



Little Wishes Policy

The purpose of the Little Wish Enrichment and One-Time Little Wish Programs are to give children ages 6 to 18th birthday (or graduation from high school – whichever comes later), who are homeless, low-income and foster, an opportunity to be involved in extra-curricular activities and other experiences that will build their confidence and increase self-esteem.

Funding is limited and we are not always able to grant each wish. There is no guarantee that an application will be approved. To request a Little Wish, a parent or guardian must submit completed forms and documentation for review. Little Wishes will be reviewed weekly and grant notification will be made by phone. Little Wishes can be submitted in person or mail to: **2505 Cedarwood Ave, Ste. 5, Bellingham, WA 98225** or email to **blueskies@blueskiesforchildren.org**

Eligibility Requirements:

- A child must be age 6 to 18th birthday or grad from high school – whichever comes later.
- Each applicant must qualify based on need, emergent, or foster status. Parent / Guardian must prove income eligibility or if for a foster child, provide foster child documentation.

Policy:

- Only one Little Wish can be granted per child per year.
- Only three Little Wishes can be granted per family per year.
- Select your Little Wish activity carefully. Whether you begin an enrichment activity or select a voucher based request, you will have to wait until the next calendar year before re-applying.
- All documentation is required for each new Little Wish submission.
- Relative to summer camp, Little Wish funding is limited to \$100, if you apply for a camp that exceeds the \$100, you will have to show evidence that the additional funding needed to pay for the camp is coming from another source.
- Application and required documents must be complete before a Little Wish can be processed.
- Clients referred from another agency must still provide required documentation.

To Apply:

1. Complete a *Little Wish Application, My Story* form, and photo or Sponsor-A-Child release form.
2. Provide *income documentation* (see acceptable forms of income documentation below).
Note: If Little Wish is for a foster child, no income information is required, but must provide case number, case worker name & phone number.
3. Provide parent/guardian *picture ID*.
4. Provide *child's ID* - copy of Social Security card, birth certificate, guardianship papers or ASB card.

Acceptable forms of income documentation:

- Free or Reduced Lunch Award Letter (for current school year)
- Two months worth of pay stubs
- If parent/guardians are married – must show income for entire household
- If Self employed - last years tax return(s) for both parents.
- If Unemployed - Unemployment award letter.
- If receiving TANF - Approval letter showing amount for current period.
- If receiving DSHS Food stamps - show award letter or current DSHS free / reduced lunch documentation.
- If receiving SSI /SSD – provide payment verification letter.
- If receiving Medical Coupon – must be current, must list child making Little Wish, and can be submitted in lieu of income documentation and/or child's ID.
- If request is for a foster child – provide placement letter.
- If parent / guardians are separated – Must show income for both parents, or legal separation papers showing child support, or can provide a “No Contact Order” if applicable. Alternatively, if parents are living separately and no other information available, provide non-interested party collateral statement (from landlord, neighbor, other third party).
- If parent/guardians are divorced – show divorce decree child support info or provide child support statement.

NOTE: We do not provide food, housing, furniture, toys, or electronics (other than computers or special needs equipment).



SUBMIT TO: 2505 Cedarwood Ave Suite 5
Bellingham, WA 98225
EMAIL TO: andre@blueskiesforchildren.org

“Little Wishes” Application

Date of Request: _____ Is this your first Little Wish? Yes No Enrichment Renewal

Referred by: _____ DOB: ____ / ____ / _____

Child’s Name: _____ M/F _____ Age: _____

Parent /Guardian: _____ Phone: _____

Address: _____ Cell: _____

City, State, Zip: _____ Email: _____

County: _____ # in Household: _____ School District: _____

Marital Status: _____ Eligibility: _____
(Circle one) Married Single Divorced (Circle one) Homeless Low-Income Foster/Guardian

Origin: Caucasian Hispanic Russian/Ukraine Native-American African-American Other _____
Blue Skies does not in any way discriminate. Information provided is for grant and reporting purposes only.

Little Wish Request: _____

Reason: _____

Needed by date: _____ (if applicable)

Enrichment Provider Request:

Provider Name: _____ Provider Phone: _____

Provider Address: _____

Estimated Cost/Fee: \$ _____ per [month / session / week] (circle one)

Eligibility - I have the following:

Employment Income	\$ _____ (Month / Week)	Unemployment Income	\$ _____ (Month /Week)
SSI / SSD	\$ _____ (Month / Week)	Child Support	\$ _____ (Month /Week)
TANF Assistance	\$ _____ (Per Month)	Food Stamps	\$ _____ (Month/Week)
Medical Coverage	Yes _____ No _____	Free/Reduced School Lunch	Yes _____ No _____

I verify that all information I have submitted is accurate and current to the best of my knowledge as of signing this form. I understand that any falsification of the above information by me can cause loss of eligibility to receive services from Blue Skies for Children.

Parent/Guardian Signature

Date

My Story – Child:

Hi, my name is: _____

I am _____ years old and in the _____ grade.

I have _____ sisters and _____ brothers. I am the (oldest, middle, youngest sibling)

I live with my: _____

My favorite hobbies and/or interests are _____

What is your favorite subject in school and why? _____

What is your favorite sport and why? _____

Do you participate in any sports or clubs? _____

If you could be anything when you grow up what would it be and why? _____

If your wish was granted how would you benefit from it in the future? _____

My Story – Parent/Guardian:

Why did you come to Blue Skies for assistance and how will it be an advantage to your child? _____

Why do you feel your child should be selected to receive a wish? _____

How would your wish request make your child's life better at home and/or school? _____



Enrichment Participant Release

Sponsorship Release

I, _____, the parent / guardian of _____, hereby understand that Blue Skies for Children may or may not obtain a third-party Sponsor -- who may be an individual, company or other group -- who may financially support the Little Wish Enrichment Program in which my child participates in, or may directly support my child's enrichment activity.

I understand that if a Sponsor is selected to support my child that the Sponsor will receive a photo of my child, a first name (not his/her real name), my child's age and a copy of my child's progress reports. I understand that Blue Skies for Children will, under no circumstances, share my name, my child's name or any other identifiable information with a Sponsor or any other party. This program does not allow for a child and Sponsor to meet in person.

I understand that I may revoke this release at any time by submitting a request in writing. However, this revocation would not affect photographs or other information previously shared. I understand there will be no compensation for damages for the distribution of a photograph or other information about my child to a Sponsor, foundation or grant organization. I also understand that by revoking this release may result in interruption, or termination, of my child's Enrichment Program.

Parent/Guardian Signature

Date

Witness Signature

Date

General Photographic Use Release

I, _____, the parent/guardian of _____, hereby authorize Blue Skies for Children, and/or its grantors, to use photographs and/or videos in which my child appears, for the purpose of describing or promoting the non-profit activities of Blue Skies for Children. I understand that Blue Skies will, under no circumstances, use my name or my child's name. I understand that an alternative name may be used, as well as my child's age, and the photographs, videos, and other enrichment activity information may be printed, published, distributed, or shared through any and all mediums, currently known or hereinafter invented, including, but not limited to, physical print and/or electronic mediums including, but not limited to, video, television, email, websites, and/or social media platforms.

I understand that I may revoke this privilege at any time by submitting a request in writing, however, this revocation would not affect photographs or videos previously shared. I understand there will be no compensation for damages for the distribution of a photograph, videos, or other information used in marketing materials, or shared with a sponsor, or shared with a foundation or other grant organization.

Parent/Guardian Signature

Date

Witness Signature

Date