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### **Rehabilitation Services Assistance Program Overview**

The Fund was created in 2007, shortly after Nancy Clemente had received her treatments for breast cancer. She has experienced all stages of dealing (living!) with this disease — diagnosis, chemotherapy, surgery, radiation, post-treatment examinations and physical rehabilitation.

Nancy is also an Occupational Therapist with over 35 years' experience in the specialty of hand and upper extremity rehabilitation. A cancer diagnosis and subsequent treatments can lead to limited range of motion, muscle weakness, low endurance and other issues that affect a person's ability to be independent in their activities of daily living (ADL).

The Nancy B. Clemente Cancer Fund will provide assistance for cancer patients who would benefit from Occupational Therapy (OT), Physical Therapy (PT) or Speech Therapy (SP) for issues directly related to their cancer diagnosis. This may include assistance with co-pays or payment when there is financial hardship.... especially when patients choose not to attend any of these therapies because they cannot afford to pay for them.

### **Criteria**

- Cancer diagnosis with secondary physical limitations that affect ADL
- Patient has significant financial need. Examples include:
  - No health insurance
  - Low income
  - Temporary financial hardship
  - Insurance coverage is limited

### **Application Process**

Individuals must submit completed application for fund allocation and invoices for required services. The application would include a brief history, current needs and explanation of financial need. Applications will be personally reviewed with a fund representative and treatment staff. 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 B. Clemente Cancer Fund (Rehabilitation Services Program)  
c/o Samaritan Hospital & The Eddy Foundation  
310 South Manning Blvd  
Albany, NY 12208  
or FAX to: 518-482-4593  
or Email to: [cheryl.rankey@sphp.com](mailto: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 Rehabilitation Services Assistance Program

**All information provided will be confidential**

Date of Request \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:** Phone \_\_\_\_\_ Email \_\_\_\_\_

Request of fund allocation. Please include brief patient history, current needs and justification of financial need.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**return to:**

**Nancy B. Clemente Cancer Fund  
c/o Samaritan Hospital & The Eddy Foundation  
310 South Manning Blvd  
Albany, New York 12208  
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**PART THREE: OFFICE USE**

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Approval: \_\_\_\_ yes \_\_\_\_ no      Date of disbursement: \_\_\_\_\_

ATTACH: INVOICES / PROOF OF PAYMENT