## **PATIENT INFORMATION** Date: Click or tap here to enter text.

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Work: Click or tap here to enter text. Cell: Click or tap here to enter text.

Email Address: Click or tap here to enter text. Date of birth:  Male  Female

US Citizen:  Yes  No \****Please include Proof of Citizenship***

Name of parent/guardian(s) of the minor: Click or tap here to enter text. Click or tap here to enter text.

## **DIAGNOSIS** **INFORMATION**

Date of diagnosis: Click or tap here to enter text. Primary cancer: Click or tap here to enter text. Stage: Click or tap here to enter text.

New diagnosis  Recurring Is patient in active treatment?  Yes  No

Please indicate type of treatment(s) received in past twelve months (check all that apply):

Chemotherapy  Radiation  Surgery  Hormonal  Palliative Care  Bone marrow/stem cell transplant

Other: Click or tap here to enter text.

## HEALTH CARE PROFESSIONAL INFORMATION

MD Name: Click or tap here to enter text. Hospital/Clinic: Click or tap here to enter text.

Address: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

***\*Please include official diagnosis verification letter from physician, with this application.***

## HEALTH INSURANCE INFORMATION

Does the patient have health insurance coverage?  Yes  No

**If yes**, please indicate type of insurance (check all that apply):  Private Insurance  Medicaid  Medicare

Other: Click or tap here to enter text.

Are prescription drugs covered by insurance?  Yes  No  Copay

## HOUSEHOLD FINANCIAL INFORMATION

Parent or Guardian (s) current employment status?  1 Parent Employed  Both Parents Employed  Both Parents Unemployed

Parent/Guardian (s) Name: Click or tap here to enter text.

Click or tap here to enter text. Number of dependents: Click or tap here to enter text.

Parent/Patient Income Sources (please check all that apply):

Social Security  Salary  Pension  Unemployment  Public Assistance  Short-term disability  SSD (Disability)  SSI

Personal Income  Family/friends provide support  Other: Click or tap here to enter text.

## Financial Obligations for which the Patient/Parent is requesting assistance:

Mortgage/Rent: $Click or tap here to enter text. **Utilities:** $Click or tap here to enter text. **Co-pays** $ Click or tap here to enter text.

Medications: $Click or tap here to enter text. **Other:** Expense: Click or tap here to enter text. $ Click or tap here to enter text.

Expense: Click or tap here to enter text. $ Click or tap here to enter text.

Expense: Click or tap here to enter text. $ Click or tap here to enter text.

***\* Please include receipts/statements for any requested support (e.g.: Mortgage Statement, Receipts, etc.)***

**Application will not be processed, without copy of driver’s license attached and additional information, as required above.**

By signing this application, you confirm that all information provided is current and accurate to the best of your knowledge. You also agree that the information provided in this application is subject to verification.

**Print Name**: Click or tap here to enter text.

I certify that the following attachments are included, with my application:

*Please check all that apply*

Driver’s License

Latest pay stubs

Physician diagnosis verification letter

Receipts, statements for any requested support (e.g.: Mortgage Statement)

Proof of Citizenship (birth certificate, naturalization certificate, US Passport)

**Signature**: Click or tap here to enter text. **Date**: Click or tap here to enter text.

**I certify that the printed name above as my electronic signature.**

Please include an additional narrative of your circumstances (in the space below) which you would like us to consider, when determining eligibility.

Click or tap here to enter text.

How did you hear about us? Click or tap here to enter text.

*\*Incomplete applications will not be accepted.*