

# 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:**

**Bite Me Cancer**  
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