



Haleycurls for Hope Foundation Hospital Room Decoration Guidelines

Eligibility:

1. Child must currently be receiving treatment from Dell Children's Medical Center Cancer and Blood Disorders Program (DCMC) **and**
2. Child must be currently inpatient at DCMC with a history of frequent and extended hospitalizations.

Application Process:

1. Application should be filled out completely by patient/family member/social worker.
2. Completed application should be given to patient's social worker.
3. Social worker should review request, sign & date.
4. Social worker should submit completed application to Haleycurls for Hope Foundation for review.
5. Only applications submitted by a social worker are acceptable.

Requests:

1. All requests are processed and evaluated by the board of directors in a timely manner.
2. Once requests have received approval, all items will be collected for the child and presented to the family at Dell Children's Medical Center through guidance of the social worker.
3. Haleycurls for Hope Foundation volunteers will then decorate the room or leave all items with the person the parent/guardian identifies. We understand not all children are well enough for outside visitors.
4. Please note that all Haleycurls for Hope Foundation volunteers participating in the room decorating program are approved by Dell Children's Medical Center Volunteer Services. Background checks, immunization records and TB testing are available for review and certification on site with DCMC.

Hospital Room Decoration kit includes:

1 Comforter	1 Curtain
2 Sets of coordinating sheets	Wall Stickers
1 Throw blanket	1 16X20 print of choice from Canvas Press
1 Rug	1 Large rolling tub for all above items.
1 Pajama	

Optional Items and/or additional items can be requested by family:

Night Light	Fan for white noise
Movie	Food/Clothing gift cards
Game	Picture frame

Social Workers:

Please return completed application by one of the following ways:

Haleycurls for Hope Foundation
P.O. Box 244
Florence, TX 76527

Or email a scanned copy to:
kathy@haleycurlsforhope.org
Additionally, you may email us to arrange sending a fax



Haleycurls for Hope Foundation

Hospital Room Decoration

Welcome to Haleycurls for Hope Foundation. Our Foundation is a 501(c)3 non-profit organization. It was inspired by Haley Batten and created to help families of chronically ill children in our area - specifically children being treated at Dell Children's Medical Center (DCMC) Cancer and Blood Disorder program or anyone with a Histiocytic disorder regardless of location. We are also here to help increase education, knowledge and understanding of Histiocytic disorders.

Our room decorating program was inspired by the many months Haley spent in the hospital and her love for her "Hello Kitty" room. It not only made her feel more at home during her treatment, but it also helped visiting family and friends to feel more comfortable. Haley's parents were often told how "like home" it was and less sterile-feeling it was for the hospital staff and family. We strive to create this same comfort for your child while they are receiving treatment at DCMC.

To qualify for our gift of a hospital room decoration, your child must be receiving treatment from DCMC Cancer and Blood Disorder Program and currently inpatient at DCMC with a history of frequent and extended hospitalizations.

Please complete this application and forward it to your assigned social worker. Only fully completed forms received from your social worker will be considered for review. Your request will then be processed and evaluated by the board of directors in a timely manner. Your social worker will be contacted immediately upon approval.

CHILD'S INFORMATION:

Child's First Name: _____

Date of Birth: _____

Clothing size: _____

Diagnosis: _____

How many days a month is your child inpatient? ____

Treating Physician: _____

Social Worker: _____

Child's Last Name: _____

Sex: Female Male

Date Diagnosed: _____

Email: _____

Phone: _____

PARENT/GUARDIAN INFORMATION:

Parent's First Name: _____

Address: _____

Phone: _____

Parent's Last Name: _____

City, State, Zip: _____

Email: _____

Parent's First Name: _____

Address: _____

Phone: _____

Parent's Last Name: _____

City, State, Zip: _____

Email: _____

Total members in household: _____

All Hospital Room Decoration kits include the following:

- | | |
|---|---|
| 1 Comforter | 1 Curtain |
| 2 Sets of sheets - Size: twin ___ or crib ___ | Wall Stickers |
| 1 Throw blanket | 1 16X20 print of choice from Canvas Press |
| 1 Rug | 1 Large rolling tub for all above items. |
| 1 Pajama - Size _____ | |

Please list (3) possible themes your child would like. The first option listed should be the child's first choice. Examples: Superman, Spiderman, Princess, Dora, etc. You can also just list some of your child's favorite colors.

1. _____
2. _____
3. _____

From the list below, please choose (2) additional items your child would like or needs:

- | | |
|--------------------------|--|
| Night Light ___ | Fan for white noise ___ |
| Movie _____ (Movie Name) | Food gift cards ___ |
| Game _____ (Game Name) | Clothing gift cards _____ (Store name) |
| Step stool ___ | Small potty ___ |
| Toothbrush ___ | Picture frame ___ |
| Other _____ | |

Canvas Press in Round Rock, TX will donate one 16X20 canvas print to your child's room decorating. This can be a portrait or even a picture of your child's drawings and other art work. To order your print email a copy of the image to kathy@haleycurlsforhope.org **Please send .jpg files only.**

We understand when your child is inpatient for extended amounts of time it is often due to a low immune system, infection or intense treatment care. Please let us know how you would like your room set up. **Bedding will be washed and ready to put on bed.**

- You would like to set it up ___
- You would like hospital staff to set it up ___
- You would like Haleycurls for Hope Foundation to set it up ___

Please tell us about your child's medical journey and how having their room decorated will affect your child.
