



Thank you for your generous support.

P.O. Box 9660, Cincinnati, OH 45209

For children in need of a hairpiece and/or wig.

Date _____ Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Relationship _____

Child's Date of Birth _____ Social Security # _____

Home Phone _____ Work Phone _____ Cell Phone _____

With Application, please include a Copy of the following:

1. Medical

- Doctor's diagnosis, including percentage of hair loss and prognosis for regrowth. (Doctor can fax directly to Allusions at (513) 891-3527)
- Photo of child without a hairpiece or hat if they cannot come in for a consultation.

2. Financial

- Parent of guardian's most recent Tax Return. (Note: We cannot complete the application if you only sent a W-2 statement.) If you do not have a copy, you can have one mailed to you by calling the IRS.
- If you do not file taxes, please include a statement of social security, welfare or disability benefits.
- Please include any documents that verify extenuating financial circumstances.

3. Personal

- Two letters of recommendation, from a parent, a teacher, a friend, a coach etc. explaining why the child would benefit from a hairpiece.