ARIZONA ONCOLOGY FOUNDATION

Health, Healing, Survivorship!

This is an application for assistance (gas cards, therapy vouchers, dental). Please allow up to 5 business days for processing. You will receive a letter in the mail with the status of your application.

Patient Name: Today's Date: Referral Date:

Patient Address: Patient Email Address:

Patient Home Phone: Patient Cell Phone: Type of Cancer:

Oncologist Name: Oncologist Location: Oncologist Phone:

What do you need assistance with?

Transportation Dental Services House Cleaning Physical Therapy

(Energy Therapies, Movement Classes & Nutrition)

Demographic Information (to be filled out by the Patient)

The information requested on this form is used by Arizona Oncology Foundation for statistical purposes only. It helps provide information to donors & funding organizations and to evaluate our programs and services. Names are never disclosed. Your help is appreciated.

If patient requires transportation services

Miles patient travels for treatment (one way):

How often will trip be made? (once, 2x per week, every day for X weeks, etc.):

Gender:

Female Male

Marital Status:

Single Married Widowed

Age Range:

18-29 30-60 61+

Racial / Ethnic Background:

African American / Black
Asian / Pacific Islander
Caucasian / White
Latino / Hispanic
Native American / American Indian
Other (Please Specify)

Income Range:

Less than $12,000
$12,001 - $24,000
$24,001 - $35,000
$35,001 - $39,000
$39,001+

How did you year about us?

Self
Friend
Doctor
Nurse
Flyer
Other

Number of people in household: Number under 18 in household:

All applications are subject to review and approval. Please give 7 days for us to get back to you.