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Lymphedema Garment Assistance Program Overview

The Fund was created in 2007, shortly after Nancy B. Clemente had received her treatments for breast cancer. Throughout all stages of dealing (living!) with this disease -- diagnosis, chemotherapy, surgery, radiation and post-treatment examinations -- Nancy also experienced lymphedema: a condition caused by a blockage in the lymphatic system, part of the immune and circulatory systems.

Lymphedema is most commonly caused by lymph node removal or damage due to cancer treatment. The main symptom is swelling in an arm, leg or other body part that may be accompanied by pain or discomfort. Exercise, wrapping, specialized massage, and compression can help.

The Nancy B. Clemente Cancer Fund will help support the needs of patients in the purchasing of one specialized lymphedema garment or set of garments per patient per year as needed for individuals who meet the following criteria.

Criteria

- Cancer diagnosis with lymphedema
- Treatment requires compression garments including: torso, bra, sleeve(s), gloves and other.
- Patient has significant financial need. Examples include:
 - No health insurance
 - Low income
 - Temporary financial hardship
 - Insurance coverage limited to one set of garments and patient not able to pay for second set
 - Health insurance does not cover compression garments

Application Process

Individuals must submit completed application for fund allocation and invoices for required garments. The application would include a written note from the Lymphedema Therapist including a brief patient history, current needs and justification of patient's financial need. Applications will be personally reviewed with a fund representative and therapist. All applicants will be notified of status.

Distributions

Samaritan Hospital & The Eddy Foundation has been designated the administrator of this fund. Individuals can request application form from the foundation office by calling 518-482-4433 and all completed applications must be returned to:

Nancy Clemente B. Cancer Fund (Lymphedema Garment Assistance Program)
c/o Samaritan Hospital & The Eddy Foundation
310 South Manning Blvd
Albany, NY 12208
FAX to: 518-482-4593
Email to: cheryl.rankey@sphp.com



Our Mission

To support integrated education and wellness programs to help individuals, families and healthcare providers navigate cancer and sponsor related care initiatives while encouraging all to experience life as a Thriver.

Application for Lymphedema Garment Assistance Program **All information provided will be confidential**

Date of Request _____

PART ONE: (TO BE COMPLETED BY APPLICANT) _____

Name of Applicant _____

Applicant Address _____

Contact Information: Phone: _____ Email _____

PART TWO: (TO BE COMPLETED BY LYMPHEDEMA THERAPIST) _____

Lymphedema Therapist _____

Contact Information: Phone _____ Email _____

Recommendation for request of fund allocation. Please include brief patient history, current needs and justification of patients' financial need.

return to:

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PART THREE: OFFICE USE _____

Approval: ___ yes ___ no Date of disbursement: _____

ATTACH GARMENT INVOICES