



Have you reached out to other agencies / organizations with this request?

Yes No

If yes, which organization have your reached out to and how did they respond?

Do you currently have a worker through a local agency such as SD&G Developmental Services, CAS or access to support from Make a Wish, Canadian Cancer Society, Candle Lighters or other? If so, do you currently receive funding for your child?

Yes No

How will you be utilizing our support through our Helping Hands initiative?

If your request is for a specific item, product or service, please provide us with three (3) quotes along with company contact names, phone numbers and details for each quote and attach them to your request.



Sharing of your story (optional)

I, _____, consent to the use of any photographs in which I or my child appear, taken by a Rachel's Kids' representative in advertising our story through websites, Facebook, Instagram, Twitter, program books, posters and newspapers.

I give full copyright / permission to use any photos relevant to our story for any presentation, promotional materials and media releases.

I confirm that all information provided to Rachel's Kids indicated in this document as well as all conversations pertaining to our story are accurate and true.

I will also oblige to provide Rachel's Kids with any updates on our situation upon request.

Child's name in regard to your request: _____

Parent / Guardian name (print): _____

Signature: _____ Date: _____

Please email your form to: helpingkids@rachelskids or call us at 613-662-7400