

Bite Me Cancer Teen Support Bag Hospital Partner Form

(Please type or print clearly.)

Thank you for filling out the teen support form. We are very excited in your interest in partnering with Bite Me Cancer to help distribute our Teen Support Bags. We have found that the best use of our resources is achieved by partnering with hospitals as an ongoing program, where we can supply our bags on a regular basis. To that end, we looking to establish regular ongoing communication with a point of contact in your organization who can make sure that the bags (and all of the bag contents) are secured and being distributed only to teens with cancer, as a whole unit, (not separated into parts). Further, that the point of contact can share feedback from the teens or families, as appropriate. And that the contact is available for requesting or replying to resupply requests and inquiries, as necessary.

Name of Organization/Hospital: _____

Address for Shipping:

Attn: _____

Hospital: _____

Mail Stop: _____

Street Line1: _____

Street Line 2: _____

City: _____ State: _____ Zip Code: _____

Contact person with email/phone:

Contact Person Name: _____

Phone Number: _____

Email Address: _____

Approximate Number of teens in treatment: _____ per _____ (per month/quarter/year)

Other teen support programs/services you receive: _____

Initial Number of bags requested: _____

Willing to give feedback on bags (staff feedback, teens feedback, parents feedback, also perhaps photos):

YES___ NO___

Comments: