



Apply online at www.hopecam.org/apply or scan QR Code:



Hopecam Application

How did you hear about Hopecam: _____

Child's Information

Child's Name: _____ Gender: Male Female

Birth Date (MM/DD/YYYY): _____ Tee Shirt Size: _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____

School Name: _____ City and State of School: _____

Grade Level (Pre-K-12): _____ n/a, my child is not in school n/a, my child is homeschooled

Shipping

We will mail your welcome packet out in the next two weeks - someone has to be available to sign for it.

Where would you like us to mail the package: (circle one)

Home Address Not sure, please call before mailing Address below:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Special Consideration for delivery: _____

Medical Information

Place of Treatment (hospital/clinic): _____

Diagnosis: _____ Date of Diagnosis: _____

Name of social worker/child life specialist: _____

Social worker/child life specialist phone: _____ Email: _____

Primary Parent/Guardian Information:

Name of Parent/Guardian: _____ Relationship to Child: _____

Phone: _____ Email Address: _____

Primary/Preferred Language Spoken: _____ Preferred method of contact: phone text email

Secondary Parent/Guardian Information:

Name of Parent/Guardian: _____ Relationship to Child: _____

Phone: _____ Email Address: _____

Primary/Preferred Language Spoken: _____ Preferred method of contact: phone text email

Hopecam Options

Hopecam has several ways to help your child feel less lonely. Please check off the items that you are interested in/need:

Tablet or a Chromebook: Tablet Chromebook n/a child already has a tablet or laptop of their own

Do you have Wi-Fi internet in the home? Yes No

Would you like to talk to Hopecam to discuss connecting with your child's school? Yes No

(ex: Zoom into morning circle time, a class that they enjoy or need support in, or lunch bunch in the counselor's office...)

Permissions

Release of Information

I, as parent/guardian, hereby give Hopecam, Inc., a non-profit charity, permission to contact my child's school or place of treatment listed in this application for the purpose of arranging a Hopecam connection and to discuss my child's age, diagnosis, treatment plan, and schooling with social workers, teachers, administrators, physicians, therapists, or any other individuals who are providing services or who may provide services to my child so that Hopecam can provide its program to my child. I understand that I am not required to sign this form. My child's treatment will not be affected in any way by my decision to sign this document. This permission will expire 12 months after signing below.

Hopecam Device

I understand that Hopecam is a charity with limited resources and may not be able to replace equipment that has been dropped or broken. Hopecam will not be able to provide technical support once my child completes treatment or no longer qualifies for Hopecam services. Hopecam is not responsible for monitoring device usage.

Accounts Created

I understand that a Gmail and Zoom account will be created for my child to facilitate communication with friends, family and/or schoolmates. As the parent or guardian, I am accepting responsibility to ensure that my child uses these accounts in an appropriate manner. The accounts will remain in place for 12 months from the time my child's Hopecam application is approved; however, Hopecam reserves the right to cancel either account at any time, if deemed necessary due to misuse. By signing this form, I am providing consent for my child to be assigned a Hopecam-issued Gmail and Zoom account.

Media, Photography, and Video Release

I understand and give permission to Hopecam to use information about my child's Hopecam Connection, as well as photos or video of my child for use as Hopecam deems appropriate for publicity and fundraising purposes. I understand that Hopecam will only use my child's first name in stories, pictures, and videos.

Please check off your consent: I consent to the release I would like to opt-out

Parent/Guardian Name (Printed)

Relationship to Child

Parent/Guardian Signature

Date

How do I submit this application? Fax it to 571.375.7157 **Scan & email it** to info@hopecam.org **Mail it** to Hopecam, 12100 Sunset Hills Rd, Suite C10, Reston, VA 20190

Next Steps: Once we receive your application, we will mail you the technology you requested in a welcome packet. We will then call you to discuss the connection options available. Please be on the lookout for a phone call from a **703** or **571** area code. If you do not need technology, we will call you after we receive the application.

Please call Sara Dia, at 703.364.5609 or email info@hopecam.org with any questions or concerns.