## **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.*