



(CONFIDENTIAL)

APPLICATION FOR ASSISTANCE

Patient ONLY Information

Please print

Please answer all questions - A - O

- A) Name: _____
- B) Address _____
- C) City _____ (D) State _____
- E) Zip _____ (F) County _____
- G) Phone: (____) _____ (H) Male ___ Female ___
- I) Email Address _____
- J) Type of Cancer _____
- K) Stage I II III IV
- L) Using "G" Tube? Yes ___ No ___
- M) Able to eat solids? Yes ___ No ___
- N) Date of Birth _____ / _____ / _____
(mm/dd/yyyy)
- O) Age 0-18 Age 19 and older

IMPORTANT
HOW DID YOU HEAR ABOUT US?

****Referring Medical/Professionals ONLY****

Please answer all 5 questions.

- *1) _____
(NAME) (TITLE)
- *2) _____
REFERRING AGENCY/ORGANIZATION
- *3) IS YOUR AGENCY NON-PROFIT? YES NO
- *4) PHONE: () _____
- *5) FAX: () _____

COMMENTS _____

ITEMS OF ASSISTANCE AS AVAILABLE ... DELIVERED TO THE PATIENT FREE OF CHARGE

- | | | | |
|---|---|---|--|
| LIQUID NUTRITION BOOST: (flavor) | DIAPERS: BRIEFS: (size) | EXAMINATION GLOVES: | CFA has other items available in our Distribution Center. If you do not have a copy of our product list please feel free to request one 1-800-578-5284 |
| French Vanilla <input type="checkbox"/> | Medium <input type="checkbox"/>
Large <input type="checkbox"/> | Medium <input type="checkbox"/>
Large <input type="checkbox"/> | |
| | Large <input type="checkbox"/> | DISPOSABLE BED PADS <input type="checkbox"/> | |

MEDICAL... PROFESSIONAL STATEMENT OF DIAGNOSIS INFORMATION HELD CONFIDENTIAL

******THE PERSON LISTED HEREIN HAS APPLIED FOR ASSISTANCE ******

DIAGNOSIS FOR _____ IS CANCER? YES ___ NO ___ STAGE 1 2 3 4
(print patients name) (pls check) (pls circle one)

SIGNATURE _____ TITLE _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

For additional information ... TOLL FREE PHONE: (800) 578-5284

Cancer Fund of America, Inc.

2901 Breezewood Lane Knoxville, TN 37921-1099

...our primary mission is to help indigent patients nationwide ...

FOR CFA OFFICE USE ONLY

Received: _____ Code: _____

... individual patient - non profit hospice - home health care - institutional