



Thrive to Survive a 501©3 Organization
United Way Donor Designation #2592
Tax ID #45-4521178

Personal Information:	Client Application Form
Name:	
Address:	
City:	
State/Zip Code:	
Date of Birth:	
Home/Cell Phone Number:	
Emergency Contact Name, address, and phone number:	
Ethnicity (circle one):	White African American Latino Asian American Inidan Other: _____
Email address:	
Martial status: (Circle One)	Married Divorced Single Living with partner Unmarried
Dependents living at home: (names and ages)	
Physician's (Oncologists) Name:	
Physician's (Oncologists) Address:	
Physician's (Oncologists) Phone Number:	
Diagnosis:	

466 Kilbourn Rd
Rochester, NY 14618
Tel 315-374-0626
www.thrivetosurvive.org
help@thrivetosurvive.org
Thrive to Survive a 501©3 Organization
United Way Donor Designation #2592
Tax ID #45-4521178



Please describe for us how receiving this grant will help you to Thrive:

Thrive to Survive may use this statement on our website or in our advertising material. Your identity would remain confidential. If it is ok for us to use your name with this statement, please initial here: _____

How did you learn of Thrive to Survive?

Please authorize page 2 and return entire application to address on page 3. It may take up to 30 days for review and approval process. Please call Thrive to Survive to verify receipt of application and for status information. The individual listed below has requested assistance from Thrive to Survive.

I _____ (Print Your Name)

Hereby Authorize _____ (Your Physician's Name)

To release information regarding my cancer diagnosis and treatment to Thrive to Survive. This information is needed to determine my eligibility for assistance from Thrive to Survive.

(Patient Signature)

(Date)

466 Kilbourn Rd
Rochester, NY 14618
Tel 315-374-0626
www.thrivetosurvive.org
help@thrivetosurvive.org

Thrive to Survive a 501©3 Organization
United Way Donor Designation #2592
Tax ID #45-4521178



QUALIFICATIONS AND DOCUMENTATION:

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

You must have a current medical diagnosis stating you have been diagnosed with cancer and are actively receiving chemotherapy or radiation treatments and or surgery to remove cancer.

Receiving maintenance therapy for cancer does not qualify patient for grant.

Patient must complete the entire applications, attach proof of residence, sign page 2 and mail to address provided to be considered for grant.

You must be a resident of one of these communities or counties. In Ontario County (Specifically: Geneva, Phelps, Oaks Corners, Clifton Springs, Hall, Stanley, Seneca, Seneca Castle, Flint, and Pierson Corners), Yates County, Seneca County and Schuyler County. Proof of residence is required when submitting an application.

APPLICATION REQUIREMENTS:

Thrive to Survive wants to help qualified applicants receive emergency financial assistance as quickly as possible. Once an applicant has qualified for assistance, Thrive to Survive may provide up to \$500.00 to cover expenses during the following twelve-month period. The exact amount of the grant will depend on the severity of need and the resources available to Thrive to Survive and will be determined by the Thrive to Survive Board at the time of application.

TO APPLY:

Please fill out the first two pages of the application. Then either email or mail to addresses below.

Email application to: help@thrivetosurvive.org

or mail to: Thrive to Survive, 466 Kilbourn Rd, Rochester, NY 14618

Once all documents are received, it can take up to four weeks to process.

If you are a patient at U of R Interlakes Oncology, please complete a consent form at Interlakes offices and leave with the office staff.

HOW GRANTS MAY BE USED:

Once all these documents have been provided, and your Thrive to Survive application is approved, you are eligible to receive up to \$500.00 for the first year. The exact figure will be determined by Thrive to Survive staff.

This money may be used to pay for:

- Medical expenses not covered by insurance (including co-payments)
- Living expenses/Utilities/Groceries/Transportation
- Childcare during your treatment.

FUTURE ELIGIBILITY:

Clients are eligible to re-apply to Thrive to Survive for additional assistance (12) twelve months or more after the date of their last grant. Eligibility criteria may change, so clients should be prepared to fill out a new application and provide another copy of their driver's license.

FOLLOW-UP:

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

