



OvarEmbrace

WE ARE HERE FOR YOU

A CHEMO CARE & COMFORT PROGRAM FOR OVARIAN CANCER PATIENTS

Ovarcome Non-Profit Inc.

What is OvarEmbrace?

OvarEmbrace is a chemo care and comfort program offered by Ovarcome for ovarian cancer patients in active treatment. At Ovarcome, we are inspired by the simple philosophy of support, love, and celebration of life. We are here to help you as you fight the battle against ovarian cancer. Our chemo care and comfort program will help you nurture yourself as you undergo treatment while feeling relaxed, peaceful, calm and beautiful.

OvarEmbrace is pleased to also offer a congratulatory package to you as you complete your chemotherapy treatment – in overcoming cancer: celebrating life!

What does OvarEmbrace offer?

- ❖ Care Bag filled with chemotherapy essentials
- ❖ Congratulatory Package end of treatment:
 - \$50 celebration gift card
 - \$50 gift certificate to a cancer wellness spa

Who is it for? OvarEmbrace is designed for you if you:

- ❖ Have a diagnosis of ovarian cancer certified by an oncology healthcare provider
- ❖ Are in active chemotherapy treatment
- ❖ Are a newly diagnosed or existing ovarian cancer patient
- ❖ Meet our eligibility guidelines and are able to provide necessary documentation

OvarEmbrace Application:

- You must submit a completed application to be considered for OvarEmbrace. Unfortunately, we will not be able to process applications with incomplete information
- Signature of receipt must be provided by the patient/authorized family member upon receiving the congratulatory care package
- Please submit your application to your case manager or social worker for consideration

Apply in 3 steps:

1. Review the application form
2. Fill out the application form and provide necessary information and supporting documents
3. Submit to your Case Manager or Social Work Counselor for evaluation by Ovarcome

Please note:

An application is not a guarantee of receiving OvarEmbrace. Giving will depend on availability of funds.

Ovarcome Non-Profit Inc.

Mailing address:

2525 Robinhood Street, Suite: 212

Houston, TX 77005

Email: info@ovarcome.org [facebook.com/ovarcome](https://www.facebook.com/ovarcome), twitter.com/ovarcome



OvarEmbrace APPLICATION FORM

PATIENT INFORMATION (please print clearly)

First name: _____ Last name: _____

Date: _____

Address: _____

City, State, Zip: _____

Phone number: Home () _____ Work () _____

Cell () _____

Email Address _____

Date of birth: _____ if patient is a minor (under 18), name of parent or guardian:

Ethnicity:

Caucasian

African American

Latino

Asian

Other _____

MEDICAL INFORMATION

***** THIS SECTION MUST BE COMPLETED BY YOUR ONCOLOGY NURSE, DOCTOR, OR SOCIAL WORKER ONLY *****

Date of diagnosis: _____

Primary cancer: _____

Current Stage:

New diagnosis Recurrence

Is patient in active chemotherapy treatment? Yes No

Final Chemotherapy Expected Date: _____

***** PLEASE COMPLETE ALL FIELDS ABOVE*****

HEALTH CARE PROFESSIONAL INFORMATION (please print):

Physician name: _____ Hospital:

Address: _____ City, State, Zip: _____

Phone: () _____ Fax: () _____

Thank you for your application. We are here to help.

Please note:

We will try our best to provide you with the assistance you need, but giving will depend on the availability of funds. To that extent, an application is not a guarantee of receiving OvarEmbrace.



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Email: info@ovarcome.org Website: www.ovarcome.org,

Social Media: facebook.com/ovarcome, twitter.com/ovarcome

All information is strictly confidential and is for Ovarcome official use ONLY.