



Many Faces of Moebius Syndrome

Moebius Blessings Questionnaire:

Please email the completed form or attached information to info@mfoms.org

- 1) Full Name of Child / Adult with Moebius:

- 2) Full name and address of parent/s of child with Moebius:

- 3) Phone number of parent/s of child with Moebius:

- 4) Marital Status of parent/s:

- 5) Occupation of parent/s:

- 6) Number of siblings, their names, ages, clothing sizes, types of toys:
 - a.)
 - b.)
 - c.)
 - d.)
 - e.)
 - f.)

If nominating a family, what is your name and phone number?

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Essay:

Please write a description of the child / adult with Moebius. Please tell us what challenges they have faced throughout the year and how the Moebius Blessing will benefit them or the parent. Please provide details of any hardships upon the family that will help Many Faces of Moebius Syndrome make a decision on the five gifts.

None of this information will be shared with the public, or Facebook groups. All responses will be kept strictly confidential.

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