



# A Room to Heal

creating healing environments for children

Our mission is to serve children affected by serious medical conditions that will physically and emotionally benefit from a healing environment in their home. We serve those families in the Southern Tier of New York that lack resources to create this kind of environment for their child.

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## REFERRAL FORM

*If you wish to refer a child who is faced with a life threatening illness and who could use our help, please fill out the form below and mail it to the address listed at the end of this form.*

Your Name \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Your relationship to the child you wish to refer: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Medical Professional

Medical Diagnosis of the child: \_\_\_\_\_

Please describe how the referred child would benefit from a healing environment provided by A Room to Heal:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Mail this completed Referral Form to:**

**A Room to Heal, P.O. Box 503, Vestal, NY 13851-0503**

**Visit us at: [www.a roomtoheal.org](http://www.a roomtoheal.org)**