Gracie's Promise
A Wyoming Charitable non-profit Corporation
P.O. Box 1366 Torrington, WY 82240

Email: info@graciespromise.org

Date:	
Sponsor Name:	Re. Child's Name:
Street Address:	GP File #
Dear Sponsor,	
Gracie's Promise regarding their child's medical of Directors, at this time, is preparing to review you provide Gracie's Promise a progress report it to Gracie's Promise before the next board in	ly of the above-identified child in the capacity of sponsor and agreeing to be their liaison value condition and the family's need for ongoing assistance from this organization. The Boathe family's case-file to re-evaluate their need for additional funding. The Board requests to about the child's current medical condition. Please complete the form below and return neeting, the 26th of the month. The Board of Directors convenes the first Tuesday of ilies receiving assistance fro our organization. The Board will not consider on going support
Please provide the most current information	regarding the child:
te of last physician appointment: Date of next physician appointment: going health problems:	
New health problems:	
Treatment Plan:	
Child's condition per your observation or know	/ledge:
Please provide the most current information	regarding the <u>family</u> :
Your relationship to the family:	
Frequency of interaction with the family:	
Date of last family contact:	
Reason(s) the family continues to need financia	al support from Gracie's Promise:
Person completing this form:	Date completed:
Printed Name	Signature Signature

If any of your contact information has changed, it is your responsibility to provide Gracie's Promise the most current information as soon as possible. An email message with the new information may be sent to info@graciespromise.org. Funding or further funding approval depends on your sending the report before the board meeting.

Sincerely,

Application Assessment and Re-evaluation Committee