

NOMINATION FORM

Completing this form is the first step to being considered for A Special Adventure Trip! A Deb and Jeff Hansen Foundation program coordinator will contact you within 30 days after submission to notify you of your eligibility for a trip.



HERE ARE THE GENERAL ELIGIBILITY REQUIREMENTS

- Child is between the ages of 2-18 at the time of nomination
- Families with a child on or off treatment—or regardless of treatment outcome—are eligible
- The family must live in Iowa
- Applications cannot be processed without valid pediatric oncology social worker contact information
- This trip is designed for the child diagnosed with cancer, along with up to two adult caretakers and siblings

WHO IS NOMINATING THIS CHILD? (check one)

- Parent/guardian Other (please explain)
- Family member/relative
- Medical professional
- Social worker/Child Life Specialist

NOMINATOR'S CONTACT INFORMATION

Name

Phone

Email

Address

City/State/ZIP

CONTINUED →



INFORMATION ABOUT CHILD

Name	<input type="text"/>				
Age	<input type="text"/>	Gender	<input type="text"/>	Date-of-Birth	<input type="text"/>
Parents of Child	<input type="text"/>				
Child's Siblings and Ages	<input type="text"/>				
Diagnosis	<input type="text"/>		Date of Diagnosis	<input type="text"/>	

SOCIAL WORKER INFORMATION

Name	<input type="text"/>		
Hospital	<input type="text"/>	Email	<input type="text"/>

WHY ARE YOU NOMINATING THIS CHILD FOR A SPECIAL ADVENTURE?

FAMILIES WHO HAVE QUESTIONS

about eligibility, or need assistance with the application process should contact:

MELISSA BEAMAN

Children's Cancer Connection
melissa@childrenscancerconnection.com
Phone: 515-243-6239

PLEASE SUBMIT THIS FORM TO:

Deb and Jeff Hansen Foundation

Attn: Katie Pfadenhauer
5034 Grand Ridge Drive
West Des Moines, Iowa 50265

Phone: 641-648-4479

Email: kpfadenhauer@iowaselect.com

