Nancy B. Clemente Cancer Fund
With Courage We Thrive

## Our Mission

To support integrated education and wellness programs to help individuals, families and healthcare providers navigate cancer and sponsor related care initiatives while encouraging all to experience life as a Thriver.

# Application for Lymphedema Garment Assistance Program

***All information provided will be confidential***

Date of Request _____

PART ONE; (TO BE COMPLETED BY APPLICANT)_____

Name of Applicant: _____

Applicant Address: _____

_____

_____

Contact Information: Phone: _____

email:_____

PART TWO; (TO BE COMPLETED BY LYMPHEDEMA THERAPIST)_____

Lymphedema Therapist _____

Contact Information: Phone: _____

email:_____

Recommendation for request of fund allocation. Please include brief patient history, current needs and justification of patients' financial need.

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_____

_____

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_____

**return to:**

**Nancy B. Clemente Cancer Fund (Lymphedema Garment Assistance Program)**
**c/o Samaritan Hospital & The Eddy Foundation**
**310 South Manning Blvd**
**Albany, New York 12208**
**FAX to: 518-482-4593**
**Email to: cheryl.rankey@sphp.com**

PART THREE: OFFICE USE

Approval: ____ yes ____no Date of disbursement: _____

ATTACH GARMENT INVOICES