

## ***MY HAPPY PLACE APPLICATION***

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female

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

\_\_\_\_\_

Father's Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Main Contact Ph. #: \_\_\_\_\_

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

Does the child live at this address permanently? \_\_\_\_\_

If no, does the child reside at the address where the bedroom makeover would take place,  
at least 50% of the time? \_\_\_\_\_

Please list siblings and their ages also living at this address: \_\_\_\_\_

\_\_\_\_\_

Does the child named on this applicant have a bedroom of his/her own? YES or NO

Does the child named on this applicant share a room with a sibling? \_\_\_\_\_

If yes, list name and age: \_\_\_\_\_

State child's documented diagnosis: \_\_\_\_\_

\_\_\_\_\_

At what age was the child diagnosed? \_\_\_\_\_

Is this a chronic or terminal illness? \_\_\_\_\_

Please give details of the kind of treatment the child is receiving currently: \_\_\_\_\_

\_\_\_\_\_

Does your child require any special equipment? (Ex: wheelchair, oxygen) \_\_\_\_\_

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As a parent, what are your wishes for the child's room? \_\_\_\_\_

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How would your child like to have their room? (colors, themes, favorite character, etc:

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What benefit are you hoping the child will gain from having the bedroom makeover?

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Are you the owner of the property listed above? \_\_\_\_\_

If not, is the landlord aware of the makeover? \_\_\_\_\_

Landlord's name & address: \_\_\_\_\_ Ph #: \_\_\_\_\_

Publicity is vital to our organization. Would you be willing to participate in publicity for this project? (photo's and story on FB, website, newspaper and/or TV) **YES** or **NO**

**\*\*\*This will in no way affect our decision in regard to your application.**

**\*\*\*While not necessary, a photo of your child would be appreciated.**

*I/WE confirm that all of the above information is true and correct by signing below:*

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*(Signature of parent or guardian)*

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*(Signature of person filling out this form, if other than a parent)*

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*(Landlord signature if property is not owned)*

***Please print off this form and take it to your child's healthcare provider to have them fill out. While we understand this can hold up an application, you may submit the application form immediately with the healthcare form to follow. However, we cannot do any work on the bedroom until his/her diagnosis has been verified and this form on file. Thank you!***

Name and title of healthcare professional: \_\_\_\_\_

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

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Phone No: \_\_\_\_\_

Name of potential bedroom makeover recipient: \_\_\_\_\_

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Child's documented diagnosis: \_\_\_\_\_

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(Signature of healthcare professional filling out this form)

\*\*Note to healthcare provider: If the applicant left this form for you to fill out, please mail it back to:

MY HAPPY PLACE  
PO Box 982  
Mason City, IA 50402

or

MY HAPPY PLACE  
PO Box 1281  
Watertown, SD 57201

(Please mail to the location nearest the child's home.)

***THANK YOU!***