

Lorie Lord Breast Cancer Foundation

Cancer Assistance Grant Application

Applicants must be residents of northeastern Oklahoma to be eligible.
Complete each field of this form. Incomplete applications will not be considered.

PERSONAL INFORMATION

Last: _____ First: _____ M.I.: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

HOUSEHOLD INFORMATION

Are you employed and working? Yes. No. If yes, employer: _____

Number of income earners in household: _____ Number of people in household: _____

Household annual income: _____ Source of income: _____ Age of Dependents: _____

Please list any other financial assistance you are receiving for your cancer care (i.e. pharmaceutical company assistance with medications, travel reimbursement, donations, etc). Please attach additional letter, if needed.

Please describe your specific needs for financial assistance and list items that you cannot currently afford to pay.

MEDICAL INFORMATION

Diagnosis: _____ Date of Diagnosis: _____

Oncologist Name: _____ Oncology Location: _____

Current Medications: _____

Age: _____ Actively in Treatment? _____

Do you have insurance?: Yes. No. If yes, Insurance Company Name: _____

Amount of copayments: Office Visit \$ _____ Specialist \$ _____ Hospitalization \$ _____

Do you have prescription coverage? Yes. No. Prescription copayment amounts: \$ _____

Pharmacy Name: _____ Phone Number: _____

My signature below authorizes the release of the information contained in this application to the Tulsa Community Foundation (TCF) for the purpose of being considered for grant monies available. All information contained in this application and/or disclosed will be used on an "as required" basis and is true and accurate. I hereby authorize TCF to use and/or disclose my Protected Health Information. I understand that this authorization is voluntary and hereby waive any right or claim against TCF with respect to this application and TCF's use and disclosure of my Protected Health Information. In the event that I receive additional financial assistance after I complete this application, I will immediately inform TCF.

Signature: _____ Date: _____



Return completed form by email, fax or mail to Tulsa Community Foundation
7030 South Yale, Suite 600, Tulsa, OK 74136
Emergency@TulsaCF.org
Fax 918-856-3537, Phone 918-591-2427