



"Providing Cancer Support & Assistance"

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 has an assessed need for assistance.
- ◇ Patient has a cancer diagnosis and is currently receiving chemotherapy or radiation treatment.
- ◇ Treatment is provided by an Oncologist who is a credentialed provider.
- ◇ Funding is to provide services or products.

Date Application received by GHL: \_\_\_\_\_ Initials: \_\_\_\_\_

## PATIENT INFORMATION (please print clearly)

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Diagnosis: \_\_\_\_\_ Oncologist name: \_\_\_\_\_

Is patient currently receiving chemo/radiation treatment? Yes No

Name & Title of person completing this form: \_\_\_\_\_ Phone number: \_\_\_\_\_

Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FINANCIAL ASSISTANCE NEEDS

Amount of Request: \$ \_\_\_\_\_

(Limited up to \$250.00 per application as funds are allowed)

I need help with the following expenses: *(Please attach copies of bills if applicable)*

Travel Assistance Groceries Utilities Other: \_\_\_\_\_

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

### Approved

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

Date Mailed: \_\_\_\_\_ Comments: \_\_\_\_\_

### Declined

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