



Direct Patient Assistance Program Application

APPLICATION MUST BE SUBMITTED BY A MEDICAL PROFESSIONAL in the patient's direct chain of care. Submit applications **BY EMAIL ONLY TO CCFOTIDEWATER@GMAIL.COM**. Please allow up to 2 weeks for email notification of disposition of completed grant applications.

STEP 1 - Completed by LCSW/Patient Navigator/Medical Professional

Date: _____ Patient Name: _____

Patient Address: _____
Street Apt # City Zip

Patient Preferred Phone: _____ Patient Diagnosis: _____

Name of Oncologist/Specialist: _____

Name of LCSW/Medical Professional: _____

Telephone: _____ Email: _____

Specific assistance requested:

| | |
|--------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Utility (no shut off notices) | <input type="checkbox"/> Hardship Need |
| <input type="checkbox"/> Nutritional Support | <input type="checkbox"/> Other |

Describe this specific request: _____

STEP 2 - Completed by LCSW/Patient Navigator/Medical Professional

On professional letterhead, please provide a letter detailing patient's name, diagnosis and unique circumstances which necessitate assistance from Cancer Care Foundation of Tidewater.

STEP 3 - Completed by the Patient in Treatment

Cancer Care Foundation of Tidewater (CCFOT) is a nonprofit organization chartered by the Commonwealth of Virginia. We will act on your behalf for limited financial aid, information and assistance. I do hereby permit release of my information for this foundation and cognate agencies that may be contacted in discussing my non-medical needs. Please sign/date to signify permission to release information to CCFOT.

Patient Signature: _____ Date: _____

This application will be considered complete when the following are emailed as one document:

- This completed application with patient signature
- Referral letter completed by referring medical professional
- Copy of invoice for payment

Please do not instruct patients to call our office. CCFOT will email the submitting medical professional directly upon grant completion. Patients will be informed of CCFOT support by their submitting medical professional.