



# Friends and Family Cancer Foundation, Inc.

P.O. Box 8, Mauston, Wisconsin 53948

[friends.family@hotmail.com](mailto:friends.family@hotmail.com)

608-547-0765

*The Friends and Family Cancer Foundation is dedicated to providing assistance and supportive services for area families living with cancer.*

Date: \_\_\_\_\_

Applicant Name: (Please Print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Number in Household \_\_\_\_\_ Marital Status (Please Circle)    Single    Married    Significant Other

What other programs have you received or requested assistance from: \_\_\_\_\_

Current or last place of employment: \_\_\_\_\_

Assistance can include: Groceries, Gasoline, Home Heating, Electricity or Childcare for parent to attend treatment. Describe request. Include area traveling to, dates, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If requesting energy assistance (heat or electricity), please complete the following:**

Utility Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account # \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_

Utility Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account # \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_

Due to corporate sponsorship, Friends and Family encourages BP gasoline cards for those needing assistance with gasoline.

Would this create a hardship for you? If yes, which gas station would you prefer? \_\_\_\_\_

For grocery certificates, what is your preference?  Mauston Festival Foods  WalMart    Other \_\_\_\_\_

The Friends & Family Cancer Foundation is one of the best kept secrets in the three county area. Because we have not shared individuals names in the past, we are unable to promote who and how we help applicants. We ask that you consider assisting us in promoting how the Friends and Family Cancer Foundation helps individuals.

I authorize the release of my name in promotional events. (Your specific diagnosis will not be shared).

Yes    Signature \_\_\_\_\_

I would prefer your assistance to me remain anonymous    Signature \_\_\_\_\_

**Consent for medical release of information and verification of cancer diagnosis.**

Dear Healthcare Provider:

Your patient, whose name is below, has requested assistance from the Friends and Family Cancer Foundation, a non-profit foundation providing assistance to individuals diagnosed with Cancer. We serve those in Juneau, Sauk and Adams Counties.

To help determine what his/her needs may be, we request that you complete the following information.

Applicant's Name \_\_\_\_\_

Applicant's Signature for Release of Information \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Healthcare Provider Name \_\_\_\_\_

Phone: \_\_\_\_\_

Diagnosis \_\_\_\_\_

Is this person actively receiving treatment for cancer? If yes, where and approximately how often? \_\_\_\_\_

Please list any work restrictions due to the diagnosis or treatment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Board action on request: \_\_\_\_\_

Board Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UPDATED 11/18

***Helping YOUR Friends and Family in Juneau, Sauk and Adams Counties***

The Friends and Family Cancer Foundation is a 501 (c) 3 non-profit organization, donations are tax deductible as allowed by law.  
We are not affiliated with, nor do we receive funds from the American Cancer Society or Relay for Life.