



Bringing joy to cancer patients in treatment, cancer survivors, and their families during the Holiday Season!

APPLICATION PROCESS GUIDELINES: Must complete all areas (*).

- Recipients must be US citizen residing in Nassau County or Suffolk County, New York and exhibit significant obstacles and hardship due to cancer diagnosis.
- Recipients must have a child/children living in the same household (legal guardian of child/children).
- Recipients must be in treatment or have received treatment during the grant year.

Nomination Application must be completed and received by September 1st. Recipients will be notified by September 20th. Gifts will be delivered to the designated location by Dec.15th

Recipient Information:

*FIRST & LAST NAME: _____ D.O.B. _____

HOME ADDRESS: (STREET OPTIONAL) _____ CITY _____ STATE NY ZIP _____

***US CITIZEN YES OR NO** phone:Hm _____ Cell _____

EMAIL: _____ * Is it ok to contact recipient directly? Y or N

MALE/FEMALE MARITAL STATUS: _____

*NUMBER OF **CHILDREN AT HOME**: _____ NAMES & AGES (M/F): _____

***DIAGNOSIS**: _____ TYPE OF CANCER: _____

AGE AT DIAGNOSIS: _____ ***TREATMENT DATES**: _____

*TREATING HOSPITAL: _____

***Which Holiday does the family celebrate?**

***NOMINATOR**: _____ RELATIONSHIP: _____ PHONE: _____

*Please provided a street address for gift delivery _____.

***If selected recipient will PROVIDE ATTACH THE WISH LIST FOR: RECIPIENT, SPOUSE & CHILDREN ONLY by October 1st**

Stepping Stone Support is an all-volunteer nonprofit 501 (c)3 organization dedicated to helping men and women affected by cancer and infertility. Mail Application to: SSS at PO Box 1014, Eastport, NY 11941 Or email Info@SteppingStoneSupport.org

Survivor's Little Helper 2016

WISH LIST

Recipient Name: _____ Address _____ Cell# _____

LIST IF NEEDED. Provide as much detail as possible.	Survivor M/F _____ Age: Pants size: Shirt size: Shoe size:	Child M/F _____ Age: Pants size: Shirt size: Shoe size:	Child M/F _____ Age: Pants size: Shirt size: Shoe size:	Child M/F _____ Age: Pants size: Shirt size: Shoe size:	Child or CAREGIVER M/F _____ Age: Pants size: Shirt size: Shoe size:
Winter Coat (If needed list size Adult or Youth and Color)					
Winter boots (If needed list size Adult or Youth and Color)					
Hat/Gloves/Scarf (If needed list size Adult or Youth and Color)					
Hobby/ Special Interests/ Sports teams Music/Art _____ Wish List (List Items) _____ Clothes if needed (be specific)					
TOYS Board Games List favorite characters, themes,					
*Food Allergies					