

# Hope Walk of Yates County Cancer Care application

Hopewalkofyatescounty.org

1- (607) 283 - HOPE (4673)



## Step 1: Patient contact information

read the application information on page 3 first

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

Resident of Yates County? \_\_\_\_\_ Yes \_\_\_\_\_ No **NOTE: proof is required (see application information on page 3)**

**Note: 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 current address.** NOTE: Grants are available once every 12 months (365 days).

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 \_\_\_\_\_

## Step 2: family information

| Name: | Age: | Birthdate: | Lives with You? | Grade: |
|-------|------|------------|-----------------|--------|
|       |      |            | ___ Yes ___ No  |        |
|       |      |            | ___ Yes ___ No  |        |
|       |      |            | ___ Yes ___ No  |        |
|       |      |            | ___ Yes ___ No  |        |
|       |      |            | ___ Yes ___ No  |        |
|       |      |            | ___ Yes ___ No  |        |
|       |      |            | ___ Yes ___ No  |        |

## Step 3: Personal financial information

Health Insurance \_\_\_ Yes \_\_\_ No Company \_\_\_\_\_

Employed \_\_\_ Yes \_\_\_ No      Employer \_\_\_\_\_

Unemployment Benefits \_\_\_ Yes \_\_\_ No      Public Assistance \_\_\_ Yes \_\_\_ No      Transportation Available \_\_\_ Yes \_\_\_ NO

Housing      \_\_\_ Own \_\_\_ Rent      Other \_\_\_\_\_

## Step 4: Benefits applying For

\_\_\_ Grant (up to \$500)    \_\_\_ Hair care service    \_\_\_ Head covering service    \_\_\_ One private session with a personal trainer

\_\_\_ Up to 6 months membership at the Yates Community Center    \_\_\_ Gas assistance    \_\_\_ Cancer screening

\_\_\_ Assistance to find healthcare    \_\_\_ Cancer support groups      Other needs \_\_\_\_\_

**Step 5: Provide us permission****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.

Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_

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: \_\_\_\_\_

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

**Step 6: Tell us how you heard about us!**

How did you learn of Hope Walk of Yates County? \_\_\_\_\_

**Step 7: Have you applied for benefits from us before?** Yes \_\_\_ No \_\_\_ date applied: \_\_\_\_\_

**Step 8: Please describe how receiving assistance from the Hope Walk of Yates County (HWYC) will help you and your family.****Step 9: 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 understand that any misrepresentation or false information may result in denial of financial aid. **Once all documents are received, it can take up to 8 weeks to process.**

Signed: Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**Step 10: Submit**

Mail this application to: Hope Walk of Yates County, P.O. Box 174, Penn Yan, NY 14527

Email this application to: hopewalkofyatescounty@gmail.com

