PO Box 3582, Martinsville, VA 24115
Email: mlccancerfoundation@gmail.com
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 mlccancerfoundation@gmail.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.