



dedicated to finding a cure

Received by: _____
Entry into Database: _____
Mailed: <input type="checkbox"/> Hand Delivered: <input type="checkbox"/>
Date Mailed/Hand Delivered: _____
Hand Delivered to Patient at:
Hosp/Clinic: <input type="checkbox"/> Dr/PCP Office: <input type="checkbox"/>
Patient's Home: <input type="checkbox"/> School Nurse: <input type="checkbox"/>
Other: _____
Connected to Mentor: Yes <input type="checkbox"/> No <input type="checkbox"/>

Bag of Hope Program

Until research is successful in finding a cure for type 1 diabetes, Juvenile Diabetes Research Foundation (JDRF) is committed to providing support and resources for those living with this disease. It is for this very reason that JDRF created the Bag of Hope, an educational outreach resource. 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 by JDRF and our Program sponsor, Roche Diagnostics.

Primary Parent's Names: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Secondary Parent's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

Child's Name: _____

Date of Birth: _____ Gender: _____ Date of Diagnosis: _____

School: _____ Grade: _____

Endocrinologist: _____

Additional Information that may be helpful in determining most appropriate mentor family:

Child's Hobbies: _____

Sibling's Names/Ages: _____

Other: _____

In accepting this Bag of Hope, I agree to release the contact information provided above to the Juvenile Diabetes Research Foundation. If I have noted my desire for personal support below, JDRF staff or volunteers may contact me to offer their support to me and my family. I also understand that in providing this information to JDRF they will periodically send information to me regarding chapter activities, family events as well as information about JDRF research, etc.

Signature of Parent / Guardian: _____ Date: _____

- YES, I would like to be contacted by a JDRF mentor family who is living with type 1 diabetes.
- At this point in time I am not ready for personal contact. I will reach out to the Chapter Office when I am ready to talk with a JDRF mentor family.

Please fax completed form to: 904-739-2693

Call Pam at JDRF 904-739-2101 with any questions