

A Room To Heal[®]

creating healing environments for children



Our mission is to serve children affected by serious medical conditions who 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 the resources to create this kind of experience for their child

Room Referral Form

If you wish to refer a child who is faced with a serious illness and who could use our help, please fill out the form below.

Child Name: _____ Age: _____

Medical Diagnosis: _____

Parents Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Your Name: _____

Relationship to the Child: _____

Phone Number: _____ Email: _____

Please describe how a healing environment would benefit the child:

Mail this completed form to:
A Room to Heal
PO Box 503
Vestal, New York 13851

E-Mail: roomselectioncommittee@gmail.com
Visit us: www.aroomtoheal.org