

Benefits Applying For

- Grant (up to \$500)
- Hair care service
- Head covering service
- Up to 6 months membership at the Yates Community Center
- One private session with a personal trainer
- Gas assistance
- Cancer screening
- Assistance to find healthcare
- Cancer support groups

Please describe how receiving assistance from the Hope Walk of Yates County will help you and your family:

Hope Walk of Yates County may use this statement on our website or in our advertising material. Your identity would remain confidential. If it's okay for the Hope Walk of Yates County to use your name with this statement, please initial here: _____

Hope Walk Cancer Care Confirmation of Diagnosis Request

Provide us permission for your doctor to confirm your medical diagnosis with cancer and is actively receiving treatment within the last 6 months.

The patient fills out:

Doctor _____

Phone _____ Fax _____

Address _____ Confirmation Received _____

Diagnosis: _____

Patient's permission to discuss diagnosis:

I, _____ give permission for Doctor _____ to disclose my diagnosis of cancer to the Hope Walk of Yates County Cancer Care Program.

Signed: Patient _____ Date: _____

The doctor fills out: Note: Hope Walk of Yates County will contact the doctor after the patient completes the application and grants permission.

Doctor's confirmation: Your patient _____ has applied to the Hope Walk of Yates County Cancer Care Program for assistance in meeting some of his/her needs and we are asking you to confirm that the patient has been diagnosed with cancer and is being treated. The patient has given permission for you to confirm his/her diagnosis as indicated above.

Doctor's Confirmation: _____ has been diagnosed with _____

_____ and has/is actively receiving treatment within the last 6 months.

Doctor's Signature _____ Date _____

The patient fills out: NOTE: application must be signed and dated by the patient. Applications not signed and dated will be returned to the patient.

By signing this form, I affirm that all information listed above is complete and accurate to the best of my knowledge. I understand that I may need to provide additional documentation to support my responses. I understand that any misrepresentation or false information may result in denial of financial aid.

Signed: Patient _____ Date: _____

Application information

(Please read application information first)

Qualification and documentation:

To qualify for assistance from the Hope Walk of Yates County, the patient must meet the following eligibility criteria and provide the following with documentation:

- 1) Patient must have a current medical diagnosis stating that he/she has been diagnosed with cancer and has/is actively receiving chemotherapy, radiation treatments, or surgery for cancer within the last six (6) months. **NOTE:** Receiving maintenance therapy for cancer does not qualify a patient for Grant.
- 2) Patient must complete the entire application including signing and dating the form.
- 3) Patient must be a resident of Yates County, New York and **provide proof**. Please supply a copy of your driver's license or a recent utility bill showing patients name and address. **NOTE:** Grants are available once every 12 months.

Application requirements:

Hope Walk of Yates County wants to help qualified applicants receive financial assistance as quickly as possible. Once an applicant has qualified for assistance, Hope Walk of Yates County can provide up to \$500 to cover expenses during the following 12 month period.

The exact amount of the grant will depend on the resources available to Hope Walk of Yates County and will be determined by The Hope Walk of Yates County staff at the time of application.

To Apply:

Please fill out the **entire application** and then either mail or email to the addresses below.

Hope Walk of Yates County, P.O. Box 174, Penn Yan, NY 14527

1- (607) 283 - HOPE (4673) hopewalkofyatescounty@gmail.com

Hopewalkofyatescounty.org Hope Walk of Yates County is a 501(c)3 Organization

Once all documents are received, it can take up to 8 weeks to process.

How grants may be used:

Once all required documents have been provided, and your Hope Walk of Yates County file has been established, you are eligible to receive up to \$500 for the first year. This money may be used to pay for:

- 1) Medical expenses not covered by insurance (including co-payments).
- 2) Living expenses, utilities, groceries, transportation.
- 3) Child Care during your treatment.

Future eligibility:

Patients are eligible to reapply to the Hope Walk of Yates County cancer fund for additional assistance 12 months or more after the date the Grant was issued. Eligibility criteria may change so the patient should be prepared to provide new documentation at the time they reapply.

HOW YOU CAN HELP:

Hope Walk programs and services are made possible through donations, grants, local businesses, and various fundraisers. We hope you will consider paying it forward by sharing your personal interactions and support received through the Hope Walk with others in your community. Sharing your knowledge of the Hope Walks services and programs will help us in spreading the word to others in need while creating potentially new relationships for financial support of the work we do in Yates County. Thank you for helping us, to help others.