P. O. Box 165
Stockbridge, GA 30281
harborofhopesurvivors@gmail.com
www.harborofhopeinc.com

Assistance Application

____New Application ____ Application Renewal

Applicant Name: ____ Phone: _________________________

Applicant address: ___________________________City___________State___ Zip Code _____County: _________

Applicant personal email: ____

Attending Physician Name: *(please print)* ____

Assistance Requested for: *(list bills and provide copies)*

1)_________________________________ Amount $ ___________________________

2)_________________________________ Amount $ ____________________________

3)_________________________________ Amount $ ____________________________

TOTAL $ ____________________________

Example: ________Ga. Power _____________Amount $ __________118.35______________

Applicant Signature: ____Date:_________________________

Attending Physician USE ONLY

I confirm that the above named applicant: *(check appropriate box)*

_____ Cancer diagnosed Date ______________________

_____ Currently receiving ACTIVE treatment for cancer

Physician Signature: ____Date:_________________________

Harbor of Hope, Inc. USE ONLY

Date of Application Received: ____

Verification of Information: ____

Approved: ___________________________________Date Approved: _____________________________________

Requested Amount: _________Board Approved Amount: _________ Check #____________________ Total: $ __________

Harbor of Hope, Inc Application Process:

- Membership in Harbor of Hope, Inc. is not required for consideration.
- Application MUST be signed by attending physician to be considered by Harbor of Hope, Inc.
- Include supporting documents: Current bills/receipts with submitted application. Only completed applications will be considered.
- Please allow 10-15 business days for application decision.
- Financial Assistance is subject to Harbor of Hope, Inc. funds available.
- Upon approval checks will be sent to the applicant, payable to the service provider. Allow 3-4 weeks for receipt of funds.
- Applicants may apply no more than two times within a 12 month period. Application is effective for 12 months.
- Assistance can be up to $500/year per the board's discretion

Revised August 2020