Stage4Hope Travel Expense Grants

Helping advanced-stage cancer patients get to the care they need

Who Can Apply:

- U.S. residents with Stage 3 or Stage 4 cancer
- Must be traveling over 100 miles one-way or need an overnight stay to reach treatment
- In active treatment or scheduled for a second opinion (Stage 3 or 4 only)
- Funding is for the patient and 1 caregiver
- Patients or caregivers can apply, but must provide verification from hospital oncology team

What We Cover:

- Airfare or train tickets
- Hotel stays near the treatment center (must check free/charity lodging like Hope Lodge first)
- Ground transportation (gas, tolls, parking, ride services, public transit)
- Meals while traveling for treatment

Grant Amounts:

- Typical trip: $500–$1,000
- High-cost cities or multi-day stays: up to $1,500
- Maximum per patient in a 12-month period: $1,500 (exceptions for urgent needs)

How to Apply:

1. **Online Application** – Complete our secure form on the Stage4Hope website (through NEON).
2. **Verification** – Your oncology care team or social worker will confirm your diagnosis, treatment, and travel details.
3. **Decision** – We review all requests within 3 business days. Emergency requests are handled faster.
4. **Payment** – We pay hotels, airlines, or other vendors directly. Prepaid cards may be used for ground transportation.

Questions?

Email **info@stage4hope.org** or call **833-402-8391.**

Learn more at **www.stage4hope.org/travel-assistance**.

TRAVEL EXPENSE GRANT VERIFICATION FORM

To be completed by the patient's oncology social worker, nurse navigator, or oncologist.
Application is not complete until this form is returned to Stage4Hope.

Patient Information

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Diagnosis: _____

Cancer Stage: ☐ Stage I ☐ Stage II ☐ Stage III ☐ Stage IV

Date of Original Diagnosis: _____

Treatment Information

Treatment Status (check one)

☐ Active treatment (chemo, radiation, surgery, target therapy, clinical trial)
☐ Second opinion – Stage III or IV

Treatment Facility & Address:

_____

Appointment / Treatment Dates: _____

Expected Number of Travel Days: _____

Requires Overnight Stay? ☐ Yes ☐ No

Lodging Verification

Was Hope Lodge / charity lodging considered?

☐ Available & reserved ☐ Unavailable / no space
☐ Patient not eligible ☐ Unable to confirm

Other Travel Assistance Available

☐ None known
☐ Partial support from another nonprofit or program
☐ Full coverage elsewhere

Verification & Authorization

Name: _____

Title/Role: _____

Organization: _____

Phone: _____

Email: _____

Signature: _____

Date: _____