



# RADIANT HOPE

## Application for Assistance

Radiant Hope offers financial support to those whose lives have been impacted by cancer. Please complete this application to request assistance through one or more of our programs. Please note that in order for applications to be considered, you must also upload a note from your treating oncologist.

### Personal Information

**Full Name:** ..... **Date of Birth:** .....

**Address:** .....

**Email:** ..... **Phone:** .....

**Oncology Center and Physician:** .....

### Diagnosis and Treatment Verification

**Cancer Type/Diagnosis:** .....

**Current Treatment:** .....

**Verification from Oncologist:** .....

**Oncologist Contact Information:** .....

### Financial Information

**Employment Status:** .....

**Household Income Range:**  **0-50,000**  **50,000-100,000**  **100,000+**

**Please explain your financial situation if you are unable to work:** .....

**Do you rent or own your home?**

**Rent**  **Own**

**What is your monthly rent/mortgage payment?** .....

**Insurance Coverage:** .....

**Other Assistance Received:** .....

**Ages and names of people living in your household:** .....

**Are you eligible for public assistance? Please explain:** .....

## **Patient Statement of Need**

**Please describe your current financial situation, and how this assistance would help:**

## **Select the Fund(s) You Are Applying For**

Fund	Description
<input type="checkbox"/>	<b>Fueled by Hope</b>
<input type="checkbox"/>	<b>Brittany Gendy Fund</b>
<input type="checkbox"/>	<b>Brittney Horst Fund</b>
<input type="checkbox"/>	<b>Jenni Duncan Fund</b>

**Please indicate if you are interested in any of the following programs offered by Radiant Hope:**

- Meal Voucher
- Respite
- Family Photography
- Support Group
  
- Youth Scholarships

## **Submission Information**

If you prefer not to submit electronically, please submit completed applications via mail to: Radiant Hope, Attn: Fueled by Hope, 48 Central Blvd. Camp Hill, PA 17011

Applications are reviewed every two weeks. Approved applicants will be contacted directly. If additional information is needed, we will reach out to you at the phone number or email you provided.

We also ask that you upload the following documents so we can approve your application quicker:

**Attachments:**  **Doctor's note**  **Recent paystub OR disability check**  **Last tax year's W-2, OR a recent bank statement.**

## **Authorization and Consent**

I authorize the Radiant Hope to contact my treatment facility for verification and understand that assistance is subject to availability and intended purpose. By signing below, I affirm the information provided is accurate. If my information is false, I will not be granted assistance.

**Patient Signature:** ..... **Date:** .....

**Social Worker/Doctor/Nurse Navigator Signature**  
..... **Date:** .....