



(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: Vanilla, Chocolate
DIAPERS: BRIEFS (size): Medium, Large
EXAMINATION GLOVES: Medium, Large
DISPOSABLE BED PADS

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

MEDICAL... PROFESSIONAL STATEMENT OF DIAGNOSIS INFORMATION HELD CONFIDENTIAL
***THE PERSON LISTED HEREIN HAS APPLIED FOR ASSISTANCE ***

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

Cancer Fund of America

In order to meet a growing demand for assistance, this application upon approval is good for one year. At the end of that year, you will receive notification for renewal. It is your responsibility to renew.