DOOR CANcer Inc.
APPLICATION FOR FINANCIAL ASSISTANCE

Applications must be received by the First Friday of any month.
Late applications will be considered for the next month: (Sorry, No Exceptions)

DOOR CANcer Inc. provides Door County, WI residents in treatment for cancer with funds to assist with heating and utility payments, groceries, gasoline, insurance premiums, lodging and more. (We do not pay medical bills)

*Applicant's Name*_____*Age*_____

*Applicant's Address*_____*City*_____*Zip*_____

*Alternate Contact*_____

*Person completing this form*_____

*Home Phone*_____ *Cell Phone*_____

*E-Mail Address*_____

Are you currently in ACTIVE treatment? ☐ *No If Yes,* ☐ *Chemo* ☐ *Radiation* ☐ *Other*

*If Other, please specify:*_____

Number of members in household: _____*Adults* _____*Children (list ages)* _____

Please specify on the back of this form how DOOR CANcer can help you (Example: transportation, groceries, utilities, lodging, etc.) If bills you are requesting assistance with are on an automatic withdrawal plan from your checking account, we need to know this. With all requestes, we need account numbers and addresses.

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

*Signature*_____*Date*_____

NOTE: All information on this form will be kept confidential between the applicant and DOOR CANcer Board members and committees.

Mail your application to:

DOOR CANcer Inc. P/O Box 423 Sturgeon Bay, WI 54235 or drop it off at the Door County Cancer Center.

We can't promise that we can help every applicant with every request, but we do promise to do our very best to help ease your financial worries during your journey through your cancer treatments.

FINANCIAL ASSISTANCE REQUEST FOR:

Expense/Company/Organization Owed	Amount Requested	Frequency Monthly/Quarterly/Etc	Account Number	Address & Telephone Number