

FACES OF HOPE

APPLICATION FOR FINANCIAL AID

Faces of Hope Foundation (registration number 2008/005116/08) ("Faces of Hope") is a section 21, non-profit organization which assists selected cancer sufferers in meeting basic treatment expenses.

To apply, you must be a South African citizen and be in the process of active treatment or receiving ongoing medical follow-up treatment for cancer.

To apply, please fully, accurately and honestly complete, sign and return this Application form to Faces of Hope. Faces of Hope can be contacted at:

Faces of Hope Foundation
 P.O. Box 1120
 Rivonia
 2128
 Telephone Number: +27 (0)11 884 0619 / +27 (0)87 150 4740
 E-mail: info@talentfinders.co.za / info@facesofhopefoundation.com
 Fax Number: +27 (0)86 550 1347

Please take note that your medical practitioner must complete and sign Section "C" to this Application.

FOR OFFICIAL USE ONLY
On approval, the following Reimbursement Period will apply:

- The Applicant's Financial Aid Program begins each _____ (month) and ends each _____ (month).
- Applicant's reapplication date: _____ (month)

A. Applicant's Details

Please submit a copy of the first page of your identity document.

Identity number	<input style="width: 100%;" type="text"/>	Date of birth	<input style="width: 100%;" type="text"/>	
Surname	<input style="width: 100%;" type="text"/>	Title	<input style="width: 100%;" type="text"/>	
Full names	<input style="width: 100%;" type="text"/>	Initials	<input style="width: 100%;" type="text"/>	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Ethnicity	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Other			
Physical address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			
Postal address	<input style="width: 100%;" type="text"/>		Post code	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>			

Do you have health insurance? Yes No

Do you have a prescription drug plan? Yes No

Do you have a hospital plan? Yes No

Do you have medical aid? Yes No

If 'Yes', provide medical aid name and number

Name of medical aid:
Number:
Medical aid plan:

If medical aid available, please provide details of costs covered by medical aid and provide a copy of the Prescribed Minimum Benefits of the medical aid

Are you currently receiving assistance from any other program? Yes No

Has any attempt been made to access health care through other health care providers (including the public sector)? Yes No

If 'Yes', please provide details of such attempts / specify health care provider(s) approached

Details of person responsible for medical accounts:

i) Name:
ii) Contact details:
iii) Employment details:
iv) Salary estimate:
v) Estimated amount that can be afforded for monthly medical expenses:

Details of financial assistance requested by this application (e.g. estimated costs of drugs, treatment, nutrition, transport etc)

I/we understand that all personal and clinical information supplied will be kept confidential. The information will be used to determine the patient's eligibility for funding (and/or the reimbursement thereof).

I/we hereby authorize any medical practitioner and/or medical facility in possession of any medical information with regards to my medical condition to provide the Faces of Hope from time to time, with such information as they may require.

Signature: Medical Practitioner

Signature: Applicant signature (if minor, the guardian)

Date

Date

CONDITIONS AND DISCLAIMER

1. It is in the sole and absolute discretion of Faces of Hope to allocate funds to the Applicant and it is further in the sole and absolute discretion of Faces of Hope to determine the amount of funds allocated to the Applicant and when the funds will be allocated. The provision of funds is based on availability.
2. Faces of Hope will take all reasonable steps to ensure that the Applicant's information is kept confidential and secure from unauthorized third parties and shall only be used for the purpose as stated herein. However, Faces of Hope will not be held liable for any confidential information which is obtained by an unauthorized third party.
3. Faces of Hope shall not be liable for any damages or losses (including loss of profit, special damages, incidental damages and consequential damages) suffered by the Applicant, due to any cause whatsoever, including unavailability of funds or services.
4. Faces of Hope expressly disclaims all (express and implied) warranties, to the fullest extent permissible by law, including, without limitation, warranties of availability of funds for a particular treatment.
5. Reimbursement of direct treatment costs will be based on fund availability during the relevant program periods.
6. Only costs incurred as a direct result of treatment may be covered, any indirect or secondary costs are excluded.
7. Reimbursement will only take place on receipt of all relevant invoices and/or statements, including full creditor contact details.
8. Reimbursement monies will be paid directly to the relevant creditors, unless otherwise decided by Faces of Hope
9. Faces of Hope reserves the right to contact the creditors and/or medical doctors and/or any other treatment institutions in order to confirm invoice amounts and/or treatments received.
10. Successful Applicants will need to re-apply for funds every consecutive year.
11. Misleading and fraudulent applications and/or information supplied will lead to the termination of all funding provided; all funds already paid will have to be paid back to Faces of Hope; as well as the possibility of further legal action being taken.
12. The Applicant hereby acknowledges that this Application and the use of the services offered herein are optional and the Applicant has a choice to complete this Application for the funds and the services offered and has in no way been induced to apply.
13. Faces of Hope will contact the Applicant in the event that the Application for funding is successful.