

Application for Funds

If you are a person living with cancer and are interested in complementary healing therapies and your health insurance does not cover complementary healing therapies, 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 healing therapies while a patient is undergoing chemotherapy and/or radiation for cancer.
- The Sandra J. Wing Healing Therapies Foundation provides funding for five therapies—acupuncture, acupressure, therapeutic massage, 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?
- Y N Do you currently have medical insurance that covers complementary healing therapies?
- Y N Do you have a cancer diagnosis?
- Y N Are you currently receiving conventional cancer treatment under the care of a physician?
- Y N Are you currently undergoing chemotherapy? If yes, please answer the following questions:
1. Indicate the name of the drug you are taking: _____
 2. Indicate if your drug is taken orally OR by infusion: _____
 3. Indicate the date your treatment began: _____
- Y N Are you currently undergoing radiation treatment? If yes, please indicate the date your treatment began: _____
- Y N Do you have a headshot photo? This is required. **Send to: photos@sjwhtf.org**

Name: _____

Email: _____

Daytime Phone: _____

Cell Phone: _____

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 not employed, indicate last employer):

- What is your annual household income? (*used for demographic purposes only, not for eligibility*)

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 to receive grants to help us achieve our mission. The following information is optional, and is used for grant-reporting purposes only.

Ethnicity: _____ Religious Affiliation: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Email: _____

Daytime Phone: _____

Cell Phone: _____

Address: _____

The Sandra J. Wing Healing Therapies Foundation does not provide complementary healing therapies or referrals to practitioners; we provide funds. Funds are paid to service providers for these five therapies: acupuncture, acupressure, therapeutic massage, 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 healing therapy practitioners must come from the list on our website www.healingtherapiesfoundation.org (see the "List of Service Providers" page, under the "Ways to Get Help" 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
Email headshot photo to: 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 complementary healing therapies.

Print Physician Name: _____

Phone Number: _____

Medical Office/
Business Name: _____

Address: _____

Signature of Attending Physician, MD

Date

Agreement and Signature:

By signing below, I certify that the information submitted in this application is true and complete and that 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, "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.