



Hair Replacement Application Form



To qualify for a human hair replacement, the applicant must be under the age of 21 and experiencing medical or injury related hair loss.

Please include with this application:

1. A letter from the doctor on letterhead stating the date and hair loss diagnosis
2. Copy of birth certificate and/or state identification card
3. Photos of applicant with and without hair (These photos are used in choosing the proper hair replacement. These photos are never published publicly)

***Application, letter from doctor, copy of birth certificate/state id, and photos can be emailed to childrenwithhairloss@hotmail.com**

(Application is also available on our website childrenwithhairloss.us)

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

GENDER: FEMALE/MALE ETHNICITY: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME (S): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

HAIR DIAGNOSIS: _____ DATE OF DIAGNOSIS: _____

HEAD SIZE (CIRCUMFERENCE): _____ HAIR COLOR: _____

HOSPITAL NAME: _____

DOCTOR'S NAME: _____ PHONE NUMBER: _____

SOCIAL WORKER'S NAME: _____ PHONE NUMBER: _____

EMAIL OF SOCIAL WORKER: _____

SALON OR HAIR REPLACEMENT CENTER NAME REFERRAL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Have you ever received hair replacement from our charity? YES/NO If so, when? _____

Do you have any special requests for your human hair replacement? Color, fit, base, length, texture, smooth?
