



HUG Bag Request Form

Person requesting HUG Bag: _____

Title: _____ Agency or Hospital: _____

Phone: _____ Email: _____

Where HUG Bag should be delivered: _____



Patient Name: _____

Diagnosis: _____

Is patient currently hospitalized? _____ Social Worker's Name: _____

Patient Age: _____ Gender: _____

Cultural Background: _____

(This will only be used to enhance the HUG Bag by providing books, movies, magazines, etc. based on the patient's culture. This information is strictly voluntary.)

Interests: _____

Anything that should **not** be included in HUG Bag: _____

(This may include scents, cultural aversions, games or toys the child would have difficulty with, etc.)

Favorite Snacks, restaurants, etc: _____

Favorite books, authors, magazines, etc: _____

Extras: _____

Please feel free to list anything you think the child might enjoy.

Thank you!

Patches of Light ~ P. O. Box 153 ~ Hilliard ~ OH ~ 43026

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www.patchesoflight.org