



CHILDREN WITH SPECIAL NEEDS BIG GAME TAG PROGRAM

(THE APPLICATION PERIOD IS JANUARY 2 THROUGH JANUARY 31 OF THE YEAR OF THE HUNT)

The Children with Special Needs Big Game Tag Program provides special big game tags to eligible resident or nonresident minor children (seventeen years of age or younger) who have a life-threatening medical condition certified by a qualified, licensed physician. Applicants must be sponsored by a qualifying nonprofit organization as defined in Section 36-408(6), Idaho Code. A qualified organization is a 501(c)(3) nonprofit that provides opportunities and experiences to children with life-threatening conditions. Sponsorship is not limited to Idaho-based organizations, and there is no limit on how many applicants an organization may sponsor each year.

The Idaho Department of Fish and Game makes 5 tags available each year, valid for any open general hunt, or any Controlled Hunt with 10 or more tags. **Any Controlled Hunt area with fewer than 10 Controlled Hunt tags is ineligible.** Eligible species include deer, elk, pronghorn, black bear, or mountain lion. If multiple applications submitted under Sections 900 and 901, IDAPA 13.01.04, select the same controlled hunt in a given year, the Director retains discretion to require selection of an alternate controlled hunt to maintain hunt quality.

Participants are not required to hold a hunting license or complete hunter education to apply for or receive this tag. If awarded, the tag is issued at no-cost and does not count towards any other tag requirements or limitations for the hunter. This tag is a once in a lifetime opportunity.

The application period is January 2 through January 31 of the calendar year of the hunt. Applications received outside of this designated time frame cannot be accepted. The Idaho Department of Fish and Game screens all submissions annually to award the 5 available tags. Priority will be given to resident applicants unless an insufficient number of resident applicants are received.

This application must be used to apply. Completed applications may be submitted by mail or email to the address below:

Mail to: Attn: Executive Assistant
Idaho Department of Fish and Game
P.O. Box 25, Boise, ID 83707
Email: SpecialBigGameTag@idfg.idaho.gov

All personal information submitted will be kept confidential and used only for the purposes of administering the Children with Special Needs Big Game Tag Program.

For questions regarding the application or program requirements, please contact:

Idaho Department of Fish and Game
SpecialBigGameTag@idfg.idaho.gov



CHILDREN WITH SPECIAL NEEDS BIG GAME TAG CHECK LIST

Before mailing or emailing your application, please review this checklist to ensure that you have included all required documentation. We will be unable to process your application or consider you for this hunt if any of the required documentation is missing.

- ☐ **Completed Application for Children with Special Needs Big Game Hunt**
- ☐ **Copy of the Physician-Certified Medical Condition Form**
- ☐ **Copy of the Nonprofit Organization's IRS Determination Letter**
- ☐ **Copy of the Nonprofit Organization's Mission Statement**



APPLICATION FOR CHILDREN WITH SPECIAL NEEDS BIG GAME HUNT

Please Type or Print Legibly

Sponsoring Organization's Information

Organization Name: _____
Contact Name: _____ Title: _____
Cell Phone Number: (_____) _____ - _____ Work Phone Number: (_____) _____ - _____
Contact Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Child's Information:

First Name, Initial: _____ Last Name: _____
Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Gender: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Contact Phone Number: (_____) _____ - _____
Contact Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Accompanying Adult's Information:

The child **must** be accompanied while hunting by an adult who holds a current, valid Idaho hunting license for big game. Please provide the following information for the accompanying adult:

First Name, Initial: _____ Last Name: _____
Contact Phone Number: (_____) _____ - _____
Current Hunting License Number: _____
Address: _____ City: _____ State: _____ Zip: _____

☐ I confirm that I hold a valid Idaho hunting license and will accompany the above-named child for the duration of the hunt.

Signature

Date

Mailing and Correspondence Preference:

In the event of a successful application, please indicate the preferred recipient for the final award packet and tag:

- ☐ Sponsoring Organization
☐ Awarded Individual
☐ Other: _____



APPLICATION FOR CHILDREN WITH SPECIAL NEEDS BIG GAME HUNT

Selection Instructions:

To request a controlled hunt, provide the Controlled Hunt Number found in the Big Game Seasons and Rules Brochure. **Note that any Controlled Hunt area with fewer than 10 Controlled Hunt tags is ineligible. If you select a Controlled Hunt with fewer than 10 tags offered, your application will not be processed.** To request a general season hunt, please provide the Game Management Unit (GMU), which can be found in the Big Game Seasons and Rules Brochure. For each choice, an applicant should only fill out either a controlled hunt number **OR** a GMU, **not both**. Should an applicant's first choice not be available, please provide a secondary choice.

First Choice:

Species Selection (select one):

☐ Deer ☐ Elk ☐ Pronghorn ☐ Black Bear ☐ Mountain Lion

Hunt Type (select and fill-out one):

☐ Controlled Hunt Number: _____ **- OR -** ☐ General Season GMU: _____

Second Choice:

Species Selection (select one):

☐ Deer ☐ Elk ☐ Pronghorn ☐ Black Bear ☐ Mountain Lion

Hunt Type (select and fill-out one):

☐ Controlled Hunt Number: _____ **- OR -** ☐ General Season GMU: _____

Certification:

By signing this application, I certify that:

- I am authorized to make this application for this organization and the named individual.*
- The organization is qualified under Internal Revenue Code Section 501(c)(3) as a nonprofit organization.*
- That the organization's primary mission is to offer opportunities and experience to minor children with life threatening conditions; and*
- The above listed child has a life-threatening medical condition and is hereby eligible to receive the Children with Special Needs Big Game Hunt Tag.*

Signature

Date

Printed Name and Title of Organization Official



PHYSICIAN-CERTIFIED MEDICAL CONDITION FORM

Applicant's Certification

I certify that my child has a life-threatening medical condition and is hereby eligible to receive the Children with Special Needs Big Game Hunt Tag.

Parent or Legal Guardian:

First Name, Initial: _____ Last Name: _____

Relationship to Child: _____ Contact Phone Number: (_____) _____ - _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____

The undersigned certifies under penalty of perjury that all of the above information provided is true and correct. Any person willfully making false statements in this certification shall be guilty of a criminal misdemeanor.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Licensed Medical Provider Certification

I, _____ certify under penalty of criminal perjury that I am a Licensed Medical Provider, licensed to practice medicine in the State of _____ and that _____ has a life-threatening medical condition.

The undersigned certifies under penalty of perjury that all of the above information provided is true and correct. Any person willfully making false statements in this certification shall be guilty of a criminal misdemeanor.

Signature of Licensed Medical Provider

Date

Printed Name of Licensed Medical Provider