



THE CENTRAL MISSOURI  
**Foster Care  
 & Adoption**  
 ASSOCIATION

**One Simple Wish  
 Request Form**

*\*Wishes are not guaranteed to be fulfilled. One Simple Wish makes final wish approvals and has the right to edit wishes*

Please submit requests to CMFCAA by email at **info@mofosteradopt.com** or by fax at **573-616-1202**

Child's Full Name:		DOB:	Age:
Gender:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other _____	Number of Siblings:	
Race:	<input type="radio"/> Black/African American <input type="radio"/> White/Caucasian <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> Native American <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Other		
County:	Date Child Entered Care: _____		

Placement Information:			
Placement Full Name:		Placement 2 Full Name:	
DOB:	Age:	DOB:	Age:
Race:		Race:	
Phone:		Phone:	
Email:		Email:	
Address:		County:	Number youth in home:

Placement Type: <input type="radio"/> Foster <input type="radio"/> Guardianship <input type="radio"/> Formal Kinship <input type="radio"/> Informal Kinship	
Placement Reason: <input type="radio"/> Abuse <input type="radio"/> Substance Abuse <input type="radio"/> Death of a Parent <input type="radio"/> Neglect <input type="radio"/> Parent Incarceration <input type="radio"/> Other _____	
Case Worker:	Agency:
Email:	Phone:

What makes this child unique? Please provide details about their personality. What are the child's hobbies, interests, talents, needs, and challenges?

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

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

**CMFCAA Office Use Only:**

Date Request Received: \_\_\_\_\_  
 Initial for SAM Entry: \_\_\_\_\_  
 CMFCAA Representative: \_\_\_\_\_

Thank You Sent