



The ***Lend A Helping Hand (LAHH)*** program was created by the Babylon Breast Cancer Coalition (BBCC) to provide help to patients undergoing treatment for breast and gynecological cancers. The focus of LAHH is to provide customized services to the patient to relieve some of the stress and worry a cancer diagnosis and ensuing treatment creates. Transportation to and from cancer-related medical appointments, housecleaning, meal preparation, financial assistance and massage therapy are just a few of the services LAHH offers.

Eligibility in the LAHH program requires a patient to be currently undergoing chemotherapy and or radiation therapy for breast or gynecological cancer. Patients receiving **only** hormone therapy (Tamoxifen, Femara, etc.) are not eligible. Patients are expected to utilize other sources of support and services and not rely solely on the LAHH program for assistance. LAHH volunteers will be happy to help patients access alternative support systems.

There are no income guidelines that apply to LAHH eligibility. However, as all LAHH funds are secured through grants and fundraising, the BBCC has a responsibility to administer the program money in a fiscally sound manner. Therefore, the BBCC reserves the right to decline offering some services if the money can be better utilized in other ways or if it is determined the patient has other avenues of support and assistance.

In order for the BBCC to provide LAHH services, the attached application must be completed in its entirety. Please understand the BBCC will be contacting your physician to confirm that you are in active treatment.

Upon receipt of your completed application and confirmation of your diagnosis and treatment protocol, a LAHH volunteer will contact you to discuss the specifics of your application and how the BBCC may help you.

If you have any questions regarding the above information, please contact the Coalition at 631-893-4110.

Sincerely,

Donna Jurasits

Donna Jurasits
Executive Director



Date _____

LEND A HELPING HAND QUESTIONNAIRE

In order for your request to receive full consideration, please complete all sections, sign on the designated lines in the presence of a witness and return to the address indicated at the bottom of this form. All information will be kept confidential.

Patient Information

Participant's Name: _____ Age: _____

Address: _____

Home Phone: _____ Work Phone: _____ E Mail: _____

Single _____ Married _____ Significant Other/Partnered _____

Number of children living at home _____ Ages _____

Medical Information

Referring Doctor (Oncology/Radiologist/Surgeon): _____

(Chemo/Radiation) Facility: _____

Address: _____

Phone: _____

Nurse/Social Worker/Contact Person: _____

Medical Diagnosis: _____ Date of diagnosis: _____

Current treatment: _____ Date treatment began or will begin _____

Anticipated length of treatment _____

LIABILITY RELEASE & PUBLICITY AUTHORIZATION

Participants understand that involvement in BBCC's LAHH may involve risk of injury or harm, and agree that this risk is fully assumed by the Participant. In addition, and in view of BBCC considering LAHH requests, and if it so determines, granting the request, the Participant hereby releases and agrees to hold BBCC harmless for, from and against any and all liability, damages and claims of any kind, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, fulfillment of participation in the LAHH. This includes, but is not limited to, any problems with transportation, food and lodging, medical conditions, both physical and emotional, entertainment, photographs, publicity, accidental injury or death.

I understand and agree that representatives of the BBCC have made no promises or assurances regarding the requested project. I understand and recognize that the granting of any service and participation in LAHH is contingent upon approval by the BBCC as well as compliance with all conditions, qualifications and restrictions designated by the BBCC. **I also understand that there is a limit to the number of services that I will receive, depending upon the type and cost of service being requested and offered.**

Participant acknowledges reading and understanding the LIABILITY RELEASE AND PUBLICITY AUTHORIZATION prior to signing it. Participant agrees that no modification of this Release has been made orally or in writing and this release accurately and fully expresses the understanding of the participant.

Participant

Date

Additional signature
(if participant is unable to sign)

Date

Participant understands and agrees that fulfillment of their request may result in publicity, whether or not BBCC actively takes steps to publicize LAHH.

Option 1: The Participant hereby irrevocably **authorizes BBCC (a) to publicize and use** their likeness, voice and features, with or without their name, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film and record each participant in any manner BBCC chooses; © to copyright, convey, or otherwise distribute, now or in the future, any such material involving the Participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations or anyone else; (d) to publicize, now or in the future, the names of the Participants including information regarding them, their physical or emotional conditions.

Each of the Participants agrees that it is not necessary for BBCC or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby release BBCC from all liability, damages or claims of any kind resulting from photographs, films, videotapes, electronic recording or other information regarding Participant and LAHH.

Initial here if Option 1 is selected: _____

Option 2: Participant requests that their LAHH specifics **not be actively publicized** by BBCC to the news media and general public. However, each of the Participants understands that information regarding LAHH and the Participant will necessarily be discussed with and disclosed to those involved in the implementation of LAHH. Each of the Participants also understands that even if BBCC does not actively publicize LAHH, the general public and the news media may obtain information concerning the Participant and the Project from other sources. **Initial here is Option 2 is selected:** _____

Please choose one service that would best suit your needs:

- _____ Food preparation
- _____ Housecleaning Service
- _____ Transportation Service - To/from breast cancer related treatments/appointments
- _____ Massage Therapy
- _____ Day of Beauty
- _____ Salon Services - Manicure, pedicure, etc.
- _____ Dinner out
- _____ Pink Ribbon Exercise Program
- _____ Other (please explain) _____



Release Information Form

I hereby give permission to the Babylon Breast Cancer Coalition to release information regarding the diagnosis of _____ .
Patient's Name

This information will be strictly used to determine eligibility for the Lend a Helping Hand program.