

# 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(After Taxes)	\$	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	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

*I have truthfully provided all the requested information and I understand that any assistance provided to my family from The Cancer Foundation of Northeast Georgia is limited and 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 release of information to The Cancer Foundation of NE GA pertaining to this request. All financial information will remain confidential*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**