



BURNED CHILDREN

A Non-Profit Agency
Founded in 1990

RECOVERY FOUNDATION

For Office use only:

Case #: _____

Initial Contact Date: _____

REQUEST FOR SERVICES
(New Child to the program)

Childs name _____ Childs age _____ Sex _____ Date of injury _____

Parent/Guardian _____ Email address _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

How did you hear about the Burned Children Recovery Foundation?

How is your child's behavior at School or in Public? Good Average Poor Has not returned to school

Are they receiving negative reactions from their burn scars? _____

Is your child's scar(s) healing well?

SERVICES WE PROVIDE

(The child must be burned and be under the age of 18 to receive services)

- ~ Phoenix House: A 10 bed recovery center, where they will learn how to accept what has happened to them
- ~ Camp Phoenix: Our National Burned Children's Camp
- ~ Counseling, 24 Hour Burn Survivor Support Line and Support Group
- ~ Costs for Fuel, Meals and Lodging for Medical Appointments or Surgeries
- ~ Costs for Prescriptions and Medical Supplies
- ~ School Re-Entry Program
- ~ School Activities Costs
- ~ School Clothing and Supply Cost
- ~ Costs for hobbies, clubs, lessons, yoga, sports, etc. that helps to get the child in activities outside the home.
- ~ Any other services that we might be able to help your child with that will aid in their recovery from burns

Please advise us on the next page of what needs and services you are requesting

We will review with each family, once we receive this form, on what support and services we can offer you that would best help your child

• Approved: Y____ N____ Reason: _____ By: _____ Date: _____

• Needs Additional Information: _____

• Board Review: Y____ N____ Reason: _____



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SERVICES OR ITEMS WE NEED HELP WITH:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____