

2020 Holiday of HEROs Program – Child Information Form

*Please complete, sign and fax or email this form to (470) 321-3106 or holidayofheros@heroforchildren.org, **BY NO LATER THAN FRIDAY, OCTOBER 23RD 2020.** Please note that wish lists received after this deadline will not be fulfilled.

GUIDELINES: *(Be sure to read ALL guidelines before completing this form and sign acknowledgment.)*

- Eligible children must be 19 and under AND meet one of the following criteria: 1) infected with HIV/AIDS, 2) affected by this disease (i.e. have an immediate family member infected with HIV [mother, father, brother or sister]), 3) have an immediate family member that has died from HIV/AIDS, 4) live with an extended family member (i.e. grandmother, grandfather, aunt, uncle or cousin) that has HIV, and/or 5) reside with a previously described child.

PARENT'S/GUARDIAN'S INFORMATION			
First Name	Last Name	<input type="checkbox"/> Check if contact information needs to be updated.	
Home Phone	Parent/Guardian's Cell Phone	Parent/Guardian's e-mail address:	
Agency and/or Case Manager Name (if applicable)		Contact Number	

CHILD'S INFORMATION - #1			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #2			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #3			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #4			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #5			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #6			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #7			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #8			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #9			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
CHILD'S INFORMATION - #10			
First Name	Last Name	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

ACKNOWLEDGEMENT

By signing below, I, _____, acknowledge that all children listed meet the eligibility requirements for participation in the Holiday of HEROs program.

I attest and certify that all information provided is true and accurate to the best of my knowledge. Furthermore, I understand that any falsification will result in the immediate suspension of my child(ren) from any H.E.R.O. for Children programs.

Parent/Guardian/Case Manager Signature

Date