



Northwest Cancer Foundation of Hope

Request Form 2020

All request forms valid for 12 months from date of initial request or completion of active treatment

SECTION 1: PATIENT INFORMATION:

Patient Name: _____

Address _____ City: _____ State: _____ Zip: _____ County: _____

Is the patient 18 years or older? Y N If no, patient guardian name? _____

Phone: _____ Email: _____ Good time to contact: Day Eve Wknd

DOB: _____ GENDER: F M Patient Diagnosis _____

Date of Diagnosis _____ Stage of Cancer _____ Is patient undergoing active treatment? Y N

I further request that representatives of NW HOPE forward this form to the Light A Candle Program at Gritman Medical Center and the American Cancer Society for additional services as available. NW Hope does not guarantee any services, and acts only in the capacity of a conduit to provide this information to these Programs.

YES, please forward to LAC NO, do not forward to LAC Yes, please forward to ACS No, do not forward to ACS

Initial request (*other than certified representative*) made by: _____

As the initial requestor, please have patient sign request to give his or her consent to provide information as required for application:

Patient Signature: _____ **Date:** _____

SECTION 2: CERTIFIED REPRESENTATIVE INFORMATION:

Physician Name: _____ Physician Telephone: _____

Representative Name: _____ Title: _____

Representative's Hospital or Clinic Name: _____

Telephone: _____ Email: _____ Fax: _____

**Applications are only accepted through a certified representative. A certified representative is defined as the patient's doctor, nurse, case manager, or social worker. All sections of this form must be truthfully completed. Any false, incomplete or misleading information will result in an automatic denial. Consideration shall be determined based on all factors as noted in this application and in accordance with the NW Hope Policies and Procedures.*

**By signing this application, I attest and agree to the following:*

- (a) I am the representative listed above, and I am authorized to submit this application on behalf of the patient and the family.
- (b) The patient or patients' guardian has given his or her consent to provide the information in this application.
- (c) The information provided in this application is truthful and accurate to the best of my knowledge.
- (d) I hereby give my consent to use my information and contact me to discuss the request in this application and any related materials as needed.
- (e) I verify that the patient meets criteria: Patient is under active treatment for cancer.

Representative Signature: _____ Date: _____

Please send completed form to: NW Cancer Foundation of Hope P.O. Box 65 Viola, Idaho 83872;
(or) fax to (509) 344.6800 (or) by email to: nwhope@yahoo.com

SECTION 3: NW HOPE OFFICE ONLY:

Date Request Received: _____ Received By: _____ Approved by: _____

Amount Approved: _____ Account #: _____ Date Mailed _____



Information about Northwest Cancer Foundation of Hope (NW HOPE):

The Northwest Cancer Foundation of Hope (NW Hope) was established in late 2017 to support friends and family battling cancer.

Working hand-in-hand with the Rotary Club of Pullman, NW collaborates on fundraising, using Pullman Rotary Clubs non-profit status to provide tax deductible options to our donors.

NW Hope exists to support cancer patients on the Palouse, specifically in Latah and Whitman Counties.

NW Hope plans to expand their reach as more funds become available through their collaboration and fundraising efforts.

Monies raised are given to individuals and families who are faced with cancer and fighting the disease. We hope to provide extra support during their battle.

NW Hope has teamed up with the Rotary Club of Pullman, Zeppoz, Ron & Heather Morgan, Moscow Alehouse, Pullman Moose Lodge, Latah Credit Union, Presnell Gage Accounting, the Rotary Club of Moscow, Taylor Dennler Gardens and others in an effort to come together as a community to provide resources to people with cancer.

NW Hope holds their annual BUNKO event in March and encourages family and friends to donate, participate and support this event.

NW Hope may be a new name, but the founding members are not new to raising money for our friends and family battling cancer. Original founders of the Light A Candle Program, this team continues their efforts to support cancer patients on the Palouse through NW Hope.

To find out more, email nwhope@yahoo.com and follow us on Facebook.
(Northwest Cancer Foundation of Hope)

NW Hope Members:

Debi Dockins, Becky Chavez, Kristi Overfelt, Kim Mues, Becky Martin, Katie Glaze, Katie Breeze, Sacha Smith, Jody Polley, Don Strong, Valerie Strong, Bailey Butticci-Harrison, Eric Hollenbeck, Polly Taylor Dennler, Kathi Jo Nygaard, Nick Nicholson, Tom Gooch, Jo Minden, Keri LeForce, Joyce Alsterlund, Savannah LeForce, Emily Martin, Amy Hudson, Ashley Alsterlund.

Pullman Rotary Club Liaisons: Ed Felt, Colleen Hinman, Alison Weigley

Thank you for allowing us to help you on your journey.