



*Application for Assistance*

**Applicant/Patient must be a resident of Jackson County, Kentucky**

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Have you been diagnosed with cancer?  yes  no

“if yes please indicate type” \_\_\_\_\_

Presently undergoing treatment?  yes  no If yes describe \_\_\_\_\_

Do you have a Doctor’s statement?  yes  no

Do you have insurance?  yes  no

If yes, what kind? Check all that applies

Medicare  Medicaid  Other \_\_\_\_\_

(type)

Do you: Own home  Mortgage  Rent  Live with others

How many adults in your household? \_\_\_\_\_ How many children? \_\_\_\_\_

Please check one category for your yearly total family income.

- Between \$5,000 - \$15,000
- Between \$15,001 - \$25,000
- Between \$25,001 - \$35,000
- Between \$35,001 - \$45,000
- Between \$45,001 - \$55,000

Prioritize your needs with one (1) being the highest and five (5) being the lowest.

Food  Transportation...Number of trips \_\_\_\_\_  Utilities  Mortgage

Rent  Other  If other, list or describe \_\_\_\_\_

Have you applied for other assistance? No  Yes  If so where? \_\_\_\_\_

Other comments concerning your need for financial assistance \_\_\_\_\_

\_\_\_\_\_

The following requirements must be met before you are eligible for assistance from the Jackson Co. Cancer Fund, Inc.:

- Applicant/Patient must be a resident of Jackson County, Kentucky
- A statement from your doctor that you have been diagnosed with, and/or, being treated for cancer.
- All authorized bills must be provided as payments are made directly to the providers.
- For transportation request, please indicate how many trips are anticipated.
- Applications may be mailed to: JCCF, INC. P.O. Box 1250 McKee, Ky. 40447
- Applications will be approved/denied no later than 7 days after received.

**Initial if you have read all the above requirements**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Determination by Application Committee**

Approved ( ) \_\_\_\_\_  
Need(s) amount approved date

Approved by \_\_\_\_\_

Denied ( ) \_\_\_\_\_ by \_\_\_\_\_  
(reason) date

Committee Contacts:

\_\_\_\_\_  
Name date Name date