



**SLV CANCER RELIEF FUND
APPLICATION FOR
STIPEND**

CRITERIA: Applicant must currently be in or have completed treatment for cancer within the last six months, or currently battling cancer. Applicants may receive a stipend to assist with medical needs not covered by insurance or non-medical needs such as a mortgage, rent, utilities expenses, groceries, transportation needs, etc.

PATIENT INFORMATION:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Are you currently in treatment now? _____

Have you applied within the last 12 months? _____ If so, when? _____

HEALTH CARE PROVIDER OR REFERRING INDIVIDUAL INFORMATION:

(physician, nurse practitioner, physician assistant, patient navigator, nurse, or social worker)

Provider/Referral Name _____

Position at Facility _____

Address of Facility _____

Telephone _____ Email _____

Provider/Referral Signature _____ Date _____

Note: Signature of Health Care Provider or Referring Individual verifying applicant is currently in treatment, has completed treatment within the past 6 months for cancer, or currently battling cancer.

Patient Signature _____ Date _____

By signing this form I am consenting to disclosure of contact information on this application to the SLV Cancer Relief Fund and I am authorizing my Health Care Provider or Referring Individual to release the information requested in this form to the SLV Cancer Relief Fund as relevant to this application process.

Mail to: SLV Cancer Relief Fund
PO Box 1297
Alamosa, CO 81101-1297

OR

Email to: slvcancerrelief@gmail.com