



## Application for the Have Hope Recipient

Completed applications are to be sent to [HaveHopeFoundationInc@gmail.com](mailto:HaveHopeFoundationInc@gmail.com). Applications are reviewed twice monthly on the 1<sup>st</sup> and 15<sup>th</sup>. Accepted applicants will be notified via email and telephone with details regarding the ways that the Have Hope Foundation, Inc. is offering assistance.

### Applicant Requirements:

1. Applicant must be currently in active treatment (Chemotherapy or Radiation) or recovering from cancer-related surgery.
2. Applicant may only receive assistance once a year.
3. Must submit a letter from the doctor's office stating your diagnosis and confirming the treatment you are currently undergoing, or your surgery date application.
4. Resident of the state of Delaware.

## Applicant Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Have you received any grant money in the past from Have Hope Foundation?: yes / no  
(Circle one)

If yes to above, when? \_\_\_\_\_

## Medical Information

Diagnosis:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Primary Hospital: \_\_\_\_\_

Do you have a Cancer Social Worker / Navigator?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to above, who? \_\_\_\_\_

In what aspect of your day to day is help most needed? Why? e.g. bills, errands, food,  
transportation, etc.:

\_\_\_\_\_

\_\_\_\_\_

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