Confidential Application

Real Help… Real Hope…

P.O. Box 1891 ~ Halifax VA 24558 ~ 434-476-2714
www.hccahope.org

Entire Application must be filled out completely and signed before services may be rendered.

Patient's Name:_____

Patient's Address:_____

City, State & Zip:_____

Patient's Home Phone:_____Cell:_____

Proof of Halifax County Residency is required. Please provide copy of Patient's valid Driver's License or other state issued ID, Tax Bill or Electric Bill

Date of Birth:_____Social Security Number:_____

Do you have Health Insurance?_____ No_____Yes Provider:_____

Do you receive any type of Medicaid?_____No_____Yes Type:_____

Are you a Veteran?_____No_____Yes Receiving VA Travel Reimbursement?_____No_____Yes

What type of Cancer do you have?_____

Who is your Cancer Doctor?_____

Physician Address & Phone:_____

Course of Treatment: _____Chemotherapy _____Radiation _____Surgery _____Other
If Other is checked, please explain:_____

Check ONE Local Pharmacy **(that will receive up to $150 per month for Cancer related medications**) to have an account to assist with Cancer related medications:
_____Halifax Pharmacy _____CVS _____Brookneal Drug

I give permission to the following people to discuss my case with a representative of HCCA:

Name/Relationship to Patient:_____Phone:_____

Name/Relationship to Patient:_____Phone:_____

I hereby certify that all the questions have been answered truthfully to the best of my knowledge. A representative of Halifax County Cancer Association has my permission to contact my physician to verify appointments.

Patient Signature:_____Date:_____

Physician Signature:_____ _____Date:_____

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Dear

Effective January 1, 2008, the Halifax County Cancer Association (HCCA) Board of Director's voted to require all the HCCA patients receiving free gas assistance, have this document signed by your physician stating their course of treatment and documentation of approximately how many cancer treatments and/or appointments you will have.

This document must be signed and mailed to HCCA, P O Box 1891, Halifax, VA 24558 before any vouchers can be issued.

We are sorry for any inconvenience, however we have an overwhelming number of patients and this documentation will enable us to plan more effectively to serve you. Thank You!

- Physicians Signature & Phone Number: _____
- Where you receive treatments:_____
- Course of treatment:_____
- Expected Number of Treatments and/or Doctors appointments:_____

Yours truly,
Halifax County Cancer Association
Board of Directors

The HCCA is an independent, non-profit organization in Halifax County offering hope and making a difference in the lives of those facing cancer.

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