

The Cancer Foundation of Northeast Georgia
Application for the Financial Assistance Program

All requests for funding must be presented in writing using this form. Please include any other supporting documents.

Date of Application: _____

Male Female

Applicant's name: _____

D.O.B _____

Check one of the following: Single Married Divorced Widowed

Number of person(s) dependent on income: _____

Diagnosis: _____

Date of Diagnosis: _____

Are you currently receiving treatment? _____ Who is your oncologist: _____

If you are not currently in treatment when was your last treatment? _____

Address: _____

City/State/Zip: _____

County: _____

Phone Number: _____

Email: _____

Amount Requested: _____

What is it that you need assistance with? _____

Why do you need this? _____

List other agencies you have contacted for help and when: _____

Monthly Household Income		Monthly Household Expenses		Other income	
Cash	\$	Rent/Mortgage	\$	Checking Account	\$
Wages (Gross)	\$	Utilities	\$	Savings	\$
Social Security	\$	Food	\$	Money Market	\$
Disability	\$	Transportation	\$	Stocks	\$
Public Assistance (Food Stamps)	\$	Car Payment	\$	Bonds/ C.D'S	\$
Other	\$	Out of Pocket Medical Expenses	\$	Mutual Funds	\$
		Other Expenses	\$	Other	\$
Total	\$	Total	\$	Total	\$

All the information I have provided is true and correct. I understand that any financial assistance provided by the Foundation is provided directly to my creditors, is limited, and is based on the immediate needs that negatively impact my health status. Application will expire 45 days from date of the application. Providing false information will result in denial of assistance.

I authorize the Foundation to contact my health care provider(s) listed above, and I authorize my health care provider(s) to release information to the Foundation related to this application. If requested by my health care provider(s), I will complete an appropriate authorization to allow him/her to release information to the Foundation pertaining to this application. All information provided to the Foundation will remain confidential, except that the Foundation may disclose information to my creditors and others as may be necessary to provide financial assistance.

I understand that although the Foundation may consider billing cycles and due dates when providing financial assistance, I remain fully responsible for timely payments of my debts, and I will indemnify and hold harmless the Foundation for any expenses, losses, or liabilities arising from or related to my debts.

Applicant's Signature

Date