



APPLICATION FOR ASSISTANCE

SECTION A - GENERAL INFORMATION

Patient's Name (Last) (First) (Middle)

Mailing Address (Also Provide 911 Physical Address If Mail Received at P O Box) (City) (State) (Zip Code)

In What County do you Reside? , Virginia

Patient's Phone # Date of Birth

Are you currently receiving financial assistance from any other source?

Are you a Medicaid Recipient? Do you have Hospital Insurance?

Have you applied for assistance with us before? , If so, when

At this time, what is financial assistance needed for the most: Transportation Food/Bills Medication Medical Care

SECTION B - MEDICAL INFORMATION

Type of Cancer Diagnosed

Where are you being treated? (Enclose one Copy of a Recent Medical Bill as Proof of Medical Expenses)

Doctor's Name

Are you Currently Being Treated Doctor's Telephone #

Type of Treatment(s) Prescribed: Chemo Radiation Surgery Other

Doctor's Signature Date

I hereby certify the above questions have been answered truthfully and to the best of my knowledge. By signing below, I hereby request and authorize the doctor listed in Section B of this form, and all associated medical care providers, to furnish any officer of the Mecklenburg County Cancer Association (MCCA), any and all records and medical information relating to my diagnosis and treatment of cancer. As the person signing this consent, I understand that I am giving my permission to the MCCA, the disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. All information disclosed to MCCA will remain confidential and used for verification purposes only. Assistance from MCCA is only available to residents of Mecklenburg County, Virginia.

Patient Signature Date

THE MCCA IS AN EQUAL OPPORTUNITY PROVIDER. ALL APPLICATIONS ARE REVIEWED WITHOUT REGARD TO RACE, SEX, AGE, NATIONAL ORIGIN OR DISABILITY. MCCA IS AN IRS APPROVED 501(c)(3) NON-PROFIT CHARITABLE ORGANIZATION.