



## North Fork Breast Health Coalition Lend A Helping Hand Grant Application

The *Lend A Helping Hand* program offers a one-time grant of up to \$1,000 to residents of the North Fork area (Township of Riverhead, which includes parts of the hamlets of Calverton, Manorville and Wading River; Township of Shelter Island; Township of Southold; Hamlets of Flanders, Riverside and Northampton in the Township of Southampton) who are in treatment for breast cancer. All applications are treated confidentially. **Upon completion, mail this application to: NFBHC - Lend A Helping Hand, 185 Old Country Road, Suite 6, Riverhead, NY 11901.**

### PERSONAL INFORMATION

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

### MEDICAL INFORMATION

Date of Diagnosis: \_\_\_\_\_ Diagnosis/Stage: \_\_\_\_\_

Breast Surgeon: \_\_\_\_\_ Phone #: \_\_\_\_\_

Oncologist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Radiation Oncologist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Reason for Grant (check all that apply)

- Transportation
- Massage Therapy
- Salon Services  
(hairdressing, manicure, pedicure, etc.)
- Wig
- Dining/Meal Delivery/Catering
- Household Expenses

- Housecleaning Services
- Medical Expenses
- Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance?  
 Yes    No



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### Medical Release

Prior to receiving assistance from the NFBHC'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 NFBHC.

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

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Physician's Statement of Diagnosis: \_\_\_\_\_

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Patient Name: \_\_\_\_\_ is currently under my care.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Medical Facility Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Patient Liability Release and Publicity Authorization

I understand and agree and I have not received any promises or assurances from any representative of the NORTH FORK BREAST HEALTH COALITION (NFBHC) and the *Lend A Helping Hand* (LAHH) 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 the 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 LAHH program; that it is awarded on an individual, "as needed" basis; and that, if requested, I must submit invoices/receipts to the NFBHC to receive reimbursement up to the maximum amount.

I, the participant in the LAHH program, 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 any service provider or services contracted by me with the grant funds.

The undersigned has requested a grant from the NORTH FORK BREAST HEALTH COALITION *Lend A Helping Hand* program.

I, \_\_\_\_\_, as a participant in this program, understand that should involvement in this program involve risk or 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 any 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 death or injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only** Date Rec'd: \_\_\_\_\_ Approved: \_\_\_\_\_ Initials: \_\_\_\_\_