

MIAMI COUNTY CANCER FOUNDATION

2 W. Peoria St.
P.O. Box 176
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: 2 W. Peoria, 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 _____

Are you homebound? Yes ___ No ___

Do you need loaned assistive medical equipment, protein drinks, protective underwear or transportation? Yes ___ No ___

If there is 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

Revised February 2022