



Putting for Pops

Patient Assistance Application
(For Fathers Suffering from Cancer)



Total Number in Household (including self): _____

Household Monthly Income		
	Self	Spouse
Wages		
Self-Employment		
Public Assistance		
Social Security		
Unemployment Compensation		
Workmen's Compensation		
Alimony		
Child Support		
Military Family Allotments		
Pensions		
Income from Dividends, Interest, Rent		

Patient Name: _____ D.O.B. _____

Gender (Circle one): MALE FEMALE Email Address: _____

Race (Circle one): White (Non-Hispanic) Black Hispanic Asian Other: _____

Mailing Address: _____

ADDRESS / CITY / STATE

Telephone Number (H): _____ (C) _____

Emergency Contact Name: _____ Phone: _____

Place of Employment: _____

Diagnosis (No codes): _____ Date of Diagnosis: _____

Stage of Diagnosis: _____ Current Treatment: Chemotherapy _____ Radiation _____ Other _____

Treatment Start Date:

End Date:



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Please Read

- + Complete applications must be received no later than midnight October 15, 2016.
- + Email applications to putting4pops@gmail.com Only complete applications will be processed.
- + Financial Records must accompany all applications (ie W-2, Social Security award letter, income tax)

Patient Authorization to Use or Release Protected Health Information

I authorize the use and disclosure of my individually identifiable health information (“Protected Health Information”) by Putting for Pops, a non-profit Texas organization, to process my application for Patient Assistance, to enroll me in their Patient Assistance program if I am eligible and there are funds available and to administer the financial assistance.

I authorize my health care provider to disclose to Putting for Pops my health information verbally or written to be used for the purposes stated above. I understand that my Protected Health Information may be subject to re-disclosure pursuant to this authorization. I may withdraw this authorization by mailing or faxing a letter of revocation to Putting for Pops, but if I do, it will not have an effect on any actions Putting for Pops took before it received revocation of this authorization. Authorization has no expiration date.

I authorize Putting for Pops to use my name and photograph to publicize Putting for Pops, on websites, flyers, and any other manner needed by Putting for Pops.

Agreements

Certification and Acknowledgement: I agree that all of the information I have provided is truthful and accurate to the best of my knowledge. I understand that my application for assistance does not guarantee funding will be available. I understand that if I am awarded financial assistance that it will be provided on a one time basis, and if I am not selected, I reapply each calendar year. There is no guarantee that funding will be available in a subsequent year.

Signature

Date



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Your Story

(to help us know you better, please, briefly tell us your story in 300 words or less)