



PO Box 3582, Martinsville, VA 24115

Phone: 877-789-6850

Email: info@mlccancerfoundation.org

Web: www.mlccancerfoundation.org

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Phone Number: Home () - Work () - Cell () -

Email Address: _____

Date of Birth: / / Social Security Number: - -

Marital Status: Single Married Divorced Widowed Separated

Ethnicity: White African American Latino Asian Other _____

MEDICAL INFORMATION

Date of Diagnosis: / / Primary Cancer: _____ Current Stage: _____

New Diagnosis Recurrence Are you in active treatment? Yes No

If not in active treatment, indicate frequency of follow-up: Yearly Every Six Months

Other _____

Please indicate type of treatment(s) received in past twelve months (check all that apply):

Chemotherapy Radiation Surgery Hormonal Other _____

HEALTH INSURANCE INFORMATION

Do you have health insurance? Yes No

If yes, please indicate type of insurance (check all that apply):

Private Insurance Medicaid Medicare Medicare plus Medigap Charity Care

VA Program

Are prescription drugs covered? Yes No

HOUSEHOLD FINANCIAL INFORMATION

Are you currently employed? Yes No Number of People in Household: _____

Family Income Sources (check all that apply):

Social Security (retirement) Salary Pension Unemployment

Public Assistance Short-Term Disability SSD(disability) SSI

Support from Family/Friends Other – Specify _____

Total Annual Family Income: _____

FINANCIAL ASSISTANCE NEEDS

I need help with the following cancer-related expenses:

Medical Bills Insurance Co-Payments Medications Transportation Child Care

Home Care Other _____

Signature: _____

Date: _____

Send the completed form to info@mlccancerfoundation.org or mail to: MLC Cancer Foundation, PO Box 3582, Martinsville, VA 24115.

MLC Cancer Foundation will review this information and contact the person requesting financial assistance.

All information is strictly confidential and is for MLC use only.