



For JDRF only
 Mentor _____
 Referral _____

2013 BAG OF HOPE PROGRAM

DATE _____

Until research is successful in finding a cure for T1D, JDRF is committed to providing support and resources for those living with this disease. The Bag of Hope contains educational and inspirational materials as well as Rufus®, the bear with diabetes, and is offered free to newly diagnosed youth and their families only by JDRF and our Program sponsor, Roche Diagnostics.

[PLEASE PRINT CLEARLY]

Primary Parent's Name(s) _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

Child's Name _____ Age _____ Gender: M F

Birthdate: Month ____ Day ____ Year ____ Date of Diagnosis: _____

School _____ Grade _____

Endocrinologist/Hospital _____

Child's Hobbies/Sports _____

Sibling's Names/Ages _____

In accepting this Bag of Hope, I agree to release the contact information provided above to JDRF. I also understand that JDRF will periodically send information to me regarding chapter activities, family events, as well as information about JDRF research.

If I have noted my desire for personal/family support, JDRF staff or a volunteer Mentor may contact me. These Mentors are trained to help guide and comfort in all areas of living successfully with T1D.

YES - I would like to be contacted by a JDRF Mentor family who is living with T1D

NO - at this point in time I am not ready for personal contact. I will reach out when ready

→ Signature of Parent/Guardian _____ date _____

So JDRF can maintain correct stock levels of our Bag of Hope program, please check the correct box:

Received at hospital/clinic/doctor office/school _____ (name).

Please send the JDRF Bag of Hope directly to the family.

Please send signed form to: 248-355-1188 (fax) or dpentescu@jdrf.org (email)

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