



## REFERRAL FORM For Kids Ages 8 – 16

(Please Print Clearly)

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Person Referring \_\_\_\_\_ Phone Number \_\_\_\_\_

Organization/School Referring \_\_\_\_\_

Name of the person who died \_\_\_\_\_

How was the deceased related to the child? \_\_\_\_\_

How long ago did the death occur? \_\_\_\_\_

**Please provide any additional information regarding the child or family you feel may be helpful regarding this referral:**

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\*Application Packet will be mailed to parent/guardian in June.

**Please check one**

Fresno (Mid-July) \_\_\_\_\_ Bakersfield (Early August) \_\_\_\_\_ NORCAL (Mid-August) \_\_\_\_\_

**Return to Optimal Hospice Foundation**

**1315 Boughton Drive Bakersfield, CA 93308 or fax to 661.387.7151**

**For more information on Kids Camp or the Foundation visit our website**

**[www.optimalhospicefoundation.com](http://www.optimalhospicefoundation.com) or call the Foundation office at 661.716.8000**