

# TENACIOUSLY =TEAL=

## Application Instructions

*Tenaciously Teal is an Oklahoma City based 501(c)(3) non-profit founded by Executive Director Tarah Warren during her fight with Stage IV Ovarian Cancer. It's mission is to provide encouragement and support to cancer fighters and their families during treatment.*

*The Gas and Grocery Card program is intended to provide \$100 Gas or Grocery gift cards to cancer fighters in active treatment. **AT THIS TIME, THE PROGRAM IS AVAILABLE TO OKLAHOMA RESIDENTS ONLY.***

### INSTRUCTIONS FOR COMPLETING THE APPLICATION

#### SECTION I — PATIENT INFORMATION

*Please complete all contact information. PRINT CLEARLY. Tenaciously Teal may need to contact you regarding your application.*

#### SECTION II — TREATMENT INFORMATION

*The application must be signed by a Healthcare Contact who can be contacted to verify your diagnosis. This will usually be the same individual who provided the application to you for completion. This could include a social worker, nurse, or physician.*

#### SECTION III — GIFT CARD REQUEST

*Please include a detailed description of why financial assistance is required.*

*Select either Gas Card OR Grocery Card. If both are selected, a gas card will be distributed by default.*

#### SECTION IV — PATIENT VERIFICATION

*Application must be signed by the patient to be considered. If patient is under 18, application can be signed by a parent or legal guardian.*

### IMPORTANT INFORMATION

- 1. Gift cards applications are processed in the order they are received. Submission of an application does not guarantee a gift card will be issued to the applicant.*
- 2. Once the application is received, average processing time is 2 weeks, but may take up to 4 weeks. Please do not contact Tenaciously Teal regarding the status of your application during that time period.*
- 3. A cancer fighter is eligible to receive a gift card from Tenaciously Teal a maximum of TWO (2) times.*

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## Gas and Grocery Card Application

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### SECTION I — PATIENT INFORMATION

APPLICATION DATE \_\_\_\_\_

FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### SECTION II — TREATMENT INFORMATION

NAME OF ONCOLOGIST/PHYSICIAN TREATING CANCER \_\_\_\_\_

HOSPITAL/CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PRIMARY CANCER \_\_\_\_\_

TYPE OF ACTIVE TREATMENT \_\_\_\_\_

HEALTHCARE CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

RELATIONSHIP TO PATIENT: ☐ PHYSICIAN ☐ NURSE ☐ SOCIAL WORKER ☐ OTHER: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION III — GIFT CARD REQUEST

HAVE YOU PREVIOUSLY RECEIVED A GIFT CARD FROM TENACIOUSLY TEAL? ☐ YES ☐ NO

IF YES, WHEN (APPROXIMATE)? \_\_\_\_\_

DESCRIBE IN DETAIL WHY ASSISTANCE IS NEEDED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SELECT ONE BELOW)

☐ GAS CARD

DISTANCE TRAVELLED TO TREATMENT \_\_\_\_\_ FREQUENCY \_\_\_\_\_

PREFERRED RETAILER (IF ANY) ☐ 7-ELEVEN ☐ SHELL ☐ LOVES TRAVEL STOPS

☐ GROCERY CARD

TOTAL NUMBER OF FAMILY MEMBERS IN HOUSEHOLD \_\_\_\_\_

### SECTION IV — PATIENT VERIFICATION

AS THE PATIENT, I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AGREE WITH THE FOLLOWING (PLEASE CHECK EACH BOX ACKNOWLEDGING THE STATEMENT):

- ☐ VERIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE
- ☐ AUTHORIZE TENACIOUSLY TEAL TO VERIFY ANY HEALTHCARE INFORMATION PROVIDED WITH THE VERIFICATION CONTACT
- ☐ PERMIT TENACIOUSLY TEAL TO CONTACT ME
- ☐ PERMIT TENACIOUSLY TEAL TO CONTACT THE RETAILER TO VERIFY HOW THE GIFT CARD WAS SPENT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(INCOMPLETE APPLICATIONS AND APPLICATIONS THAT ARE ILLEGIBLE WILL NOT BE PROCESSED)

SUBMIT COMPLETED APPLICATION:

VIA MAIL: TENACIOUSLY TEAL  
720 W. WILSHIRE AVENUE  
SUITE 101K  
OKLAHOMA CITY, OK 73116

VIA EMAIL: SUPPORT@TTEAL.ORG

BEFORE MAILING, PLEASE MAKE SURE THE FOLLOWING IS DONE:

- ☐ ALL SECTIONS OF APPLICATION HAVE BEEN COMPLETED
- ☐ HEALTHCARE CONTACT HAS SIGNED IN SECTION II
- ☐ GAS OR GROCERY CARD SELECTED IN SECTION III
- ☐ PATIENT HAS SIGNED APPLICATION IN SECTION IV