

Nutrition Assistance Program Reference Guide

To apply for nutrition assistance, patient *must*:

- ✓ Must reside in the United States AND
- ✓ Live in one of these states:
 - MA, NH, RI, CT, VT, ME, NY, NJ, PA
- ✓ Be in active treatment for pancreatic cancer.
- ✓ Have an email address and access to a computer.
- ✓ Know and understand your dietary restrictions.
- ✓ Understand the patient is responsible for ordering meals.

Items to submit along with application:

- A letter from your oncologist, on their letterhead or summary report from your last office visit, **must** include:
 - a. Diagnosis
 - b. Stage of cancer
 - c. Treatment regimen:
 - i. Chemo – what type, start/end dates.
 - ii. Whipple surgery – if any, what date
 - iii. Radiation – if any, start/end dates
 - iv. All natural – if any, names of supplements

- Photo ID
 - a. License or any other document that has photo, name, address, and DOB.

- Copy of your *signed* 1040 tax return form for *both* spouses from last year or Supplemental Security Income (SSI) Benefits letter
 - a. **NOT** accepted: w2 forms, bank statements, disability/retirement/survivor, or pensions
 - b. A Supplemental Security Income Benefits Letter can be found at 1-800-772-1213 or: <https://www.ssa.gov/manage-benefits/get-benefit-letter>

- Copy of SNAP awards letter (*if applicable*)

Please note:

- 2-week turn-around time *once* patients submit all required documents
- Meal grants are only awarded *once* a year for 2 or 4 months based on demonstrated need.
- We do vet out the patient's doctor. For 4-month grants, we will re-vet the doctor at the 1-month mark. If an applicant is no longer in active treatment, the original 4-month grant will be reduced to a 2-month grant.
- Patients are eligible to re-apply every 12 months & must resubmit everything.

Patient will be notified directly upon receipt of the application. Once all the above information is received, then their case will be submitted to our committee for consideration. As soon as a decision has been made on their case, we will then reach out to the patient with the verdict.

You may *return* the application and all other documents needed via

1. email: genesis@projectpurple.org
2. fax: 203-720-2156
3. mail: Project Purple
Attn: Genesis
PO Box 884
Seymour, CT 06483

Please call me with any questions you may have.

Sincerely,

Genesis V Roman

Patient Financial Aid Program Coordinator

Project Purple

203-714-6052