

**Clayton Dabney Foundation for Kids with Cancer
Case/Request Information Sheet**

Request Date: _____

Child's Name: _____ Child's DOB: _____

Current Age: _____ Cancer Diagnosis: _____ Diagnosis Date: _____

Current Level of Function: Independent _____ Wheelchair Bound _____ Bed Bound _____

Intra-venous fluid/medication requirement: (Y/N) _____ Oxygen Requirement: (Y/N) _____

Bone Marrow transplant: (Y/N) _____ If yes, when __/__/__

Cancer diagnosis status is end stage, terminal: (Y/N) _____

Expected Survival: Days
 Weeks
 Months

Hospice Care: (Y/N) _____

On /Off Chemotherapy: Phase I
 Phase II
 Palliative

Relapse: (Y/N) _____

Patient/Family Request: _____

Family qualifies as financially disadvantaged: Explain: _____

Father's Occupation/Income Level: _____

Mother's Occupation/Income Level: _____

Family Information: _____

Family Address: _____

Family Phone: _____

Send CDF Gift Basket: (Y/N) _____ (English/Spanish) _____

List gifts family has received from any other group or organization: _____

Requesting Organization: _____

Contact: _____ Telephone: _____

Email: _____ Pager: _____