

Dear Prospective Family,

Welcome to Project Nightlights! Our mission is to create unique bedroom environments that encourage healing and bring comfort and hope to children who are living with or recovering from a serious medical condition. We consider room candidates who:

- are between the ages of 3 and 17
- exhibit a financial need
- are receiving treatment for a chronic illness or recovering from a serious injury or illness
- are affected on a daily basis by their health issues

To have your child considered for a Room Project, please fill out the attached application and return to:

Project Nightlights  
PO Box 540033  
Omaha, NE 68154

The following items must be included for your application to be complete:

- \_\_\_ Completed application
- \_\_\_ Completed Recommendation Form or letter of recommendation from your child's doctor or social worker
- \_\_\_ Room Project Agreement, signed by parents/guardians and dated

All information contained in this application is confidential and will be disclosed only to the Candidate Selection Committee. All applicants will be contacted within one month of receipt of a complete application. Thank You.

Sincerely,

Kathie Ferguson  
Project Nightlights, President

# Project Nightlights Application for Room Candidate

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Is your child currently enrolled in school? \_\_\_

School last attended: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Father/Guardian  
Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work/cell Phone: \_\_\_\_\_

Mother/Guardian  
Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work/cell Phone: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_  
(may be asked to verify with tax return)

Please write a detailed description of your child's diagnosis, current medical condition, treatment plan and prognosis. \_\_\_\_\_

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In order for Project Nightlights to best help your child, it is necessary to have a letter of recommendation from your child's Primary Doctor and/or Social Worker. Your child's doctor and/or social worker may use the enclosed recommendation letter.

Primary Doctors name and phone number: \_\_\_\_\_

Social Workers name and phone number: \_\_\_\_\_

How long have you been at the above residence? \_\_\_\_\_

Home: \_\_\_\_\_ own \_\_\_\_\_ rent \_\_\_\_\_ apartment \_\_\_\_\_ mobile unit

Is the Project Room a bedroom or another room in the home? \_\_\_\_\_

Is the room shared with a sibling(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ How many \_\_\_\_\_

Are there pets in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list: \_\_\_\_\_

Given your child's medical condition, when would be the ideal time for us to begin the room project?

\_\_\_\_\_

Please write a paragraph telling us how the room makeover could improve your child's life.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete this application. All applicants will be considered equally according to the Room Project Criteria Guidelines at Project Nightlights. All applicants will receive a written response to their submitted application.**

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date

**This application and its contents are subject to the terms and conditions set forth in the attached Room Project Agreement. Please review the Room Project Agreement carefully prior to the submission of your application.**

## ROOM PROJECT AGREEMENT

This Project Agreement ("Agreement") entered into this \_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by and between Project Nightlights, Inc. ("PNI") and Applicant ("Applicant"), WITNESSETH:

WHEREAS, PNI is a nonprofit organization organized for the purpose of renovating and/or remodeling rooms for the benefit of children in long term recovery and/or rehabilitation from serious illness, and;

WHEREAS, PNI reviews applications for such renovation or remodeling from families of qualified children, and;

WHEREAS, Applicant has made application for such renovation and/or remodeling, and said application has been accepted and approved by PNI, and;

WHEREAS, the parties wish to set forth the rights and obligations of each party pursuant to this Agreement.

THEREFORE, the parties hereby agree as follows:

1. That Applicant shall have no financial responsibility for the completion of the subject room project and responsibility shall be the sole obligation of PNI.

2. That PNI shall have the exclusive right to use any and all photographs or other reproductions of the child, the subject room project and Applicant family for use on the PNI website, PNI brochures and/or any other PNI marketing materials.

3. That Applicant shall have no financial responsibility for injuries occurring to any PNI volunteer, other than those injuries caused by Applicant or due to the negligence of Applicant, during the completion of the subject room project.

4. That Applicant shall allow PNI access to the subject room for a period of 21 days or until project completion, whichever is less, during which time Applicant shall not enter the subject room unless accompanied by a PNI volunteer.

5. That after approval of the final room design by all parties, no further revisions to the final room design will be made without the express written consent of PNI.

6. That PNI agrees to undertake renovation and/or remodeling of the subject room project only and shall undertake no other renovation and/or remodeling project in the Applicant's home.

7. That Applicant shall allow PNI to place PNI and room sponsor signage on and/or around the residence and/or property. Placement of said signage shall be at the sole discretion of PNI.

8. That Applicant shall keep all pets in a secure, confined area at all times when PNI members are present in the residence.

9. That PNI pledges to be considerate of your child and your family. Our intent is to enter your home and do the work for your child's room at the least intrusive times and no more than necessary in order to complete the room project.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Physician/ Social Worker Recommendation Form

This form or a letter of recommendation must accompany your patient's application. Project Nightlights thanks you for your time and support.

This form is to provide documentation and support for the application of \_\_\_\_\_  
(Patient's name)

Please provide the diagnosis for this patient.

Please provide the current medical treatment for this patient.

Please provide the treatment plan for this patient.

Please provide the prognosis for this patient.

\_\_\_\_\_  
Treating Physician or Social Worker

\_\_\_\_\_  
Date