



Humble Bumble Project Patient Referral Form

* Indicates a field that is required.

Section 1: Patient and Family Information

Patient's First Name*

Patient's Last Name*

Date of Birth*

____/____/____ (MM/DD/YY)

Ethnicity (For statistical purposes only)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- Native American
- Prefer not to answer
- Other

Patient's T-shirt Size*

Name of Application Source (Individual Providing Information to Healthcare Professional)*

Relationship to Patient*

Primary Phone Number*

Alternate Phone Number

E-mail (If the family does not have one, please provide your email)*

Patient's Home Address*

_____ (Address 1)

_____ (Address 2)

_____ (City) _____ (State)

_____ (Zip Code) _____ (County)

Status of Parent/Legal Guardian(s) (If the Patient is a minor)

If separated/divorced, who has custody of the patient?

Family Size (Including patient, siblings, and parents/guardians)*

Family member names and ages*

Estimated Annual Gross Income (For statistical purposes only)*

Is this patient covered by medical insurance (Answer will not affect eligibility)?*

Section 2: Diagnosis and Treatment Information

Patient's Diagnosis and Stage*

Date of Diagnosis*

_____/_____/_____ (MM/DD/YY)

Is this patient currently enrolled in a clinical trial?*

If yes, does the clinical trial provide a stipend?

Section 3: Medical Team Information

Referring Healthcare Professional's Name (Name of hospital staff completing this form)*

Referring Healthcare Professional's Title*

Referring Healthcare Professional's Hospital*

Referring Healthcare Professional's Telephone*

Referring Healthcare Professional's E-Mail*

Section 4: Support from other Organizations

Please provide the following:

1. Name of organization(s) the family has applied to,
2. Dates and assistance received from other organizations, if applicable,
3. If the family was denied assistance, please explain why, and
4. If the family has not applied to any other organizations, please explain why.

Organization Information*

Section 5: Travel Details

Destination Information:

Oncologist's Name*

Facility Name*

Facility Address*

_____ (Address 1)
_____ (Address2)
_____ (City) _____ (State)
_____ (Zip Code)

Date(s) of Travel*

_____/_____/_____ (MM/DD/YY) to _____/_____/_____ (MM/DD/YY)

If requesting lodging, number of nights stay

If requesting food, number of individuals in traveling party (maximum of three individuals – patient, caregiver, and caregiver support person)

Section 6: Summary of Request

What is the family requesting assistance for from the Humble Bumble Project? Please check all that apply. In order to qualify for financial assistance, the patient must be traveling at least 2 hours or 100 miles to their treatment facility and meet all other eligibility requirements. The maximum allocation per request is \$1,000 and is dependent upon the availability of funds. Requests are limited to one per family. Subsequent applications will be reviewed by the Board of Directors. Potential approval is at the discretion of the Board and, again, dependent upon the availability of funds.*

Mileage – Allocation will be based on standard mileage rate of \$0.58 per mile. Mileage will be provided for portal to portal travel only. The total number of miles will be determined by HBP by entering the patient’s home address and the destination facility’s address in MapQuest.

Lodging – Allocation will be based on a standard per diem rate of \$94 per night and the number of nights stay identified in Section 5. Lodging is for room and tax only, no incidentals.

Meals & Incidentals (M&I) – Allocation will be based on a standard per diem rate of \$20 per day, per person. M&I will be provided for the patient, a caregiver, and a caregiver support person for a single calendar day of travel, unless otherwise noted in section 5. The amount received for the first and last day of travel will be based on a standard per diem rate of \$10 per day, per person.

*******FOR OFFICIAL USE ONLY*******

Approved

Denied

Reason for Denial

Amount of Assistance Allocated: