

DOOR CANcer, Inc.

FINANCIAL ASSISTANCE REQUEST

*DOOR CANcer provides funds for individuals or families who are residents of Door County who, because of cancer treatment, neglect other needs. Funds may be available for assistance for food, transportation, lodging, utilities, etc, **but not for medical expenses.***

Applicant's Name: _____

Alternate Contact: _____

Person completing this form: _____

Address: _____

City: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Are you currently in ACTIVE treatment? NO If yes, Chemo Radiation Other

If Other, please specify: _____

Please list all household members and ages:

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please explain SPECIFICALLY how DOOR CANcer can help you (example: transportation, groceries, utilities, lodging, meals, clothing, etc) and itemize those items on the back of this form.

Have you received assistance from DOOR CANcer in the past? Yes No

If yes, what amount and when: _____

I certify that the information provided is true and complete to the best of my knowledge.

Signature

Date

NOTE: All information on this form will be kept confidential and will not be seen except by DOOR CANcer Board Members and the disbursement committee.

SEND TO: DOOR CANcer, Inc.
PO Box 423
Sturgeon Bay, WI 54235

*Applications can only be approved by the Door CANcer, Inc board of directors at regular board meetings.
Board meetings are the morning of the 2nd Friday of each month.*

