

APPLICATION INSTRUCTIONS

The Marty Lyons Foundation, Inc. is a non-profit organization providing "special wishes" for children with life-threatening or terminal illnesses. The Foundation is not affiliated with any other organization having similar objectives.

1. Applications will be accepted only for children chronologically aged three (3) through seventeen (17) years. Children must also reside, or be receiving medical treatment, within the Foundation's Chapter designated geographic locations.
2. Applications for a second wish will be accepted only under exceptional medical circumstances. Typically, this second wish will be not be granted if the prior wish was completed within the past 24 months.
3. In cases of guardianship, proper documentation must be submitted to the Foundation.
4. Please be specific regarding the child's "special wish."
5. Questions may be directed to the Foundation office by calling during normal business hours.
6. All expenditures must be made directly by the Foundation; consequently, the Foundation cannot accept an application where parents or guardians for a child's wish have already expended funds.
7. The Parent's Application and the Physician's Information Forms must be completed and returned to the Foundation's office listed on this form.
8. The Release and Indemnification Form must be signed, notarized and mailed with the completed applications.
9. *HIPAA NOTICE: - The United States Congress recently enacted the Health Insurance Portability and Accountability Act (HIPAA), which took effect on April 14, 2003. HIPAA was designed to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. In order to comply with this federal law, The Marty Lyons Foundation, Inc. now requires that the parent/legal guardian sign and return the HIPAA Form in order to process the wish application. The physician's application requires a response from the wish applicant's treating physician. The physician should require the wish applicant's parents/legal guardian to complete and sign a HIPAA form during the treatment process.* **Please ensure, before returning the physician's portion of your application, that a signed copy of the HIPAA form accompanies this document. If a HIPAA form has not yet been completed, please call the treatment facility and request one. Please note: the wish application cannot be processed without the signed HIPAA form.**



MARTY LYONS FOUNDATION
The courage to wish for more.