

TIM & JEANNIE HAMANN FOUNDATION
RECIPIENT ASSISTANCE APPLICATION

The Tim & Jeannie Hamann Foundation was created to help support the financial needs of cancer patients while going through treatment.

NAME: _____ DATE _____

ADDRESS: _____

PHONE: _____ E-MAIL _____

TYPE OF CANCER _____ DATE OF DIAGNOSIS _____

CANCER TREATMENT CLINIC _____

IF WORKING WITH A SOCIAL WORKER: NAME & PHONE _____

HAVE WE ASSISTED YOU IN THE PAST, IF YES, WHEN _____

MEDICAL RELEASE OF INFORMATION (in writing): _____ Yes _____ No

In a brief note, please share your current situation. Include what is most important in an immediate way and how the Foundation can be of assistance. **PLEASE ATTACH ANY COPIES OF NECESSARY DOCUMENTS PERTAINING TO YOUR REQUEST.** This information will be kept confidential. Please know that your application is important and will be reviewed within one week of receipt. The Foundation will reach out if further information is needed.

Thank you for sharing your journey with us. We will do everything possible to consider your request.

Sincerely,

Tim & Jeannie Hamann Foundation

“Giving a “Hand Up” to patients along their journey fighting Cancer”

513 FIRST STREET, BENICIA CA 94510

fightcancer@hamannfoundation.org