

Grant Application for Integrative Wellness Fund
c/o Breast and GYN Health Project

1. Name _____
 2. How did you learn about the Fund? _____
 3. Contact Information: Email: _____ Phone: _____
 4. What is your cancer diagnosis? _____, where are you on your journey with cancer _____
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4. What healing modality are you most interested in exploring? Please check one.

- acupuncture nutrition consultant massage yoga
 hypnosis mindfulness meditation tai chi other _____

5. Do you have a practitioner in mind? If so, who?* _____
Would you like a recommendation? Yes No

** Once we know which practitioner you would like to see, we will contact them to be sure they are set up to bill BGHP for our portion of the cost share.*

6. Grantee Cost-Share: Our goal is to help as many people as possible, so we are asking Integrative Wellness Fund grantees to cost-share. The Integrative Wellness Fund will cover the cost of one "trial" session of one modality and will cost share up to three additional sessions of any modality.

If you are awarded the funds, how much are you able to cost-share? (For example., half the cost of a session or please name the amount you are willing to pay.) _____

(Most sessions of this type that we are aware of in Humboldt County range from \$75-\$120). Please note that if you miss a scheduled appointment, the fund will NOT cover the missed appointment charges. You will be responsible for 100% of those charges.

Please return this form to BGHP at the address below or e-mail or fax number below.

Jessie Hunt c/o BGHP
987 8th Street, Arcata, CA 95521
Or Fax to: (707) 825-8384

For questions or more information please contact:
Call: (707) 825-8345 and ask for Brenda
Email: brendae@hcbhp.org

Thank you for your interest in this program & best wishes with your healing path! We will be in touch as soon as we have the information necessary from you and your prospective practitioner move forward.