



# HAIRPIECE APPLICATION

Completed applications are reviewed within a few weeks. **Until all required documents are submitted, we cannot process the application.**

DATE: \_\_\_\_\_

## CHILD'S INFORMATION

CHILD'S NAME: \_\_\_\_\_

First

Last

M.I.

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

Street Address

Apt #

City

State

Zip

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

ETHNICITY \_\_\_\_\_

## PARENT/GUARDIAN'S INFORMATION

PARENT/GUARDIAN  
NAME: \_\_\_\_\_

First

Last

Relationship to child

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

Street Address

Apt #

City

State

Zip

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

## REQUIRED DOCUMENTS TO INCLUDE:

### MEDICAL

- Doctor's Diagnosis, can be faxed by doctor's office to us
- Photo of child without hairpiece or hat to help us with the custom fit. Please do not fax photographs.

### FINANCIAL

- Parent/Guardian's most recent tax returns or
- Other proof of Income: Social Security, Welfare, Disability Income
- Other documents that verify extenuating financial circumstances

### PERSONAL

- Two letters of recommendation from a parent, teacher, friend, coach etc. explaining why the child would benefit from a hairpiece.

**MAIL YOUR APPLICATION:** All applications should be sent **Certified Mail** or **Federal Express** to: **Case Manager**