WORKER PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**WISH LIST**

**(Please fill out one form for each child under 18 in household)**

CHILD'S NAME: \_\_\_\_\_ HOLIDAY CELEBRATED: \_\_\_\_\_

HOLIDAY WISH LIST: (Top gift choice first)

Angels of Light will do our absolute best to grant each wish list gift item, however we cannot guarantee this.

---

---

---

---

---

CLOTHING SIZES: (Circle items most needed)

Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoes: \_\_\_\_\_ Jacket: \_\_\_\_\_ Gloves: \_\_\_\_\_ Other: \_\_\_\_\_

Clothing restrictions, material preferences, specific style requests (i.e. Adult, Junior or Children's Sizes; Detailed colors such as light, dark, navy; sleeve length, etc)

---

---

FAVORITE COLORS: \_\_\_\_\_

FAVORITE SPORTS/TEAMS: \_\_\_\_\_

---

FAVORITE CHARACTERS: \_\_\_\_\_

---

FAVORITE TV SHOWS/MOVIES: \_\_\_\_\_

---

FAVORITE BOOKS: \_\_\_\_\_

---

FAVORITE MUSIC: \_\_\_\_\_

---

OTHER: \_\_\_\_\_

