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

GROCERY CARD & NUTRITION PROGRAM APPLICATION

(ONLY for Breast Cancer Patients residing in Kern County, CA)

Monthly $100 grocery gift cards (4 cards maximum) are awarded to qualifying breast cancer patients in active cancer treatment. Apply ONLY if you have a breast cancer diagnosis or had a recurrence in the past 6 months, are in active treatment, and reside in Kern County, California.

Eligibility Requirements

1. Breast cancer diagnosis and reside in Kern County
2. Receiving or are scheduled to receive chemotherapy and/ or radiation
3. Planned surgical procedures related to breast cancer, such as a mastectomy or lumpectomy
4. Treatment plan includes any or all of the active treatments mentioned above.*****

***Immunotherapy and maintenance medications do not qualify as active treatments.**

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

Additional Program Information

- ◊ Program applications are processed in the order in which they are received.
- ◊ All program participants will be required to attend a Nutrition Class for which a pre-evaluation and post-evaluation will be conducted (survey scores do not affect a patient's status in the program).
- ◊ All grocery cards must be picked up at the Links for Life office by the survivor or a designated family member or caregiver.
- ◊ Insurance status does not affect patient eligibility for this program.
- ◊ Survivor is responsible for returning 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.

Section I—Patient Information

Date _____

Last Name_____ First Name_____ Date of Birth_____

Primary Language_____ Street Address_____

City, State, Zip_____

Phone #_____ Secondary Phone #_____

Email Address _____ Type of Insurance _____

Race _____ Ethnicity_____

Section II—Healthcare Professional Information

Name of Physician and Treating Center _____

Phone Number_____ Fax Number _____

Physician/Social Worker/Patient Navigator Signature _____

Section III — Patient Diagnosis

New Diagnosis or Recurrence in last 6 month Yes_____ No _____

New diagnosis date _____ Recurrence date _____ Breast Cancer Stage _____

Date of Surgery, if applicable _____

Active Treatment, check all that apply: Radiation ___ Chemotherapy____ (Active Chemotherapy excluding Maintenance treatments)

Treatment start date_____ Estimated Treatment End Date: _____

Section IV — 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 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—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_____