



Who can apply?

Create a Smile is dedicated to serving children ages 3 years old to 18 years old who are currently undergoing cancer treatment.

What can you apply for?

We encourage your child's imagination to run wild at Create a Smile. We believe that kids express their personalities through their interests and we embrace their creative ideas. However, please know that Create a Smile focuses on providing tangible gifts. Some examples of gift requests may include:

- Musical Instruments
- Laptops
- iPods or iPads
- Sports Memorabilia
- Dress-up clothes/costumes
- Arts and Crafts
- Game Consoles
- Sports Gear
- Outdoor Toys
- Games and Puzzles
- Action Figures

How to apply?

To apply for a gift, please fill out the Create a Smile application packet, turn it in, and we will contact you to let you know if we can fulfill your child's request. Please note that we will require a few items in order to complete your application process.

- A signature from your social worker
- A signature from your primary care physician
- An interview with you and your child to put a smiling face to a name and get to know you personally!



Create a Smile Application

Child Information

Name _____ Age/ DOB _____ Sex Male Female

Siblings (names, sex & ages) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email address _____

Parent (s)/ Legal Guardians

Parent/Legal Guardian _____ Parent/Legal Guardian _____

Mother Father Other _____ Mother Father Other _____

Mailing Address _____ Mailing Address _____

City, State, Zip _____ City, State, Zip _____

Home phone _____ Home phone _____

Cell phone _____ Cell phone _____

E-mail _____ E-mail _____

Primary Language _____ Primary Language _____

Medical Information

Diagnosis _____

Diagnosis Date _____

Expected length of treatment _____

Physician Name _____ Medical Facility _____

Office Phone _____ Fax _____

Office Address _____

Social Worker Name _____ Office Phone _____



Create a Smile Application

Office Address _____

Signature of physician _____

Date _____

Other Information

Child's website, caring bridge, care page, Facebook page _____

Please tell us about your child (favorite activities, TV shows, music, books, sports, color, food)

Do we have permission to share your child's story (we do not include treatment or addresses)? Yes No

Do we have permission to share your child's picture? Yes No

May we share your child's website, caring bridge or Facebook page Yes No

Has the child ever received a gift from Create a Smile foundation or another organization? Yes No

Is the child able to verbalize what he/she wants? Yes No

If no, how does the child communicate? _____

Is this a RUSH gift? Yes No

If yes, please specify

How can we create a smile on your child's face? Please explain the gift that makes your child happy.

Signature of Parent/ Legal Guardian _____

Date _____

- Once application is completed, please email it to Radwa Moussa-Youssef at (radwa@casmile.org)



Photo/Video Release Form

I _____, parent or legal guardian of _____, hereby grant to Create A Smile (hereinafter "CAS"), a 501(c)(3) not-for-profit organization, its employees, agents, officers, legal representatives, successors, assigns, licensees, advertising agencies, and any and all persons or corporations acting on behalf of CAS, the irrevocable and unrestricted right to use, publish and republish, and copyright my performance, picture, portrait, photograph, sound and/or voice recording, or that of my family, child or members. This includes, but is not limited to, negatives, transparencies, prints, films, video, tapes, digital, social media, or any other registered medium or other information pertaining to my family, child, or family members, whether in whole or in part, and/or composite representations, in conjunction with my own or a fictitious name, including alterations, modifications, derivations and composites thereof, throughout the world of advertising, promotion trade, or any lawful purposes.

This right shall include, but not be limited to, the right to combine likeness with others and to alter my likeness, by digital means or otherwise, for the purpose of promoting CAS and any legal associated purpose.

_____(Initials) I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith or the use to which it may applied.

_____(Initials) I acknowledge that the photography session/or film or video production was conducted in a proper an professional manner, and this release was willingly signed at its termination.

_____(Initials) I affirm that I am over the age of majority and that I am fully able to contract in my own name without breach to any prior agreement or applicable law, including but not limited to prior agreements with modeling or talent agencies or any other person, company or entity.

By my signature below, I certify that I have read the above release and agreement prior to its execution, and fully understand the contents and consequences herein. This agreement shall be binding upon heirs, legal representatives and assigns. This document shall be governed by the laws of the State of California.

Signature of client, Conservator or
Parent/Guardian)

Date