OFFICE USE

RECIPIENT #_____

CCP #_____

Comfort Care Package Nomination Form

Nominee's Name: _____

Type of Cancer: _____

Treatment Start Date: _____ How long is treatment_____

DOB: _____ Male or Female _____ Today's Date: _____

Nominee email: _____

If minor provide a parent or guardian email: _____

Care Center where treatment is: _____

Please provide name of any other facility that nominee has been previously treated.

_____

Please **circle one item** your nominee would benefit from:

iPad OR Beats Headphones

Please provide answers to following:

PJ Bottom size:_____ Favorite Color:_____ Hobbies/Interests:_____

Please provide the address where the Comfort Care Package is to be delivered. Package will have to be signed for.

Name: _____

Street Address: _____

City_____State_____Zip_____

We Care! We Comfort!

RECIPIENT #_____

CCP #_____

Comfort Care Package Nomination Form

Requestor's Information:

Your Name: _____

Your Contact Number: _____

Your Email Address: _____

Your Relationship/Role to the Nominee: _____

How did you hear about Lisa's Army? _____

_____

Requestor's Signature Print Date

Medical Contact Information: PLEASE PRINT CLEARLY

Doctor, Nurse Navigator or Social Worker Name:

_____

Address: _____

Contact Number:_____

Email Address:_____

_____

Medical Contact Signature Print

MELISSA'S BRIGADE

Mercer County Division of Lisa's Army

CARING FOR THE CAREGIVER FORM
(This form must be submitted with the nomination form)

Melissa's Brigade recognizes that behind every Comfort Care Package is a caregiver providing unwavering love, support, and strength. As a small token of our gratitude, we are honored to include a special Caregiver Gift Bag to accompany the recipient's Comfort Care Package.

Please complete this form and submit it along with the **Comfort Care Package Nomination Form** so we can prepare a special gift for your caregiver.

Name of person you are caring for:
_____

Care Center Location: _____

Caregivers Full Name (Printed) _____

Circle one: Female Male

If you have any questions, please contact **Sue Diefenbach, Team Leader**, at **609-468-6963**. Additional Melissa's Brigade contact information is provided below for your convenience.

MELISSA'S BRIGADE
2601 Brunswick Ave, #55114, Lawrenceville, NJ 08648
ph. 609.468-6963 – melissasbrigade@lisasarmy.org – lisasarmy.org

Lisa's Army is a 501(c)(3) nonprofit organization.

LISA'S ARMY
Comforting Those Battling Cancer