

**Freestone Cancer Support Group  
Assistance Application for Expenses During Cancer Treatment**

\*Please fill out this form as completely as possible so that we can provide you with an appropriate and generous care gift.

Name of cancer patient: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing address (city, state, zip code): \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Type of Cancer \_\_\_\_\_

Type of Treatments – (Radiation/Chemo/etc.) \_\_\_\_\_

Where will you have treatments (Waco, Dallas, etc.) \_\_\_\_\_

Please provide any additional information you would like to share with FCSG:

\_\_\_\_\_

\_\_\_\_\_

(Use back of this page if necessary)

**Applicant responsibility to receive FCSG assistance:**

1. You must provide “documented treatment plan” obtained from doctor detailing treatments and travel dates to include start date (past or future) and projected end date of current treatment.
2. FCSG will be reaching out to you with a courtesy contact, *HOWEVER*, it is the **Applicants responsibility to contact FCSG every other month by text to 903-388-4484, to continue aid without disruption.**
3. Assistance is always available based on fund availability.

Our mission is: To help during the course of treatments with transportation, meals, and accommodations.

This is not a monthly care gift. We review each cancer patient’s needs throughout the course of treatments.

Information provided by: \_\_\_\_\_ Date: \_\_\_\_\_

\*If different from name of cancer patient please provide relationship (spouse, mother, father etc.)

\_\_\_\_\_



Send application via post office:

FCSG

P.O. Box 1522

Fairfield, Texas 75840

Or email to:

John Fry

jefj5285@valornet.com