

MIAMI COUNTY CANCER FOUNDATION

907 N. Pearl Street, Suite 9

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. We help patients receiving treatment for cancer. 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 9; Paola, KS. 66071.

Personal Information:

Name: _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Spouse: _____

Number of Children under 18 _____

Phone # Day: _____ Evening: _____

Doctor's Name: _____ Phone # _____ Fax# _____

Type of cancer _____

Have you had surgery? Yes ___ No ___

Are you currently in treatment? Yes ___ No ___ What Type _____

Do you need help with Loaned Assistive Medical Equipment, protein drinks, protective underwear or transportation? Please let us know if you are in need of any of these services.

Are you homebound? Yes _____ No _____

Is there any other information that may be helpful for us to know: Please list below, or use additional paper.

Confidentiality: 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