



**CANCER SUPPORT
SERVICES**
Assistance Request Application
www.brandierose.org

Applicant's Name: _____
Spouse's Name: _____
Address: _____

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

E-mail Address: _____

Number of People living in the home: _____ Adults _____ Children
Relationship(s) to Applicant: _____

Applicant's Employer Name and Address: _____

Spouse's Employer Name and Address: _____

Do you have Health Insurance? _____ Policy # _____
Name/Address of Carrier: _____

Are prescription drugs covered? Yes No
Do you have Medicaid? _____ Have you applied for Medicaid? _____

Have you applied for assistance from us in the past? _____
If so, please indicated date and assistance provided: _____

How did you hear of **The Brandie Rose Foundation (TBRF)**?

Referred by: _____

Applicant's Name: _____

ASSISTANCE ASSESSMENT:

How Can We Help?

Housing Costs Transportation Hotel/Lodging
Home Care Utilities Day Care Food
Other: _____

(Documentation may be required)

MEDICAL INFORMATION:

(To be completed ONLY by Applicant's Doctor, Nurse or Licensed Social Worker)

Primary Cancer: _____ Date of Diagnosis: _____

Stage of Cancer: _____ Is this a new diagnosis? _____

Recurrence? _____ Is patient in active treatment? _____

If yes, please indicate type of treatment (please check all that apply)

Chemotherapy Radiation Surgery Bone Marrow/Stem Cell Transplant
Palliative Care Clinical Trial Hormonal Complementary/Alternative

If No, is post treatment follow-up required? _____

Physician's Name: _____ Hospital/Clinic: _____

Address: _____

City/State/Zip _____

Signature of Doctor, Nurse or Social Worker: _____

Date: _____

Print Name/Title: _____ Phone: _____

(by the applicant's signature on this application he/she authorizes/consents that we may contact the Doctor, Nurse or Social Worker)

FINANCIAL INFORMATION:

Total Household Monthly Gross Income (from all sources from everyone living in the home)
\$ _____

Sources of Income & from which Household member:

Total Household Liquid Assets: (Cash on Hand, checking & savings account balances, money markets, CD's, stocks) \$ _____

Total Household Expenses: (Housing, Utilities, Daycare, Food, Transportation, Medical Bills): \$ _____ Do you rent or own your home? _____

Applicant's Name: _____

Please use this section to tell us your story to better convey your special situation and circumstances. Please use additional pages, if needed. Also if the financial information indicates that your current income exceeds your expenses, please explain.

- **The Brandie Rose Foundation (TBRF)** is a non-profit charity organization that provides assistance to those facing a cancer crisis.
- Applicant's may only apply one time per calendar year
- *Funds are limited* and based on availability and applicant's need, and are no way based on race, creed or ethnicity.
- Assistance may be in the form of monetary payment to the applicant or in form of referral to other agencies that may best fill their needs.
- Approval of monetary/financial assistance provides for a one-time assistance payment and does not promise any future financial assistance.
- All information is held in the strictest confidence and will only be used by **TBRF** for the purpose of determining if financial or other assistance can be provided.

Please mail to:

The Brandie Rose Foundation
6533 Bellflower Trl
Traverse City, MI 49685

Any Questions: Please contact Liz Courtad/Director at brandierose@charter.net

I HEREBY AGREE:

By signing this application, I hereby confirm that I am solely responsible for the accuracy of all information contained herein. I hereby grant permission to the doctors and medical professionals contained herein to discuss with TBRF any information regarding my cancer treatment, diagnosis,

prognosis, etc. I understand that TBRF will use any information obtained SOLELY for the purpose of considering financial assistance and that all of my medical information WILL BE held in the strictest of confidence. I also understand that assistance approval may result in general information being released but that my name WILL NEVER accompany such release.

Applicant's Signature

Date