

Champion Application

Apply for assistance from Granted

*** Required**

1. First & Last Name *

2. Address *

3. Phone Number *

4. Email Address *

5. Gender *

Mark only one oval.

Female

Male

Prefer not to say

Other: _____

6. Date of Birth *

Example: January 7, 2019

7. Have you been diagnosed with breast cancer? *

Mark only one oval.

Yes

No

8. If so, when were you diagnosed?

9. Are you currently undergoing treatment? *

Mark only one oval.

Yes

No

10. Is this your first time requesting assistance from Granted? *

Mark only one oval.

Yes

No

Family Information

11. Marital Status *

Mark only one oval.

Married

Single

12. Spouse's Name (if applicable)

13. Spouse's Phone Number (if applicable)

14. Number of children in the home *

15. Names and ages of children in the home *

How Can We Help?

16. Type of help requested *

Mark only one oval.

- Housekeeping
- Child care
- Lawn care
- Meals
- Transportation
- Pet services
- Other: _____

17. Approximate duration of assistance needed *

Mark only one oval.

- 1 - 4 weeks
- 5 - 8 weeks
- 9 - 12 weeks
- Other: _____

18. Anything else you would like us to know?
