

Hope Walk of Yates County Cancer Care Application

Hopewalkofyatescounty.org

315-694-1511
607-283-HOPE (4673)



Step 1: Patient Contact Information

Name _____ Date of Birth _____

Address _____

Phone/Cell _____ Email _____

Resident of Yates County _____ Yes _____ No **NOTE: Proof is required (see application information)**

Patient must be a resident of Yates County, NY and provide proof. Please supply a copy of your current driver's license or a current utility bill showing patient's name and current address.

Grants are available once every 12 months (365 days).

Emergency Contact

Name _____ Phone _____

Relationship _____ Email _____

Address _____

Step 2: Communication

How did you learn about Hope Walk of Yates County _____

Step 3: Have you applied for benefits from us before? _____ Yes _____ No Date Applied _____

Step 4: Benefits

_____ Grant (up to \$1,000.00)

Gas Card Available (On an as needed basis.)

For additional benefits, assistance or information, please contact the Living Well of Yates County at (315) 536-0838.

Step 5: Provide HWYC permission for your doctor to confirm your medical diagnosis of cancer and that you are actively receiving treatment or have received treatment within the last 6 months.

Oncologist _____ Phone _____

Address _____

Diagnosis _____

Primary Physician _____ Phone _____

Address _____

Patient's permission to discuss diagnosis:

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

Signed: Patient _____ Date _____

(Hope Walk and ONLY Hope Walk will contact the Doctor to verify treatment.)

Step 6: Commitment

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 also understand that any misrepresentation or false information provided on my behalf may result in the denial of any or all financial aid.

Signed: Patient _____ Date _____

NOTE: Application must be signed and dated by the patient. Applications not signed and/or dated, will be returned to the patient for completion.

Step 7: Submit

Mail this completed application and all documentation to:

Hope Walk of Yates County, Inc.

PO Box 174

Penn Yan, NY 14527-0174

27-Jan-22

Application Information / Additional Information

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 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.
2. The patient must complete the entire application, sign and date the form.
3. The patient must be a resident of Yates County, NY and provide proof. Please supply a copy of your current driver's license or a current utility bill showing the patient's name and current address.

NOTE: Grants are available once every 12 months (365 days).

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 \$1,000.00 to cover expenses during the following 12 month period.

The exact amount of the Grant will depend on the resources available to the 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, sign, date and then mail to the below address:

Hope Walk of Yates County
PO Box 174
Penn Yan, NY 14527-0174

Hope Walk of Yates County, Inc. is a 501(c)3 Organization.

Future Eligibility

Patients are eligible to re-apply to the Hope Walk of Yates County cancer fund for additional assistance 12 months (365 days) or more after the issuance date of the latest Grant. Eligibility criteria may change, so the patient needs to be prepared to provide new documentation with each application and submission.

How YOU can Help:

HWYC programs and services are made possible through donations, grants, local businesses and various fundraisers. We hope that you will consider paying forward by sharing your interactions and support received through the Hope Walk with others in your community. Sharing your knowledge of the HWYC programs and services 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.