

NORTH FORK BREAST HEALTH COALITION

LEND A HELPING HAND GRANT PROGRAM

*This is a one-time grant of up to \$1,000

CONSENT FORM

CONFIDENTIAL

Name:
Mailing Address:
Telephone:
Birthdate:

Date of Diagnosis:

Diagnosis:

Oncologist: Telephone:
Surgeon: Telephone:
Radiation Oncologist: Telephone:
Hospital: Telephone:

Requests or Needs for HELPING HAND SERVICES: (check all that apply)

Transportation ___	Housecleaning___	
Massage Therapy ___	Day of Beauty ___	
Salon Services ___	Manicure ___	Pedicure ___
Dinning Out ___	w/Spouse ___	w/Children ___
Catering (meals delivered to home ___		
Household and Medical expenses ___	Wig ___	

Explanation of Needs

Support Groups: Self ___ Spouse/Partner ___ Children: ___

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Patient's release for Physician's medical information

Date:

Prior to receiving assistance from the North Fork Breast Health Coalition's Lend a Helping Hand Program, participants are required to submit a confirmation of diagnosis from their physician. As a patient currently under your care, I am giving my consent for your office to release a medical statement to the North Fork Breast Health Coalition.

Patient's Signature:

Print Name:

Physician's Statement of Diagnosis:

Date:

Patient's Name:

And is currently under my care.

Date:

Physician's Signature and/or Medical Facility

Address:

Telephone: _____

Date received:

Approved:

Initialed by:

NORTH FORK BREAST HEALTH COALITION

Liability Release and Publicity Authorization

I understand and agree that I have not received any promises or assurances from any representative of the NORTH FORK BREAST COALITION (NFBHC) and the Lend a Helping Hand Program.

I understand and recognize that the granting of any service and the participation of any person in the program is contingent upon approval by the NFBHC as well as compliance with all conditions, qualifications and restrictions designated by the NFBHC.

I also understand that there is a maximum amount of money awarded to each participant in the Lend a Helping Hand program; that it is awarded on an individual, "as needed" basis; and that I must submit invoices/receipts to the NFBHC to receive reimbursement up to the maximum amount.

I, the participant in the Lending Helping Hand Program (LAHH), agree that by accepting the monetary grant for services that the NFBHC has offered, I am solely responsible for providing LAHH with any pertinent information, and that I do not hold them responsible for any difficulties I may have with the service I contract with while using the grant money.

The undersigned has requested a grant from the NORTH FORK BREAST HEALTH COALITION (NFBHC) Lend a Helping Hand Program.

I, _____, as a participant

In this program, understand that should involvement in this program involve risk of injury or harm, I will assume full responsibility. In addition, and in consideration of NFBHC, I RELEASE AND AGREE TO HOLD NFBHC, its Board of Directors members and volunteers, harmless for, from and against and all liability, damages, and claims of any kind, known and unknown, which may be connected with, result from or arise out of the consideration, preparation, and fulfillment of participation, food and lodging, medical conditions both physical and emotional, entertainment, photographs, publicity, accidental injury or death.

Signature : _____ Date : _____