RENO RODEO FOUNDATION
RODEO WISH NOMINATION FORM

Thank you for your interest in the Reno Rodeo Wish Program. Please carefully review the following instructions before completing this nomination form:

- Eligibility: Nominations must be submitted by a professional who works closely with children and families and can speak to the child's needs and circumstances. Eligible nominators include: medical providers (e.g., physicians, nurses, specialists), hospital or clinic case workers, licensed mental health professionals and therapists, nonprofit professionals and social workers, court-based professionals (e.g., court appointed special advocates, court social workers, victim advocates, family court case managers, court clerks or coordinators), and school-based professionals (e.g., counselors, nurses, special education staff).
- Required Information: Complete all fields in the form, including details about the child's condition, requested support, and how the assistance will enhance their quality of life. Please be as detailed as possible.
- Funding Policy: The Reno Rodeo Wish Program does not provide funding directly to the child or their family. All approved wishes and associated costs will be paid directly by the Reno Rodeo Foundation to the designated service or experience provider. Funding may not be requested for hospital expenses, insurance fees, or treatment for terminal illnesses.
- Scope: This program serves children under 18 in Northern Nevada living with long-term, non-terminal medical, developmental, or mental health conditions. This includes conditions such as diabetes, asthma, autism spectrum disorder, Down syndrome, cerebral palsy, ADHD, and more. The program focuses on removing barriers to care and enhancing quality of life through resources such as adaptive equipment, home and vehicle modifications, therapy-related services, and meaningful wish experiences.
- Submission: Incomplete applications will not be considered. Ensure all required information and documents are included before submission.
- Review Process: The Reno Rodeo Foundation Rodeo Wish Committee will carefully review each nomination to determine the most appropriate award, including financial assistance and the number of experiences granted each year.
- Timeline: Decisions will be made on an ongoing basis as nominations are received throughout the year.

Privacy and Compliance Notice

The Reno Rodeo Foundation takes privacy and confidentiality seriously. To comply with HIPAA and protect sensitive health information:

- Limit Sensitive Information: Please only include information directly relevant to the nomination, focusing on how the requested support will enhance the child's quality of life. Avoid including detailed medical records.
- Authorization and Consent: By submitting this nomination, you confirm that you have obtained the necessary consents from the child's parent(s) or legal guardian(s) to share the provided information with the Reno Rodeo Foundation.
- Confidential Handling: All submitted information will be handled with the utmost care and used solely for the purposes of evaluating and fulfilling the nomination.

By submitting a nomination, you acknowledge that you have reviewed the program's guidelines and confirm that all information provided is true and accurate to the best of your knowledge.

If you have any questions, please reach out to us at
775.322.9875 or info@renorodeofoundation.org.

Please email completed forms to info@renorodeofoundation.org or mail them to Reno Rodeo Foundation at 59 Damonte Ranch Parkway, Ste B-441, Reno, NV 89521

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Nominator Information

Provide your contact details and a bit about your background to help us better understand who is submitting this nomination.

Full Name _____

Title/Position _____

Company _____

Phone Number _____

Email Address _____

Please share your professional role(s) that qualifies you as an eligible nominator for this program:

Preferred Method of Communication ☐ Text ☐ Phone Call ☐ Email ☐ Any

Have you submitted a Reno Rodeo Wish nomination in the past?

☐ Yes ☐ No

Where did you hear about this program?

Child's Information

Share the contact details for the child being nominated.

Full Name _____

Current Age _____

Date of Birth _____

Parent/Guardian Full Name(s) _____

Parent/Guardian Phone Number _____

Parent/Guardian Email Address _____

Physical Address _____

_____ _____ _____

City State Zip

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Medical or Life Challenge Details

Provide an overview of the child's primary diagnosis or condition and the challenges they are facing. This information helps us understand their unique circumstances and how the Reno Rodeo Wish Program can make a meaningful impact.

Primary Diagnosis/Condition

Description of Challenges

Please provide the name(s) of the facility or facilities where the child is currently receiving treatment for their condition. Please include locations, whether in Nevada or out of state.

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Requested Support

This section helps us understand the type of support or assistance being requested for the child. Please indicate all applicable categories and provide detailed descriptions of the child's specific needs, how the support will benefit them and their family, and any special interests or hobbies that may enhance their experience. Additionally, let us know when the support is needed and include an estimated cost, if available.

What type of support is requested? (check all that apply)

- ☐ Medical Assistance (e.g. equipment, therapy)
- ☐ Transportation (e.g. vehicle repairs, vehicle adaptations)
- ☐ Travel Expenses (e.g. hotel, airfare)
- ☐ Quality of Life Enhancements (e.g. sensory equipment, home modifications)
- ☐ Experience (e.g. trip, concert, experience)
- ☐ Other, please describe in detail in the next field

Please describe the exact needs or wishes of this child in detail.

Describe how this will benefit the child and family.

Please share any special interests or hobbies that this child has.

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Requested Support (con't)

When is the support needed? _____

Estimated Cost, if known _____

Please attach any supporting or additional documentation you would like us to review as part of this nomination.

If you have a quote or estimate for the requested support, please be sure to include that as well.

Final Comments

Please share any final comments with us.

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