



*"People Helping People"*

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## Application for Financial Assistance

### Patient Information:

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**\*\*THIS SECTION TO BE COMPLETED BY YOUR ONCOLOGY DOCTOR, NURSE, OR HOSPITAL\*\***

### Medical Information:

Date of Diagnosis: \_\_\_\_\_ Primary Cancer: \_\_\_\_\_

New Diagnosis: \_\_\_\_\_ Recurrence: \_\_\_\_\_

Is the patient in active, preventative treatment or hospice? Yes or No

### Health Care Professional Information:

Doctor's name: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Persons Information if Different from above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your relationship to the person applying for help: Doctor, Nurse, Social Worker, Hospital Patient Navigator

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**\*\*ONCE COMPLETED PLEASE MAIL OR EMAIL TO KICK CANCER TO THE CURB\*\***

**\*\*Please note: patients can only receive up to two grants per calendar year\*\***

**\*\*Only one grant every six months\*\***

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kickcancerofmillelacs@gmail.com • PO Box 132, Milaca, MN 56353 • 320-260-1869  
www.kickcancertothecurbmillelacsco.com - Like us on Facebook

Kick Cancer to the Curb of Mille Lacs County is a nonprofit working to provide a monetary opportunity for residents of Mille Lacs County going through cancer. *Brought forth by the incredible generosity of our donors and volunteers.*