

## Application for Funds

If you are a person living with cancer and are interested in complementary therapies and your health insurance does not cover complementary services, you may qualify for funds through the Sandra J. Wing Healing Therapies Foundation. Funds are issued in \$500 increments.

- The Sandra J. Wing Healing Therapies Foundation provides \*funds for complementary therapies while a patient is under a chemotherapy and/or radiation treatment plan for cancer.
- The Sandra J. Wing Healing Therapies Foundation provides funding, for the following five therapies: acupuncture, acupressure, therapeutic massage, and mindfulness techniques of guided/visual imagery, and deep breathing meditation to people living with cancer residing in Livermore, Pleasanton, Dublin, San Ramon, or Danville, California.

To apply for funds, do you meet these criteria?

**Y N**

- Do you reside in Livermore, Pleasanton, Dublin, San Ramon, or Danville, California?
- Do you currently have medical insurance that covers complementary services?
- Do you have a cancer diagnosis?
- Are you currently receiving conventional cancer treatment under the care of a Physician?
- Are you, or will you be (indicate start date: \_\_\_\_\_), undergoing chemotherapy and/or radiation treatment?
- Your head shot photo is required! **Send to: [photos@sjwhtf.org](mailto:photos@sjwhtf.org)**

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us/who referred you to us? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Are you working?  Yes  No

- Indicate name of your current employer (if not currently employed, indicate last employer):

\_\_\_\_\_

- If married, indicate name of spouse's current employer (if spouse not currently employed, indicate spouse's last employer):

- What is your annual household income?

\_\_\_\_\_

*(income is for demographic purposes and is not used as criterion for qualification)*

How many individuals are in the household? \_\_\_\_\_

Date you received your cancer diagnosis: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

What stage is your cancer? Please select:  1  2  3  4

*We are fortunate enough to receive grants to help us achieve our mission. Although the following information is not considered when granting funds, it is requested for grant reporting purposes. Your ethnicity and religious affiliation should be considered optional.*

Ethnicity: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

**Emergency Contact:** please provide your emergency contact's information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Sandra J. Wing Healing Therapies Foundation does not provide complementary therapies or referrals to practitioners; we provide funds. Funds are paid to service providers for these five therapies: acupuncture, acupressure, therapeutic massage, and mindfulness techniques of guided/visual imagery and deep breathing meditation.

You will need to have your primary care physician sign off on this application for funds form. This would be a good time to talk with your primary health care provider(s) and tell them about the therapy you are considering and ask any questions you may have. They may know about the therapy and be able to advise you on its safety, use, and effectiveness, or possible interactions with medications.

Complementary Therapy Practitioners must come from the list on our website [www.healingtherapiesfoundation.org](http://www.healingtherapiesfoundation.org) (go to the "Approved Service Provider" tab). The list identifies practitioners who are authorized to provide services to our Foundation's beneficiaries. The list is continually updated.

**To complete the application process please:**

1. Fill out entire application.
2. Obtain physician signature below.
3. Sign application.
4. Return entire application via mail, fax, or email to:

*Sandra J. Wing Healing Therapies Foundation  
5890 Stoneridge Dr., Ste. 104  
Pleasanton, CA 94588  
Fax: 877-603-8019  
Email: [APPS@healingtherapiesfoundation.org](mailto:APPS@healingtherapiesfoundation.org)  
Email photo to: [photos@sjwhtf.org](mailto:photos@sjwhtf.org) (please do not fax photo)*

**Physician Notification:**

I verify that (*indicate applicant's name*) \_\_\_\_\_, the applicant, is a current patient, undergoing chemotherapy and/or radiation treatment and may participate in healing therapies.

Print Physician Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Office/  
Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician, MD

\_\_\_\_\_  
Date

**Read and Agree to Terms:**

By signing below I have read and agree to the General Grant Terms, Conditions, and Understandings at <http://www.healingtherapiesfoundation.org/grant-terms>

Print Applicant Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\* Please Note:** *Grant funds are paid directly to service providers.*

DISCLAIMER AND HOLD HARMLESS: If this application includes the name of any professional for the recipient's consideration to use their services, this document to recipient is not and should not be deemed to be a referral or recommendation of such service provider, practitioner or professional. The Sandra J. Wing Healing Therapies Foundation, and their respective affiliates, agents, advisors, officers, directors, employees, members, managers, volunteers, agents and/or controlling persons (collectively, "The Sandra J. Wing Healing Therapies Foundation"), have made no express or implied representations or warranties as to that professional other than the fact the professional may have indicated an interest in working with The Sandra J. Wing Healing Therapies Foundation's clients. Other than the foregoing, The Sandra J. Wing Healing Therapies Foundation disclaim all representations and warranties, whether express or implied, concerning the professional, including without limitation representations and warranties regarding the professional's competency, qualifications, skill and/or honesty. The Sandra J. Wing Healing Therapies Foundation strongly encourage recipient to interview any such professional and at least one other professional and make an independent determination as to who to ultimately retain. Recipient accepts and assumes all risk stemming from the above disclaimers and agrees to hold the Sandra J. Wing Healing Therapies Foundation harmless from and against all losses, liabilities, claims, demands, damages, actions, costs and expenses, including without limitation reasonable attorneys' fees, expert witnesses' fees, consultants' fees and related costs, that directly or indirectly arise out of recipient's use of the information disclosed to recipient hereunder.