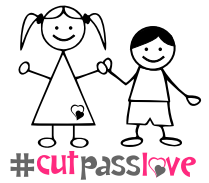




HAIR REPLACEMENT APPLICATION



TO QUALIFY FOR HAIR REPLACEMENT, THE APPLICANT MUST:



BE UNDER AGE 21



HAVE MEDICALLY-RELATED HAIR LOSS

PLEASE INCLUDE WITH THIS APPLICATION:



A LETTER FROM A DOCTOR ON LETTERHEAD STATING DATE AND HAIR LOSS DIAGNOSIS



COPY OF BIRTH CERTIFICATE AND/OR STATE ID



PHOTOS OF APPLICANT WITH AND WITHOUT HAIR (THESE PHOTOS ARE USED TO CHOOSE PROPER HAIR REPLACEMENT AND ARE NEVER PUBLISHED PUBLICLY)

APPLICATION AND DOCUMENTS/PHOTOS CAN BE EMAILED TO childrenwithhairloss@hotmail.com
AN ONLINE APPLICATION THAT ALLOWS FILE UPLOADS IS ALSO AVAILABLE ON OUR WEBSITE childrenwithhairloss.us

DATE OF APPLICATION

APPLICANT'S FULL NAME

GENDER MALE FEMALE ETHNICITY DATE OF BIRTH AGE

ADDRESS APT

CITY STATE ZIP

PARENT/GUARDIAN NAME(S)

HOME PHONE CELL PHONE

EMAIL

HAIR DIAGNOSIS DATE OF DIAGNOSIS

HOSPITAL NAME

DOCTOR'S NAME DOCTOR'S PHONE

SOCIAL WORKER'S NAME SOCIAL WORKER'S PHONE

SOCIAL WORKER'S EMAIL

SALON OR HAIR REPLACEMENT CENTER NAME REFERRAL

ADDRESS CITY STATE ZIP

PHONE EMAIL

1  HEAD SIZE (CIRCUMFERENCE) HAIR COLOR

HAVE YOU RECEIVED A HAIR REPLACEMENT FROM CWHL IN THE PAST? NO YES WHEN?

DO YOU HAVE ANY SPECIAL REQUESTS FOR YOUR HUMAN HAIR REPLACEMENT?
ex. color, texture, style, fit, base, length, smooth

1 Using a fabric measuring tape, hold measuring tape at front hairline

2 Follow hairline circumference to base of hairline at nape. Continue around head, back up to front