



Date \_\_\_\_\_ Incomplete Applications will not be accepted/approved

**Documentation Required:**

First page of most recent After Visit Summary Report from Physician/Clinic that includes your name and diagnosis.

Name of person making request

Phone \_\_\_\_\_

Relationship to Cancer Patient

Cancer Patient Name

Patient Address

City, State, Zip Code

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

If Minor -Guardian Name

Phone # \_\_\_\_\_

Cancer Diagnosis

Date \_\_\_\_\_

Oncologist Name

Clinic \_\_\_\_\_

Date of Last treatment

Family at Home Caregiver Name

Caregiver Address

City, State, Zip

Other information

How did you hear about us?

Application can be emailed to: [gumbysclub@gmail.com](mailto:gumbysclub@gmail.com) or mail application to:

Lindy Lukes 2519 Kellner St., Manitowoc, WI 54220

Applications will be reviewed at our monthly committee meetings the 2<sup>nd</sup> Monday of the month.

Updated 6/3/2025