**CANCER SOCIETY NELSON TASMAN**

**PATIENT SUPPORT GRANT APPLICATION**

The Patient Support Grant is intended to provide short-term help to people with cancer and direct family members, who are experiencing financial hardship as a direct result of a cancer diagnosis and unable to obtain sufficient government or other health/social service assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: |  | Date of Birth: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cancer Diagnosis:  |  | Specialist:  |  |

**Contact details:**

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Postcode:  |  | Email: |  |
| Phone:  | Home |  | Mobile |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ethnicity: | [ ]  Māori | [ ]  NZ Pakeha/Caucasian  | [ ]  Other (state) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Gender:  |  |

|  |  |  |
| --- | --- | --- |
| Name of Spouse/Partner/Family member:  |  | [ ]  Lives Alone  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Employed  | [ ]  Sick leave | [ ]  Retired | [ ]  Other Benefit (please state) |  |

|  |  |
| --- | --- |
| Name and ages of any dependent children: |  |

**RELEVANT HEALTH INFORMATION:**

|  |
| --- |
|  |

**What assistance / financial help is requested?** *(Specific details)*

|  |
| --- |
|  |

**Have the following been approached?**

W & I (state any additional assistance)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Hospital Social Worker:  |  |

**Any other supporting information that will assist the Cancer Society:**

|  |
| --- |
|  |

**Name and position of person submitting this application on behalf of applicant:**

*(Must be a health professional / social worker / Cancer Society staff member)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: |  | Email: |  |

**Please confirm the proposed recipient of this Grant is aware of this application and that all information is kept securely in accordance with the Privacy Act 1993:** [ ]  **YES**

**Note:** Anyone accepting a support grant is registered as a Cancer Society member

***Please send completed form to Cancer Society Nelson Tasman:***

Support Coordinator: cyndy@cancernelson.org.nz *or Manager*: michelle.hunt@cancernelson.org.nz

Ph 03 539 1137

**Cancer Society office use only**

**Has a Cancer Society grant been made to this client previously?** [ ]  YES / [ ]  NO

If yes, provide details below:

|  |
| --- |
|  |

This grant: [ ]  Approved/ [ ] Declined

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Amount: |  |

Payment arrangement (e.g. grocery/petrol voucher / bill payment (attach bill to form) / direct to client):