

# THE POWER OF A WISH

PARTNERING WITH  
**NEVADA RARE DISEASE ADVISORY COUNCIL**  
TO SUPPORT CHILDREN WITH RARE BLOOD DISEASES

Make-A-Wish®  
NEVADA



# MAKE-A-WISH® AT A GLANCE

*HOW DID IT ALL BEGIN?*

# Key Events: 1980 to Present



- **1980:** Chris Greicius receives his wish to be a Phoenix police officer. His wish includes such details as a custom-made police officer uniform and a motorcycle proficiency test with traffic cones.
- **1981:** Make-A-Wish® is formed; the first official wish kid, Frank “Bopsy” Salazar, has his wish granted.
- **1993:** Make-A-Wish International is formed.
- **2010:** The first World Wish Day® is celebrated on April 29, the anniversary of Chris Greicius' wish, in 37 countries to recognize 30 years of wish granting.
- **2023:** Make-A-Wish has granted more than 500,000 wishes in the U.S. and its territories.



## OUR MISSION

Together, we create *life-changing* wishes for children with critical illnesses.



## OUR VISION

To grant the wish of every *eligible* child.



# Our Chapter



# Make-A-Wish®

NEVADA



- Make-A-Wish® Nevada has been a beacon of hope and joy for children facing critical illnesses since our chapter's founding in 1982. In 1996, the chapter split into two, dedicated to serving the Southern and Northern Nevada regions.
- As of September of 2024, we celebrate a new era with the reunification of the Nevada chapter, coming together as one to grant even more life-changing wishes. United, we are stronger, and our impact has been profound - granting over 2,800 wishes to children across Nevada since 1982.

# the Wishing PLACE

MAKE-A-WISH NEVADA



Powered by **allegiant**

## WHERE YOU CAN FIND US:

9950 Covington Cross Dr.  
Las Vegas, NV 89144

On the **Allegiant Campus**  
Town Center/Summerlin Parkway  
7,000 Square Feet

## ABOUT THE TEAM:

- 20 staff members
- 300+ volunteers
- **186** wishes granted in FY24
- **158** so far for FY25
- Average cost of a wish (includes cash and in-kind donations) for our chapter, \$10,000 to \$15,000

# The Wish Process

**Referral, Eligibility and How We Grant Wishes**

# Referral and Eligibility

## Referral

Referral criteria, eligibility guidance and our online referral form can be accessed at the following link: [Medical Wish Referral](#)

**Step 1:** Ensure the family is aware of the Make-A-Wish referral.

**Step 2:** Once the family approves, submit the referral online.

**Step 3:** Make-A-Wish staff receives the referral and sends a Diagnosis Verification form to the provider listed on the referral. This is an electronic form sent via a password protected link.

**Step 4:** Provider completes Diagnosis Verification form and Eligibility Review process by our National Medical Affairs team begins.

## Eligibility Review

Our National Medical Affairs team reviews the child's case, based on information submitted by the provider, and determines eligibility.

Once eligibility has been determined by National (either Qualifies or Does Not Qualify), Make-A-Wish staff will update the provider and family.



# Eligibility

*To qualify for a wish, a child must meet these criteria at the time of referral:*

1. Older than 2.5 years and younger than 18 years
2. Has not received a wish from another wish-granting organization
3. Diagnosed with a critical illness (i.e., a progressive, degenerative or malignant condition) that, despite adherence to the treatment plan, is currently placing the child's life in jeopardy

Cardiology

Endocrinology

Gastroenterology

Genetics

Hematology

Immunology & Infectious Disease

Metabolic

Nephrology

Neurology and Neuroscience

Oncology

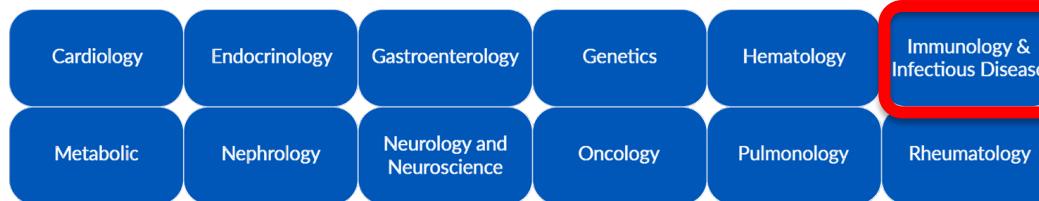
Pulmonology

Rheumatology



Visit: [www.md.wish.org](http://www.md.wish.org)

# Eligibility



## Immunology & Infectious Disease

### Referral Guidance Sheet

*To qualify for a wish, a child must meet these criteria at the time of referral:*

1. Older than 2½ years and younger than 18 years
2. Has not received a wish from another wish-granting organization
3. Diagnosed with a **critical illness** (i.e. a progressive, degenerative or malignant condition) that, despite adherence to the treatment plan, is currently placing the child's life in jeopardy

### Qualifying Immunology and Infectious Diseases:

- Bone marrow (BMT) and stem cell transplant (SCT)
  - If BMT/SCT occurred under 2.5 years old, the child must have ongoing life-threatening complications
  - If BMT/SCT occurred at 2.5 years or older, the child must be either within 5 years of transplant or having ongoing life-threatening complications
- Bruton's agammaglobulinemia
- Chronic granulomatous disease
- Primary immunodeficiencies with one of the following:
  - Requiring lifelong treatment with a significantly shortened life expectancy (within the childhood period)
  - Resulting in frequent unplanned hospitalizations where infection is not well controlled
  - With severe autoimmune complications
- Severe combined immunodeficiency disease (SCID)
  - With active disease or
  - For children who received a BMT/SCT, meeting criteria listed for BMT/SCT
- Wiskott-Aldrich syndrome
  - With active disease or
  - For children who received a BMT/SCT, meeting criteria listed for BMT/SCT

There are other conditions that may be eligible for a wish when the condition includes life-threatening comorbidities that are currently placing the child's life in jeopardy. These conditions will be reviewed on a case-by-case basis. Please include detailed information on these conditions when submitting the Diagnosis Verification Form.



Refer a Child

Visit: [www.md.wish.org](http://www.md.wish.org)

Make-A-Wish.

TO REFER: Visit [md.wish.org](http://md.wish.org) and submit the referral to start the process for your patient. If you have questions about eligibility or the referral process, please contact your local chapter.

Updated 04/2023

Make-A-Wish.

# Online Referral Process



## FAMILY

Use this form if you are the child's parent/legal guardian, the child, or a family member who has detailed knowledge of the child's current medical condition(s).

**Refer a Child**



## MEDICAL TEAM

Use this form if you are a member of the child's healthcare team such as a physician, physician assistant, nurse, nurse practitioner, social worker, or child life specialist.

**Refer a Child**



## OTHER

If you are not a family member or part of the child's healthcare team as described, we invite you to share information about Make-A-Wish with the family.

**Share Information**

To submit a referral, you will need to provide the following: child and parent/legal guardian's contact information, child's date of birth and medical condition(s), as well as the treating medical professional's full name, phone number and hospital treatment facility. Unfortunately, we cannot accept a referral without this information.



Or Visit: [www.md.wish.org](http://www.md.wish.org) to refer a child today!

# Getting Started



Getting Started

Referrer Information

Child & Family Information

Medical Information

Has the family approved of you making the referral?

Please select an option

What is your medical professional category?

Please select an option

How did you hear about Make-A-Wish?

Please select an option

Next



# Referrer Information

Getting Started

Referrer Information

Child & Family Information

Medical Information

Please search for your name and hospital/facility below and select. If you are unable to locate either in our system, select the "Create New Medical Professional" and/or "Create New Hospital/Facility" to add a new record, which will remain on file for future reference.

## Referring Medical Professional

Search Referring Medical Professional...

OR

Create New Medical Professional

## Referring Hospital/Facility

Filter By State

Please select an option

Search Referring Hospital /Facility...

OR

Create New Hospital/Facility

I Am Not Associated With A Hospital/Facility

Previous

Next



# Child & Family Information

Getting Started

Referrer Information

Child & Family Information

Medical Information

## CHILD INFORMATION

First Name

Makea

M.I.

Last Name

Wish

Preferred Name/Nickname

Gender

Female

Date of Birth

7/10/2018

Age at Referral

7

Has this child ever received a prior wish from Make-A-Wish or any other wish-granting organizations?

No

## FAMILY INFORMATION

Parent/Guardian 1

Relationship to Child

Father

First Name

bill

Last Name

smith

# Medical Information

Getting Started

Referrer Information

Child & Family Information

Medical Information

## MEDICAL INFORMATION

**Note: A referral is considered a request to begin reviewing a record to determine whether a child is eligible for a wish. This form has been designed to allow the user to include all medical information, as opposed to only medical conditions that may be eligible for a wish. This means that while a condition may populate from the list below, that does not automatically mean it is an eligible condition. You will be contacted by your local chapter once eligibility has been determined.**

### Primary Diagnosis

example: Acute Lymphoblastic Leukemia (ALL)

OR

### ICD Code

example: C91.0

### Approximate Diagnosis Date

Month

Year

### Is there a medical reason why we need to move quickly?

Please select an option

### Additional Information

Please enter any additional medical information that you may have

# Medical Information

## TREATING MEDICAL PROFESSIONAL INFORMATION

Same as Referrer Information

### Treating Medical Professional

Search Treating Medical Professional...

OR

Create New Medical Professional

### Treating Hospital/Facility

**Filter By State**

Please select an option

Search Treating Hospital /Facility...

OR

Create New Hospital/Facility

## BEST MEDICAL CONTACT INFORMATION

Please provide the best person to contact on the Medical Team if different from the Treating Medical Professional

### Best Medical Contact

Search Medical Professional...

OR

Create New Medical Professional

[Previous](#)

[Submit Referral](#)

# Diagnosis Verification Form

## DIAGNOSIS VERIFICATION

### CHILD INFORMATION

Child's Last Name:	Child's First Name:
Gender:	Parent/Guardian's Last Name:

### PROVIDER INFORMATION

Last Name:	First Name:	Title:
Phone #:	Email:	Treatment Facility:

I am recognized by my state to practice as:  Physician  Nurse Practitioner  Physician Assistant  Other

I have direct knowledge of this patient's condition and I am part of the treating healthcare team.

Is this child in a comatose or vegetative state?

Please choose the statement that best describes your patient:

This child has a condition for which curative treatment may be feasible but could not be provided due to financial or other reasons. (e.g., cancer, irreversible organ failure)

This child has a condition with a known history of a significantly shortened life expectancy and/or long periods of intensive treatment may prolong life and allow participation in activities of daily living (e.g., heart failure, solid organ transplant)

This child has a condition without curative treatment options in which debilitative conditions are present (e.g., severe treatment-resistant epilepsy, some metabolic diseases)

This child has an irreversible but non-progressive condition with life-threatening history of a significantly shortened life expectancy (e.g. anoxic brain injury, severe congenital anomalies)

This child has a condition for which there is no reasonable hope of cure and people will ultimately experience a significantly shortened life expectancy. (e.g., Duchenne muscular dystrophy, progressive neurodegenerative disease)

None of these statements describe my patient.

Primary Diagnosis or ICD-10 Code:

Additional Diagnosis or ICD-10 Codes:

Has this child had any unplanned hospital admissions in the past 12 months?

If yes, how many times has the child been admitted, what were the admissions? (Please list hospitalizations include admission into the ICU)

Do you expect this child's condition will significantly deteriorate in the next 12 months?

If yes, please explain:

Is there a medical necessity to expedite the process?

If yes, please provide medical reason for request and ideal timeline (e.g., 1-3 months, 3-6 months, other):

Please provide additional clinical details using the questions below to help determine Wish medical eligibility criteria. You may attach the child's medical records.

What are the child's contributing complications, health conditions, and other factors that affect the child's life?

What treatments has the child already experienced?

Have there been any treatment failures?

Is this child dependent on medical equipment? If so, please elaborate.

Does this child have any conditions affected by air travel (especially the effects of low barometric pressure that causes a 33-percent increase in gas expansion and a low oxygen environment, 16 percent oxygen in a pressurized aircraft cabin at cruising altitude versus 21 percent oxygen at sea level)? Please see attached Air Travel Fact Sheet.

None apply.  
 I am not sure if this child has any of these conditions.  
 Yes, this child has the following conditions (please list):

The following questions do not affect eligibility criteria. If the child's condition is eligible, this information helps our volunteers and staff to plan an appropriate wish.

I certify that the child is fully vaccinated against COVID-19 as defined by the CDC.

Child is fully vaccinated against Covid-19  
 Child is not fully vaccinated against Covid-19  
 I am unaware of the child's Covid-19 vaccination status

Does this child have cognitive delays?

Yes  No

If yes, please indicate the level of delay:

Mild: Functions close to peers  
 Moderate: Functions below peers  
 Severe: Functions nothing like same-age peers, extremely cognitively delayed.

Does this child have speech/language delays or use an alternative form of communication?

Yes  No

If yes, can child express their needs and desires by saying them with words?

Yes, child is verbal but delayed and able to be understood by others.  
 No, child is non-verbal.

If child is non-verbal, which of the following best describes how the child communicates needs and wants? (Please select all that apply)

Crying without the capacity to indicate needs or wants to a caregiver well known to the child  
 Pointing at desired objects, reaching out for something or someone they want; taking your hand to what they want  
 Repeating something they just heard in a manner suggesting the child is desiring (as opposed to just echoing words)  
 Sign language (either standard or specific to the child)  
 Assistive communication tool, tablet, or computer

Please add any additional information about child's ability to communicate:

Healthcare Professional Signature:

Date:

Title:

# Medical Wish Clearance Form

## MEDICAL WISH CLEARANCE FORM

This form is not intended to determine eligibility, but rather to certify the wish child's selected wish is medically appropriate and to identify any medical restrictions and precautions to be considered in planning a wish.

**Instructions:** This form must be completed and signed by the wish child's treating healthcare provider, who must be a licensed allopathic or osteopathic Doctor of Medicine, a certified nurse practitioner, or a certified physician assistant, who has direct knowledge of the wish child's medical condition.

Wish Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Treating Healthcare Provider: \_\_\_\_\_ Hospital/Treatment Facility: \_\_\_\_\_

Treating Provider's Telephone Number: ( ) - \_\_\_\_\_ Treating Provider's Email: \_\_\_\_\_

Treating Provider's Emergency Number: ( ) - \_\_\_\_\_

I am recognized to practice as a physician, nurse practitioner or physician assistant?

YES  NO

I have direct knowledge of this patient's condition, and I am part of the treating healthcare team.

YES  NO

Date of Last Visit/Treatment: \_\_\_\_\_

1. Child's Wish: \_\_\_\_\_

2. Anticipated Wish Date: \_\_\_\_\_ Does this wish date interfere with treatment plan?  YES  NO

3. Wish Child's Diagnosis(es): \_\_\_\_\_

4. This Wish Involves Air Travel  YES  NO

Aviation medicine experts have specific recommendations regarding the conditions in an aircraft cabin at cruising altitude, especially the effects of barometric pressure (most cabins are pressurized to an 8,000-foot altitude) and the low-oxygen environment (16% oxygen rather than 21% at sea level), for patients with respiratory, heart, neurological and liver conditions and blood disorders. To see an overview, we have included a fact sheet below this form.



Rev. October 2023

### Select One of the Following:

This wish does not involve air travel.  
 I am fully aware of the medical risks regarding air travel and feel it is safe and appropriate for this wish child.  
 I do not support air travel for this wish child. Comments: \_\_\_\_\_

### Medical Wish Clearance:

**Appropriate:** I certify that conditions 1 through 3 below have been met:

1. I have explained/will explain to the parent or legal guardian the condition of patient and any medical risks involved with patient's participation in the wish, including disease outbreaks related to travel and travel destinations. (See [CDC Health Notice links below](#)). I have counseled the parent or legal guardian on how to handle medical emergencies during the wish and any special needs or precautions posed by the patient's condition. If patient is suffering from a condition that has the possibility of transmission to other people, I have counseled/will counsel parent or legal guardian on appropriate precautions, control measures and emergency procedures. **NOTE:** All travel wishes requiring more than 8 hours of skilled (licensed) nursing care per day will require a consult with a Make-A-Wish Chapter Medical Advisor. Please provide BEST contact number below.

International travel <https://wwwnc.cdc.gov/travel/notices> Domestic travel <https://wwwnc.cdc.gov/travel/diseases>

2. As long as parent or legal guardian takes sufficient precaution to protect patient in accordance with my instructions, (a) there is no medical contraindication to patient's participation in the wish, and (b) patient's participation in the wish will not present sufficient medical risks to patient (or others with whom the patient may come into contact) to prevent my authorizing patient to participate in the wish.

3. The following medical restrictions and needs must be considered in planning the wish:  
Comments: \_\_\_\_\_

**Not Appropriate:** I am familiar with the patient's physical condition and certify the wish is not medically appropriate at this time. Please Explain: \_\_\_\_\_

**Additional Medical Provider Review:** Are there any additional providers/specialists that you think would be helpful to contact to further review the safety of this wish? If so, please provide name(s) and contact information.

_____	_____
-------	-------

Signature

Date

_____
-------

Phone number [Required as stated in #1 above]

Please Print Name

Title

Please contact Lauren Pleimann, Outreach Manager, at Make-A-Wish Southern Nevada with any questions or concerns.

Email: [laurenp@snv.wish.org](mailto:laurenp@snv.wish.org) | Main Line: 702-212-9474 | Referral Fax: 702-932-2815

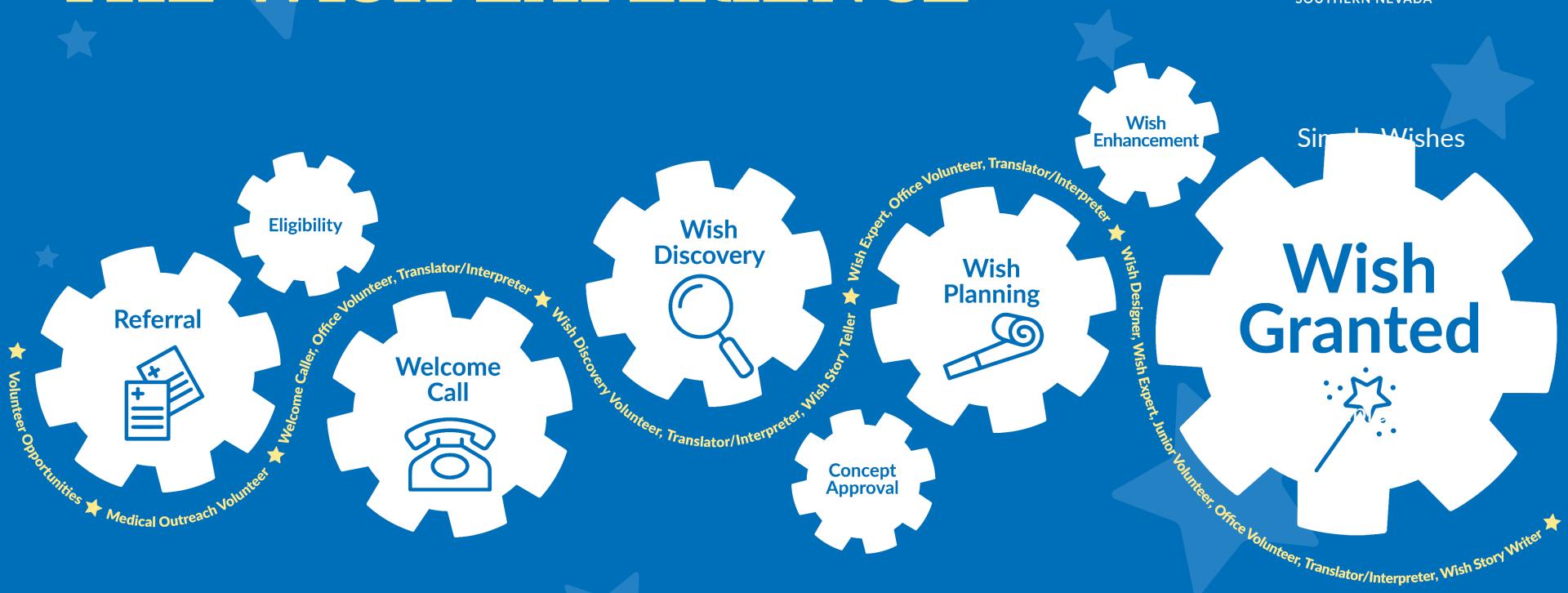


Rev. October 2023



# THE WISH EXPERIENCE

Make-A-Wish®  
SOUTHERN NEVADA





# Why wishes matter to your patients and YOU

**Referral sources, stats & facts**

# Why A Wish?



**8 *out of* 10** of health care professionals reported that a *wish experience* is a necessary part of a child's *treatment journey*.



**9 *out of* 10**

medical providers say a wish increases *compliance* with *treatment*.



**9 *out of* 10**

wish kids report that they felt more *joyful, confident, and hopeful* for their future following their wish.



**9 *out of* 10**

wish parents say that their child's wish experience *strengthened their relationships* with loved ones.

# Wish Kids and Families say...

**91%** of wish alumni said their wish improved their overall quality of life.

**91%** of wish parents believe that a wish is a necessary part of a child's medical treatment journey.

**93%** of wish parents said they experienced traumatic stress as a result of their child's critical illness.

**95%** of wish parents as well as 92% wish alumni agree their wish brought their family closer together.

**94%** of wish parents said their wish improved their family's well-being.  
93% of wish alumni agreed.

**95%** of wish parents saw their child's emotional well-being improve through the wish experience.

**98%** of wish alumni said their wish improved their well-being.

# What Doctors Have to Say...



Make-A-Wish.



[The Medical Impact of a Wish](#)

# Current Medical Outreach

## Eligible Referrals:

- 201 – as of today (FY25)
- 158 (FY24)
- 193 (FY23)
- 164 (FY22)
- 86 (FY21 – pandemic year)

## Top 5 Wish Child Diagnosis:

- Leukemia
- Cancer
- Congenital Heart Disease
- Respiratory Disorder
- Nervous System Disorder

## Top Referral Source Clinics:

- Cure 4 The Kids Foundation
- Children's Lung Specialist & Cystic Fibrosis Center of Nevada
- Children's Heart Center of Nevada
- ProCare Hospice
- 1Care Kids
- Renown Hospital
- Primary Children's Hospital\*

*These facilities exist outside the MAWNV region but still provide treatment and care for our wish children.*

## Other Referral Source Clinics\*\*::

- DaVita Dialysis Centers
- Neurology Specialists
- UNLV Medicine
- UMC/Sunrise/Summerlin Hospital

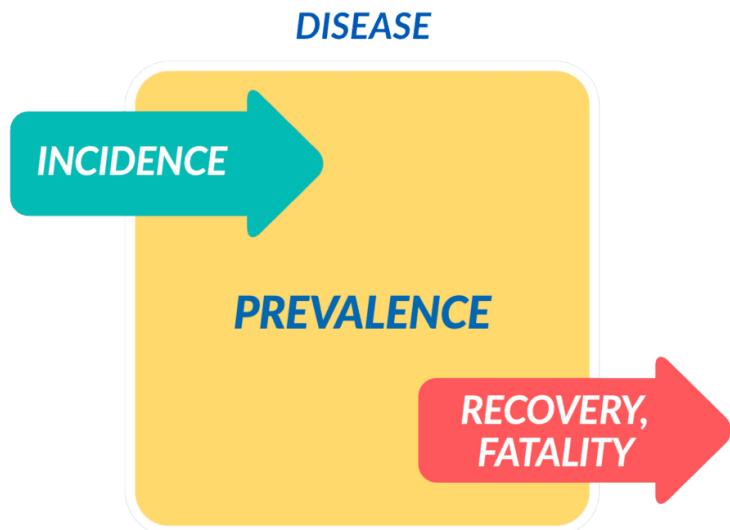
\*\*These clinics don't actively refer children but treat children that receive wishes from our chapter.





We need your *HELP!*

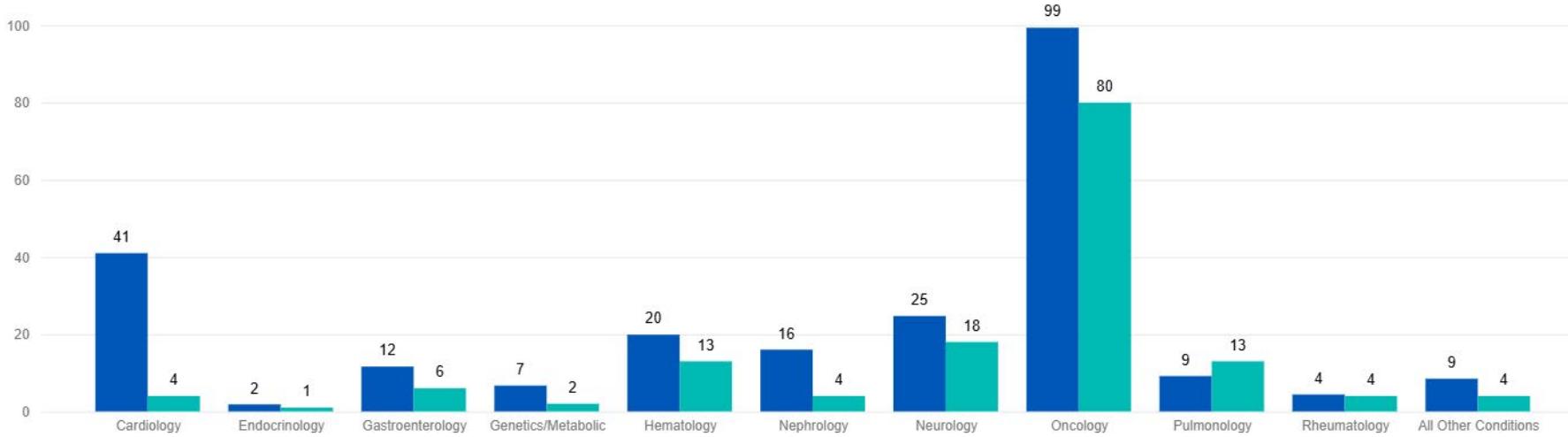
# 2025 PREVALENCE VS. INCIDENCE



- **Prevalence** is the number of individuals in a population who have a specific disease at a specified period of time, regardless of when they first developed or were diagnosed with it.
- **Incidence** is the number of individuals in a population who develop a disease (i.e. new cases) in a specified time period.
- **Recovery and fatality** reflects the number of individuals that exit the disease pool over a specified time period.

# 2025 Prevalence and Incident Report

● Predicted Qualified ● Qualified Actuals



Predicted Qualified – 243  
Actual Qualified – 149  
**Potential Kids We Missed - 94**



# WISH IMPACT

**Wish kid stories**



# Wish Highlight



[Jayden's wish to have Acting Lessons!](#)



# Wish Highlight



SCAN ME

ZaRiyah's wish to have a petting zoo birthday party!



# Contact Information & Links



Scott Rosenzweig  
President & CEO  
Make-A-Wish Nevada



## Staff Contact for Referral & Eligibility Questions/Information

Marcia Buendia  
Outreach Manager  
Direct: 702-602-7495  
[marciab@nv.wish.org](mailto:marciab@nv.wish.org)

**Medical Wish Referral Site**  
[wish.org/medical -referral](http://wish.org/medical-referral)

**Make-A-Wish Nevada Chapter Site**  
[wish.org/nv](http://wish.org/nv)





# Questions?

