



Hope Walk of Yates County Cancer Care Grant Form

(Please read application information on page 4 first)

Patient Information

Name _____ Date of Birth _____

Address _____

Phone _____ Cell _____

Email _____ Have you applied for a grant from us before? Yes ___ No ___

Resident of Yates County? ___ Yes ___ No **NOTE: proof is required** (see application information on page 4)

Marital Status (Circle One): Married Divorced Single Living with partner

Ethnicity (Circle One): White African American Latino Asian American Indian Other: _____

Emergency Contact

Name _____ Phone _____

Relationship _____ Email _____

Address _____

Personal Financial Information

Health Insurance ___ Yes ___ No Company _____

Medicaid ___ Yes ___ No

Medicare ___ Yes ___ No

Employed ___ Yes ___ No Employer _____

Unemployment Benefits ___ Yes ___ No

Public Assistance ___ Yes ___ No

Housing ___ Own ___ Rent

Other _____

Transportation Available ___ Yes ___ No

Religious Affiliation

Denomination _____ Would you like to meet with a pastor? ___Yes ___No

May we pray for you? ___Yes ___No _____

Family Information

Name:	Age:	Birthdate:	Live With You?	Grade:
			___Yes ___No	
			___Yes ___No	
			___Yes ___No	
			___Yes ___No	
			___Yes ___No	
			___Yes ___No	
			___Yes ___No	

Please describe for us how receiving this grant 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: _____

How did you learn of Hope Walk of Yates County? _____

Hope Walk Cancer Care Confirmation of Diagnosis Request

Doctor _____

Phone _____ Fax _____

Address _____ Confirmation Received _____

Diagnosis: _____

Cancer treatment confirmation can be achieved using one of two methods:

- 1) Provide us with a copy of your medical diagnosis from your doctor stating you have been diagnosed with cancer and is actively receiving treatment.
- 2) Give permission for your doctor to confirm your diagnosis with cancer and your treatment as indicated below.

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: _____

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.

Doctors Confirmation: _____ has been diagnosed with _____
_____ and is currently under treatment.

Doctors Signature _____ Date _____

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 is actively receiving chemotherapy, radiation treatments, or surgery for cancer. **NOTE:** Receiving maintenance therapy for cancer does not qualify 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 **proof is required**. 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 severity of need and 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

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 changes so patient should be prepared to provide new documentation at the time they reapply.