



PO Box 1146, Geneva, NY 14456

Tel: 315-374-0626

Email: help@thrivetosurvive.org

APPLICANT INFORMATION:

<u>Name:</u>
<u>Address: (Street, City, State, Zip Code)</u>
<u>Phone Number:</u> Home: Cell:
<u>Date of Birth:</u>
<u>Email:</u>
HOUSEHOLD INFORMATION:
<u>Marital Status:</u> (circle one) Married Single Divorced Widowed Partner
<u>Name of partner, husband or wife:</u>
<u>Children Living in Household:</u> (Names and Ages)

Use space below to describe how receiving this grant will help you Thrive through your diagnosis.

Would you be interested in learning more about:

_____ Thrive to Survive (We need help spreading the word to others)

_____ Support Groups

_____ Survivor Wellness Programs

_____ How to support TTS: Planned Giving, Memorial Donations, Tributes, Bequests, Corporate Partners, Volunteering

How did you learn about Thrive to Survive?

Authorization of Release of Information/Notice of Privacy
By signing this release, you hereby authorize Thrive to Survive (TTS) to contact any party for information directly related to this grant application and making a decision to approve or deny the financial grant for assistance. TTS will demonstrate respect for your confidentiality, privacy, and security. Records and information are protected against loss, destruction, tampering and unauthorized access or use.
Applicant's Signature: _____
Date: _____



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<p>Employment & Insurance:</p> <p><u>Are you currently:</u> (Circle One)</p> <p style="text-align: center;">Employed Retired Disabled</p>	<p>Diagnosis Verification Information:</p> <p><u>Date of Cancer Diagnosis:</u></p> <p><u>Diagnosis Name and Staging:</u></p>
<p><u>Applicant's Employer Info:</u> (Name/Address/Phone)</p> <p><u>Are you currently able to work?</u> (circle one)</p> <p style="text-align: center;">Yes or No</p> <p><u>If not, when do you anticipate returning to work?</u> <u>(date)</u></p>	<p>Treatment Information:</p> <p><u>Surgery (Date & Procedure):</u></p>
<p><u>Applicant's Health Insurance:</u></p> <p>Do you have health insurance? (Circle One)</p> <p style="text-align: center;">Yes or No</p> <p>Insurance Company Name:</p>	<p><u>Chemotherapy: (treatment dates and names of therapies used)</u></p>
<p><u>Income Sources:</u></p> <p><u>If unable to work are you receiving:</u> (circle one for each question)</p> <p>Social Security Disability Yes or No Disability Yes or No Unemployment Yes or No Workers Compensation Yes or No Veteran's Benefits Yes or No SNAP Benefits Yes or No</p>	<p><u>Radiation: (treatment dates)</u></p>



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Cancer Oncologist, Surgeon or Radiologist Written Verification: (Required)

Please request from your treating cancer doctor to provide you a letter verifying cancer diagnosis and treatment information. Specifically, we will need verification on type of cancer treatment you are receiving, treatment dates, as well as diagnosis. Letter needs to be provided on official letterhead and hand signed by doctor.

Please review our instruction page to make sure you submit all documentation. Any application received with missing documentation, will be returned unprocessed.



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APPLICATION INSTRUCTIONS:

REQUIREMENTS FOR QUALIFICATIONS:

To qualify for assistance from Thrive to Survive, you must meet the following eligibility criteria and provide all of the documentation requested within the application:

1. You must have a current medical diagnosis stating you have cancer.
2. You must actively be receiving chemotherapy, radiation treatments, and or surgery to remove cancer. These therapies would have to have been received within the last 12 months.
3. Maintenance therapy for cancer is not considered chemotherapy and will not qualify applicant for grant.
4. Applicant must complete the entire applications, attach proof of residence, and provide doctor letter as verification of treatment and diagnosis.
5. Applicant must be a resident of one of these counties. (Ontario, Seneca, Yates, Schuyler)
6. Proof of residence must be submitted with application. (Copy of NYS driver's license, state ID or copy of bill sent to your residence in applicant's name)

HOW TO APPLY:

Please complete the entire application. Read and complete all 4 pages.

Applications can be emailed to: help@thrivetosurvive.org

Or

Mail to: Thrive to Survive, 466 Kilbourn Rd, Rochester, NY 14618

Once a complete application has been received and verified, the board approval and check release process will take up to four weeks. Grants are based on current Thrive to Survive funding availability, and severity of need of applicant. Applicants are eligible to receive up to \$500.00.

FUNDS USAGE:

Medical expenses not covered by insurance (including copayments)
Living expenses/Utilities/Groceries/Transportation
Childcare during your treatment

FUTURE ELIGIBILITY:

Clients are eligible to re-apply to Thrive to Survive for additional assistance once every (12) twelve months. Eligibility criteria may change, so clients should complete a new application with each request.

THRIVE FOLLOW-UP:

After receiving a grant from Thrive to Survive, we will follow-up with you at a later point in time to see how you are doing, and to request your support in filling out a short survey. This survey will be used to obtain future funding to continue our emergency financial grants program. Please help us and complete all surveys or requests for information.

HOW YOU CAN HELP:

Thrive to Survive programs and services are made possible through donations, grants, local businesses and fund raisers. We hope you will consider paying it forward by sharing your personal interactions and support received through Thrive to Survive with others in your community. Sharing your knowledge of Thrive to Survive services and programs will help us in spreading the word to others in need, while creating new relationships for financial support of the work we do in the community. Thank you for helping us, to help you and others.