



Links for Life is a Kern County non profit organization founded in 1992 to provide programs and services to breast cancer survivors and to educate communities on breast health.

Please return form to staff@linksforlife.org or FAX 661-322-5655

Links to Resources Grocery Gift Card Grant Application

A \$100 grocery gift card is awarded to qualifying breast cancer patients, for one year on a quarterly basis. Apply only if you have had a breast cancer diagnosis or recurrence in the past 6 months and you are in active treatment as defined below:

1. Surgical procedures, such as a single or bilateral mastectomy followed by chemotherapy, radiation, clinical trials or immunotherapy
2. Lumpectomy followed by radiation or chemotherapy
3. Chemotherapy followed by mastectomy or lumpectomy

Section I – Patient Information

Date _____

Last Name _____ First Name _____

Date of Birth _____ Primary Language _____

Street Address _____

City, State, Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Type of Insurance _____

Section II – Healthcare Professional Information

Name of Physician Treating Cancer _____

Hospital/Clinic/Treatment Center _____

Phone Number _____

Physician/Social Worker/

Patient Navigator Signature _____

Section III – Patient Diagnosis

Breast Cancer Stage _____ Anticipated End Date of Treatment _____

New Diagnosis or Recurrence in last 6 month Yes____ No _____

New diagnosis: Date diagnosed _____ Recurrence Date Diagnosed _____

Active Treatment: Radiation___ Chemotherapy___ Clinical Trial___ Immunotherapy___

Section IV – Required Documentation

By placing an “X” in the box and signing and sign to verify that the patient is in active treatment.

Yes, the patient is in active treatment. Signature: _____
Title: _____

Section V – Gift Card Request

Gift cards are provided to Wal-Mart. If awarded a gift card grant, you agree to spend the \$100 within 2 months of receipt.

Section VI – Grant Questions

1. If you were approved for a gift card, what would you purchase with the gift card?

2. Tell us what you know about Links for Life

Section VII – -Patient Verification

As the patient, I understand that I am responsible to oversee my status in the program and return calls when applicable. By signing this application, I agree with the following: I verify that the information provided above is truthful and accurate to the best of my knowledge, I authorize Links for Life to verify any healthcare information provided with my healthcare providers, I agree to spend the \$100 within 2 months of receipt, and I authorize Links for Life to contact the retailer to verify how the gift card was spent.

Signature _____ Date _____

- ◇ This program is available only to breast cancer patients
- ◇ Gift card applications are processed in the order in which they are received
- ◇ All applicants awarded a gift card will be required to attend a mandatory Nutrition Class in which a pre-evaluation and post-evaluation will be conducted, survey scores do not affect a patient's status in the program
- ◇ All gift cards will be picked up at the Links for Life office – no exceptions
- ◇ At this time this pilot program is supported by grant funds
- ◇ Type of insurance does not affect patient eligibility
- ◇ Patient is responsible to return calls when applicable and will be contacted a maximum of three times. Failure to return calls from the Links For Life staff may result in un-enrollment from the program.

OFFICE USE ONLY

*Initial Appointment Date _____ Verified by _____

*Nutrition Class Date _____ Verified by _____

Gift Card Distribution Dates

*1st Quarter _____ Verified by _____

*2nd Quarter _____ Verified by _____

*3rd Quarter _____ Verified by _____

*4th Quarter _____ Verified by _____