



# CAN

Cancer Alliance of Neighbors

## APPLY

### New Beneficiary Application

#### SECTION 1: PATIENT INFORMATION

**Applicant Name: \***

**Spouse/Caregiver's Name: \***

**Children Living at Home (Names and Ages) \***

**Address: \***

**City, State, ZIP: \***

**Phone (Home) \***

**Phone (Cell)**

**Landlord's Name \***

**Mortgage \***

**Landlord's Phone \***

**Landlord's Address \***

**Email Address \***

**Date of Birth \***

**Social Security # \***

**Driver's License # \***

**State \***

**Expiration**

***NOTE: CAN is required to provide the following information when applying for grants from government, private, and other non-profit agencies. This data allows us to provide financial assistance to our beneficiaries.***

**Age Group \***

Infants-under 5  5-12 years  13-17 years  18-29 years  30-64 years  65 plus

**Gender \***

Male  Female

**Ethnic Background \***

White  Black  Hispanic  Other

**Income Level \***

Below Official Poverty Level  At or Near Poverty level  Middle Income

**Diagnosis Date \***

**Type of Cancer \***

**Stage \***

**Treating Physician \***

**Phone \***

**Do you have Health Insurance? \***

Yes  No

**Insurance Company Name \***

**If you are in Hospice care, please list Agency**

Please list other organizations contacted regarding financial aid (Social Services, Catholic Charities, etc.)

AGENCY	CONTACT PERSON	DATE OF CONTACT	BENEFITS RECORD

PERSONAL REFERENCES	RELATIONSHIP	YEARS KNOWN

## SECTION 2: FINANCIAL INFORMATION

Please list other benefit programs for which you have applied.

PROGRAM	DATE APPLIED	APPROVED	AMOUNT
Medicaid	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Food Stamps	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
SSI	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Social Security Disability	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Drug Compassion Program	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

MONTHLY FAMILY EXPENSES	AMOUNT	FAMILY ASSETS	AMOUNT
Rent/Mortgage *	<input type="text"/>	Checking *	<input type="text"/>
Phone *	<input type="text"/>	Savings *	<input type="text"/>
Electric *	<input type="text"/>	Money Market *	<input type="text"/>
Water *	<input type="text"/>	Stocks *	<input type="text"/>

MONTHLY

FAMILY

<b>FAMILY EXPENSES</b>	<b>AMOUNT</b>	<b>ASSETS</b>	<b>AMOUNT</b>
Auto Loan *	<input type="text"/>	Bonds *	<input type="text"/>
Auto Insurance *	<input type="text"/>	Other *	<input type="text"/>
Gas Cost (Monthly) *	<input type="text"/>		
Food *	<input type="text"/>		
Health Insurance *	<input type="text"/>		
Medical Bills *	<input type="text"/>		
Credit Cards *	<input type="text"/>		
Other *	<input type="text"/>		
Monthly Expenses Total *	<input type="text"/>	Family Assets Total *	<input type="text"/>

Number of people in household? \*

Pets \*

### INCOME INFORMATION

Individual Monthly Income *	<input type="text"/>	Spouse Monthly Income *	<input type="text"/>
Retirement/Pension *	<input type="text"/>	Child Support/Alimony *	<input type="text"/>
Interest and Dividends *	<input type="text"/>	Other Sources of Income *	<input type="text"/>

Applicant Employer \*

Spouse Employer \*

Employee Contact Number \*

Spouse Employer Contact Number \*

Any additional property/land in your name? \*

Yes  No

Property Address \*

