

MIAMI COUNTY CANCER FOUNDATION

907 N. Pearl Street, Suite 6  
Paola, Kansas 66071  
913-294-2050

Application Date: \_\_\_\_\_

The Miami County Cancer Foundation offers its services Free to any cancer patient residing in Miami County, Kansas. Some of our services are to help patients receiving treatment for cancer, but we do want to help anyone with cancer, in treatment or not. Due to the cost factor of medical bills, we cannot help pay for treatment, medications, Doctors fees, or hospital fees. For any of our services, please complete this form and return it to the office or mail it to us at the above address: 907 N Pearl, Ste 6; Paola, KS. 66071.

Personal Information:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse/Family: \_\_\_\_\_ #in Household \_\_\_\_\_

Age of Children under 18 \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone \_\_\_\_\_ Fax# \_\_\_\_\_

Type of cancer \_\_\_\_\_

Have you had surgery? Yes \_\_\_ No \_\_\_ Are you homebound? Yes \_\_\_ No \_\_\_

Are you currently in treatment? Yes \_\_\_ No \_\_\_ What Type \_\_\_\_\_

**DISCLAIMER; Please, understand that any financial, medical, or personal information provided to us by you or your Doctor is to be used as a determining factor only by Miami County Cancer Foundation, and WILL NOT be given out to ANYONE for any other purpose!**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Patient or Guardian