



**Cancer Fund of America, Inc.**

*"Helping Today For a Brighter Tomorrow"*

**(CONFIDENTIAL)**

# APPLICATION FOR ASSISTANCE

**IMPORTANT**  
**HOW DID YOU HEAR ABOUT US?**

**Please Print**

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Email: \_\_\_\_\_

Type of Cancer \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

***\*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***

***Please call each month to reorder your products. 1-800-578-5284***

LIQUID NUTRITION

Vanilla

DIAPERS:

Medium   
Large   
Ex Large

**-OR-**

PULLUPS:

Medium   
Large   
Ex Large

EXAMINATION GLOVES:

Small   
Medium   
Large   
Disposable Bed Pads

FAMILY ENRICHMENT PACK:

Enrichment Box

***MEDICAL ... PROFESSIONAL STATEMENT OF DIAGNOSIS .... INFORMATION HELD CONFIDENTIAL***

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

***FOR PATIENTS UNDERGOING CANCER TREATMENT***

DIAGNOSIS FOR \_\_\_\_\_ IS CANCER? YES \_\_\_ NO \_\_\_  
(patients name) (please check)

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
(doctors signature)

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