



Light a Candle Renewal Form

**SECTION 1: PATIENT INFO.**

Please call Mason Molyneaux, Development Program Assistant, at 208-883-6231 with any questions.

Patient Name (Last, First) \_\_\_\_\_

DOB \_\_\_\_\_ Light a Candle ID \_\_\_\_\_ Diagnosis \_\_\_\_\_

**SECTION 2: CERTIFIED REPRESENTATIVE INFORMATION**

*By signing this application, I attest and agree to the following: I am the representative listed above, and I am authorized to submit this renewal form on behalf of the patient and the family. The patient or guardian has given his or her consent to provide the information in this renewal. The information provided in this renewal is truthful and accurate to the best of my knowledge. I hereby give LACP my consent to use my information and contact me to discuss requests and any related materials if needed.*

*I verify that the patient is under active treatment for cancer and demonstrates a financial need or physical distress as defined in the program guidelines.*

Physician Name \_\_\_\_\_ Physician Telephone \_\_\_\_\_

Representative Name \_\_\_\_\_ Title \_\_\_\_\_

Representative's Hospital or Clinic Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Doctor or Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please send completed renewal form to any of the following places:*

Hard Copy: Light a Candle Program  
c/o Gritman Foundation  
700 S. Main Street  
Moscow, ID 83843

Fax: 208-883-6369

Email: [lightacandle@gritman.org](mailto:lightacandle@gritman.org)

**FOR GRITMAN MEDICAL CENTER USE ONLY**

Date Request Received \_\_\_\_\_ Received By \_\_\_\_\_

**Gritman Foundation**