What is Traci's Hope?

Traci's Hope is a not-for profit organization dedicated to help people diagnosed with breast cancer. We know how this disease can throw your life into a tailspin (taking care of family, home, job and other responsibilities). It is Traci's Hope goal to offer a way to relieve some of the stresses and demands of everyday life.

Details and Eligibility Requirements

Traci's Hope will provide funding for:

1. **Medical costs and supplies related to a breast cancer diagnosis.**
2. **Utilities**
3. **Housecleaning**
4. **Rent/Mortgage**
5. **Transportation**
6. **Childcare**

   *** Other needs may be considered upon request.**

You are eligible to apply to Traci's Hope if :

1. **You've been diagnosed with breast cancer (including recurrence or metastasis)**
2. **You are in the midst of breast cancer treatment (surgery, radiation, chemotherapy) or it has been less than a year since your treatment was completed.**
3. **You live in the following counties:**

Broome, Bradford, Tioga, Susquehanna

To Apply, you will need to :

1. **Fill out an application form for Traci's Hope. Can be downloaded from this website.**
2. **Get confirmation of diagnosis from your doctor.**
3. **Fill out and sign a release form. Can be downloaded from this website.**

LIMITATIONS

Limit for individuals are $1000/year, with a lifetime maximum of $2,500.

Overall funding limitations will impact amount available to clients and decisions will be made regarding funding requests accordingly. Decisions will be made by committee.

I have read and understand the limitations and eligibility requirements listed above.

____

(Sign Your Name)

Signature on File

I, ______________________________, authorize the release of my name or
(Client, please print full name)
other information necessary to process my Traci's Hope participation. I request payment to the party (the vendor) who provides service.

______________________________ ______________________
Client Signature Date

Client Phone Number ___________________________

I authorize payment of Traci's Hope funds on my behalf to

______________________________, for up to $1000.00 per year. (Note: If the
(Vendor)
client uses funds for more than one service, the combined limit is $1000 per year.)

______________________________ ______________________
Client Signature Date

Vendor Phone Number ___________________________

Traci's Hope
P.O. Box 504
Apalachin, NY 13732

FINANCIAL ASSISTANCE APPLICATION

PATIENT INFORMATION

Patient Name: ____ **Date:** ___/ ____/ ____

Patient email address (if available): ____

Mailing Address: ____

____
City *State* *Zip*

Age: __________**Gender:** ________________________**Ethnicity:** ___________________________

Stage of Breast Cancer: __Stage 0 (DCIS) __Stage I __Stage II __Stage III __Stage IV __Unknown

County of Residence: _________________
Treatment Location: Tioga County Broome County Bradford County Susquehanna County

I hereby give permission for my health care providers to release my name, contact information and diagnosis to Traci's Hope:

Patient Signature: ____________________________**Date of diagnosis/active treatment:** ____/___/___

HEALTH CARE PROVIDER INFORMATION

Social/Health Care Worker's Name:

Institution/Facility Name:

Email Address: ____

Social/Health Care Worker's Signature: ____

Physician's Signature: ____

TYPE OF ASSISTANCE REQUIRED

Rent/mortgage (circle one)
Public Transportation (to/from med. appts only)
Food and nutritional supplements
COBRA insurance premiums
Prescriptions for medications not available through pharmaceutical assistance funds

Personal hygiene/specialty clothing items
Utilities
Dental care needed prior to chemotherapy
Childcare
Medical supplies such as lymphedema sleeves, dressings, etc.

Vendor: ____**Amount:** _______________

Mailing Address: ____

____
City *State* *Zip*

Account # or other critical identifying information to be included ON the check: ________________

Thank You!

Traci's Hope will mail eligible checks directly to the vendor and send confirmation via email to the addresses provided above. Funds are limited and based on availability. Incomplete requests cannot be completed. All info is strictly confidential.