



Grand Island Area Cancer Endowment

Grant Application Guidelines For Individuals/Families

Your medical facility will be contacted to verify the treatment of noted cancer patient as well as other organizations involved with your application. Please sign this form acknowledging your approval for the Grace Foundation to verify this information.

Patient's Signature: _____
(authorizes release of medical information)

Date of Signature: _____

*Description of each purpose for the use or release of the information
[45 C.F.R 164.508 (c) (iv)]*

This information will be used for the sole purpose of evaluation the above patient for support services offered by the Grace Foundation. This HIPPA releases is valid for a 180-day period from the patient's signature date shown above and only if signed by both the patient and oncologist's office.

**Requests can be mailed, emailed or delivered to
The Grace Foundation office:**

The Grace Foundation
3310 West Capital Ave
Grand Island, NE 68803
308-380-0726