



*We believe that giving a little bit of happiness and joy can help ease the stress of those that are battling cancer. No one should have to choose between putting food on the table and heat for their home during the winter.*

### **HOME UTILITY BILL ASSISTANCE APPLICATION FORM**

This form is a patient application, during treatment or hospice care. Patient must live/reside in the city of Oneida, greater Madison County, Sherrill, Vernon & Verona, New York, or surrounding communities. If you live outside these areas but are currently being treated by The Oneida/Roswell or Upstate Cancer Centers in Oneida, you may be eligible. The form can be filled out by the patient in treatment, or a friend or family member.

**IMPORTANT: This application must be accompanied by a copy of your current utility bill.**

Date of Application: \_\_\_\_\_

Referral to Application (*how did you hear about Jessica's Heroes Foundation*):

Friend, family member, treatment center or medical provider: (please write name below)

\_\_\_\_\_

Facebook/Social Media \_\_\_\_\_

Event: (please write event here) \_\_\_\_\_

**Patient Name** (First, middle, last) \_\_\_\_\_

Residential address of patient: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Contact name for family member that is assisting in the application: (if applicable)

\_\_\_\_\_ Family member Phone #: \_\_\_\_\_

Family member Email: \_\_\_\_\_

Are you currently being treated? \_\_\_\_\_ When were you diagnosed? \_\_\_\_\_

Name of medical provider and hospital? \_\_\_\_\_

\_\_\_\_\_

Name of Utility company, Oil or Propane supplier: \_\_\_\_\_

Phone number of Oil or Propane Supplier: \_\_\_\_\_ Account number : \_\_\_\_\_

I, \_\_\_\_\_ (applicant's name) understand that the Jessica's Heroes Foundation, Inc., will keep any information provided in extreme confidence, at all times. This statement covers medical status, personal or family life, and opinions expressed by myself and/or my family members. This form is strictly for the purpose of determining my eligibility for assistance with my home fuel/utility bills for which am seeking.

All information compiled within this application is honest and completed to the best of my ability, based on true and accurate information.

**Applicant Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Applicant Printed Name:** \_\_\_\_\_

In the event the applicant is unable to fill out form, please indicate family member's information:

**Name of Family Member Applying for Applicant:** \_\_\_\_\_

Relationship of Family Member: \_\_\_\_\_

Reason Applicant is unable to apply: \_\_\_\_\_

**Please return this completed form along with a copy of your most current utility bill to:**

**Jessica's Heroes Foundation, Inc.,** 117 E. Railroad St., Oneida, NY 13421

**Or, Email completed form and utility bill copy to:** info@jessicasheroesfoundation.com

**IMPORTANT NOTE:** Completion of this application does not indicate approval. The Jessica's Heroes Foundation will notify you regarding the outcome. All documents must be completed and approved to be reviewed for assistance. Currently the Jessica's Heroes Foundation can provide a maximum of up to \$500 to each approved applicant.

Payments will be made directly from Jessica's Heroes Foundation, Inc. to the utility/fuel company. Jessica's Heroes Foundation is not responsible for any future payments.

Applicants may reapply annually for fuel assistance. The Fuel Assistance Fund is in addition to our other assistance application, and does not affect your application for other annual assistance from Jessica's Heroes Foundation, Inc.

Fuel funding from our donors is limited. Our goal is to continue helping all, however at times the funding may not be available.

Please see the Jessica's Heroes Foundation, Inc. website *Resources Page* where you will find information on other organizations that offer Cancer Patients assistance with important needs.

The Jessica's Heroes Foundation, Inc., would not be possible without generous donations from our Sponsors, donors and the many individuals taking part in our fundraising events. This specific home utility fund is made possible with a grant from The Jim and Juli Boeheim Foundation and The Gorman Foundation.

jessicasheroesfoundation.com  
info@jessicasheroesfoundation.com

Jessica's Heroes Foundation, Inc., is a registered IRS 501(C) 3 non-profit, charitable organization.