Jeanne B. Tassis Lymphedema Garment Fund Application

Applicants Background

Name		_	
Address		_	
		_	
		_	
Phone		_	
Is applicant a	minor (under the age of 18)	Yes	No

1. Please tell us why you are a good candidate for the Jeanne Tassis Garment Fund.

- 2. Please attach financial documentation (last year tax return) for proof of financial hardship (remove your social security number).
- 3. You may include below any extenuating circumstances to your financial situation.
- 4. Please attach an itemized list of compression garment with their cost that you are intending to purchase, along with the amount of funds you are requesting. If selected to receive funding for your garments, a check will be mailed to you to purchase these garments

Authorization: I authorize the Jeanne B. Tassis Lymphedema Garment Fund to use the information included on this application for consideration in the garment fund program. I understand that the garment fund committee is not responsible in any way for lymphedema treatment itself or for providing recommendations for particular compression garments. I understand the information provided in my application will be kept confidential.

Signature of Applicant

Jeanne B. Tassis Lymphedema Garment Fund Guidelines

Jeanne Tassis is the founder of Circle of Hope Lymphedema Foundation; a non-profit corporation developed to promote and provide educational programs, public awareness, professional awareness, and continued research for the disease known as Lymphedema. Jeanne and the Circle of Hope Lymphedema Foundation retired in 2009. The Jeanne Tassis Garment Fund was founded in her honor to benefit those diagnosed with lymphedema with the cost of compression garments.

The Garment Fund is designed to provide assistance for those who are truly at a financial disadvantage, and are unable to afford the cost of compression garments. If selected, the applicant will receive up to \$200 towards the cost of his/her compression garments. Special consideration will be given to Connecticut residents.

Please mail or fax your completed application to:

The Harold Leever Regional Cancer Center 1075 Chase Parkway Waterbury, CT 06708

Fax (203) 575-5562

Questions can be directed to Deborah Parkinson at (203) 575-5564 or email at dparkinson@leevercancercenter.org