



**MAIL APPLICATION TO:**

The Power of Hope, P.O. Box 286, Lavonia, GA 30553

# APPLICATION FOR FINANCIAL ASSISTANCE

**Our Mission**

To enrich the lives of those in our community, (Hart, Stephens, and Franklin Counties), touched by cancer through resources, programs and activities that promotes a sense of well-being, self-esteem and an improved quality of life. We fulfill our mission through the combined efforts of: For Her Glory, Harvest of Hope, Embracing Life and The Power of Hope.

**ELIGIBILITY REQUIREMENTS:**

- ◇ Patient must currently reside in Hart, Franklin, or Stephens County, GA and have an assessed need for assistance.
- ◇ Patient has a cancer diagnosis and is currently receiving chemotherapy infusion or radiation treatment.
- ◇ Treatment is provided by an Oncologist.
- ◇ Funding is to provide services or products.

**PATIENT INFORMATION** (please print clearly)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (C) \_\_\_\_\_ Other Contact (caregiver) \_\_\_\_\_

**CLINICAL INFORMATION** (Must be completed by Oncologist, Patient Navigator or Social Worker)

Diagnosis: \_\_\_\_\_ Oncologist Name: \_\_\_\_\_  
Is Patient currently receiving **chemotherapy infusion** and/or **radiation**?  Yes  No  
Name and Title of Navigator / Social Worker completing this form: \_\_\_\_\_ Phone number \_\_\_\_\_  
Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL ASSISTANCE NEEDS** (Must be completed by Oncologist, Patient Navigator or Social Worker)

Patient needs help with the following expenses: \_\_\_\_\_  
 Travel Assistance  Groceries  Utilities Other: \_\_\_\_\_  
Opportunities for other funding information:  Yes  No

**TO BE COMPLETED BY THE POWER OF HOPE APPLICATION COMMITTEE**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

**APPROVED**

Amount Approved: \$ \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_ Comments: \_\_\_\_\_

**DECLINED**

Reason: \_\_\_\_\_ Initials: \_\_\_\_\_