



Treatment Verification and Authorization for Release of Information

Moving Forward Foundation, Inc. is a 501(c)(3) non-profit organization. Our mission is to pay for parking for women and men undergoing treatment for breast cancer in the Texas Medical Center.

The purpose of this form is to verify that the person named below is currently receiving treatment for breast cancer and treatment is being administered at a facility in the Texas Medical Center.

To qualify for parking assistance from Moving Forward Foundation, Inc., this form MUST be completely filled out and signed and dated by both you and your Oncologist.

Name:		
DOB:	Age:	Gender:
Primary Phone:	Email:	
Home Address:		
City:	State:	Zip:

Diagnosis:	Date of Diagnosis:
Treatment prescribed:	
Length of treatment:	
Treatment facility:	
Treatment facility address:	

Is your treatment facility located in the Texas Medical Center in Houston, Texas? Yes No

Name of Oncologist:		
Phone:	Fax:	
Address:		
City:	State:	Zip:

Physician's Signature	Date
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Certification and Authorization for Release of Information

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to Moving Forward Foundation, Inc. to use the information provided herein for the purpose of parking assistance consideration. I hereby authorize my physician to disclose, release and furnish all facts evidencing, relating to or concerning my request for parking assistance.

I understand that this information will be used to determine my eligibility for parking assistance from Moving Forward Foundation, Inc. and will not be disclosed to any other entity or organization for any reason.

Requestor's Signature	Date
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***Please fax the completed and signed form to: Moving Forward Foundation, Inc. 832.218.4054**