THE Foundation
Champlain Valley Physicians Hospital

# Chelsea's Rainbow Fund Application

Please complete form, attach all of the following and return to The Foundation of CVPH:

- ☐ A copy of page one and two of your income tax return for the previous year
- ☐ Include receipts for proof of need

## Qualifications:

- ☐ Birth to 26 years of age
- ☐ Cancer Diagnosis

Patient's Name

Date of Birth

Address

Phone Number

Estimated Annual Household Income

Describe Patient's Diagnosis

Date of Onset of Diagnosis

Signature of Patient - if under 18, a guardian must sign

Please return this form to The Foundation of CVPH. A committee will review your application and you will be notified of the results. Please note that if you are approved, you will be asked to provide receipts for transportation expenses and food. Reimbursement does not include alcohol. You will also need to provide proof of medical appointments.
If you have any questions, please contact The Foundation of CVPH at 75 Beekman St. Plattsburgh, NY 12901.
Phone: (518) 562-7169, Fax: (518) 561-0881 or kkalman@cvph.org