



# MEGAN'S WINGS FOUNDATION

CHANGING CHILDREN'S LIVES (909) 532-8135

## ADOPT A FAMILY - Social Worker Form

**Social Workers:** Please distribute the Family Form (2nd page) to families in need of assistance & fill out the information below for each family (make as many copies as needed). Fax or Scan & Email both forms to Megan's Wings @ (909) 608-9152 or [ksavage@meganswings.org](mailto:ksavage@meganswings.org).

Volunteers from Megan's Wings will deliver care packages to the families by mid-December and will call each family to set up delivery time. We will make arrangements with you for families requesting a social services pickup or hospital deliver. If you have a family needing Adoption before November, please call Kim at (900) 532-8135. Thank you!

### Patient Information

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Boy / Girl Language Spoken: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Social Worker: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Brief Description of Patient's diagnosis/prognosis & families current situation:

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### Patient Information

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Boy / Girl Language Spoken: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Social Worker: \_\_\_\_\_ Contact Info: \_\_\_\_\_

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## ADOPT A FAMILY FORM

To participate in this program, please fill out the information below and fax to Megan's Wings: (909) 608-9152 or return it to your social worker.

### Patient Information

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Boy / Girl Language Spoken: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Number of Siblings in Home: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Hospital: \_\_\_\_\_ Brief Diagnosis/Prognosis: \_\_\_\_\_

Referred By: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like your care package delivered to your home or Social Services Dept. at your Hospital? \_\_\_\_\_

### Patient & Siblings Wish List:

Please list below each child in your family including all siblings. Indicate 2-3 items for each child to help our shoppers find something your child really wants! We budget \$50 per child. Our hope is to ease holiday stress & burdens, so you can spend more quality time with your family. Thank you.

Child's Name	Age	Boy/Girl	Child's Holiday Wish List	Clothing & Shoe Sizes
			1. 2. 3.	
			1. 2. 3.	
			1. 2. 3.	
			1. 2. 3.	
			1. 2. 3.	
			1. 2. 3.	

Megan's Wings is a non-profit volunteer based foundation established in memory of 9 year old Megan Savage who lost her battle to Leukemia on April 2nd, 2003. Megan's Wings provides assistants to families with a child undergoing cancer treatments at a Southern California Hospital or Cancer Center. It is our wish to ease the burden of childhood cancer patients and their families and aid in the search for a cure.