



Grand Island Area Cancer Endowment

“To positively impact the lives of cancer patients and their families in the Grand Island Area.”

Grant Application Guidelines For Individuals / Families

Grand Island Saint Francis Medical Cancer Treatment Center will be contacted to verify the treatment of noted cancer patient as well as other Organizations involved with your application. Please sign acknowledging your approval for Grand Island Community Foundation to verify this information.

Patient Name (please print) _____

PATIENT’S SIGNATURE (authorizes release of medical information)	DATE OF SIGNATURE
Description of each purpose for the use or release of the information <i>[45 C.F.R. § 164.508 (c)(iv)]</i>	

This information will be used for the sole purpose of evaluating the above patient for support services offered by GRACE Foundation. This HIPPA release 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 emailed, mailed or delivered to the Grand Island Community Foundation office.

GRAND ISLAND COMMUNITY FOUNDATION

410 West 2nd Street, Suite 2
 Grand Island, NE 68801
 (308) 381-7767
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For further information, please call (308) 381-7767, or visit the Foundation’s website at www.gicf.org.