



For CMFCAA Office Use:
Date Request Received:

One Simple Wish

Child's Name: _____

Date of Birth: _____ Male Female County: _____

Date Entered State Care: _____ Agency: _____

Race: (check all that apply)

- African American Caucasian Hispanic Pacific Islander
 Asian Interracial First Nation

Name of Guardian: _____

Address: _____

Guardian Email: _____

Guardian Phone: _____

Item Requested (provide web link to specific item when possible)

Tell us some details about this child that make them unique. Give information about hobbies, personalities, interests, talents, background, needs & challenges.

What would receiving this item mean to your child/why do they want this?

CMFCAA Representative: _____

Picked Up by: _____

Thank You Sent:

Date _____