



Application for Support

Please send application and supporting documents via fax 732-358-0542 or email to s.anderson@stompthemonster.org

These updated procedures are now in effect:

- ❖ Please allow 5-6 weeks for processing & payment of all grants.
- ❖ STOMP only assists patients residing **in New Jersey or the 5 Boroughs of NYC.**
- ❖ A confirmation will be sent once the grant payment has been made.

Checklist for Application

	Application: Please ensure all information provided is legible to help us expedite processing the allocation.
	Signed Consent Form
	Signed Doctor's Note - stating the diagnosis & that the patient is currently in active treatment undergoing chemotherapy or radiation at the present time. PLEASE DO NOT SEND ANY MEDICAL RECORDS
	Assistance with Rent (Signed legal lease must be submitted)
	Assistance with Bills – (1-2) Copies of physical current or overdue invoices with account number and mailing address (clear and legible)

Date: _____

Patient Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Age: _____ Male/female/other (please circle one)



Current Issues Resulting In Need - to help understand the bigger picture

(Please give a detailed description of daily situation ie. Job/work, kids, living circumstance, family situation, insurance)

STM does not send money to patients.

Grants are sent directly to the provider on behalf of the patient.

Incomplete applications will be returned. To reapply, the application and all supporting documentation must be resubmitted. **ONLY COMPLETE APPLICATIONS WILL BE DOWNLOADED AND PROCESSED. WE DO NOT ACCEPT JPEG OR ANY IMAGES/PHOTOS.**

Complete applications will be processed in the order they are received.

STM can help with the following, but not limited to:

ASSISTANCE TOWARDS RENT

- Signed legal lease required. Please ensure the landlord payee name and address are included in the lease documentation.

OTHER OPTIONS FOR ASSISTANCE TOWARDS (UP TO TWO) BILLS

- Utilities, Cable, Phone, Medical Bills, Co-Pays, Insurance, Auto Expenses, Childcare or Transportation.
- 1 OR 2 hard copies of physical invoices with account number and mailing address clear and legible. **SCREENSHOTS OF DASHBOARDS ARE NOT ACCEPTED.**



<u>Assistance Requested</u> <i>(e.g., Rent, Utilities, Food or Gas Gift Cards – please prioritize list of bills)</i>	<u>Amount</u> <i>(e.g., \$150.00)</i>	<u>Payee/Vendor</u> <i>(e.g., PSE&G company)</i>	<u>Invoice or Signed Copy of Lease Included</u> <u>(yes/no)</u>

Medical Information

Diagnosis: _____

Doctor Name: _____ Primary Hospital: _____

Contact information of Medical/Healthcare provider or social worker:

Name: _____ Organization: _____

Phone Number: _____ E-mail: _____



CONSENT FORM

I, _____ (Name), residing at _____ (Address)

Hereinafter referred to as "I" or "my"), hereby consent to the following:

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Signed By: _____

Date: _____