

NELSON/TASMAN CANCER SOCIETY PATIENT SUPPORT GRANT APPLICATION

The Patient Support Grant is intended to provide short-term help to people with cancer and direct family members, who are experiencing financial hardship as a direct result of a cancer diagnosis and unable to obtain sufficient government or other health/social service assistance.

Patient Name: _____ Date of Birth: _____

Cancer Diagnosis: _____ Specialist: _____

Contact details:

Address _____

Postcode _____ Email _____

Phone: Home _____ Mobile _____

Ethnicity: Māori NZ Pakeha/Caucasian Other (state) _____

Gender: _____

Name of Spouse/Partner/Family member: _____ Lives Alone

Employed Sick leave Retired Other Benefit: _____

Name and ages of any dependent children: _____

RELEVANT HEALTH INFORMATION: _____

What assistance / financial help is requested? (Specific details)



W & I (state any additional assistance) _____

Hospital Social Worker: _____

Any other supporting information that will assist the Cancer Society:

Name and position of person submitting this application on behalf of applicant: (Must be a health professional / social worker / Cancer Society staff member)

Name: _____ Position: _____

Telephone: _____ Email: _____

Please confirm the proposed recipient of this Grant is aware of this application and that all information is kept securely in accordance with the Privacy Act 1993: YES

Note: Anyone accepting a support grant is registered as a Cancer Society member.

Please send completed form to the Nelson / Tasman Cancer Society:

Support Coordinator: cyndy@cancernelson.org.nz or
Manager: michelle.hunt@cancernelson.org.nz
Ph 03 539 1137

Cancer Society office use only

Has a Cancer Society grant been made to this client previously? YES / NO

If yes, provide details below:

This grant: Approved/Declined Date: _____ Amount: _____

Payment arrangement (e.g. grocery/petrol voucher/ bill payment (attach bill to form) / direct to client):
