

MISSION STATEMENT GEORGIA CANCER SUPPORT



WWW.GEORGIA-CANCER-SUPPORT.COM

To serve Georgia cancer patients and their families by providing support and resources in all areas. We will focus on the needs of each patient. We will minister to and provide excellence through networking, researching, education, and community service. Our volunteers, educators, and outreach workers will work together to make a difference in the lives of every patient.

GEORGIA CANCER SUPPORT APPLICATION FOR FINANCIAL SUPPORT

Thank you for contacting Georgia Cancer Support. You will see as you review our Mission Statement from the previous page, we are a Christian-based organization; we exist only to serve and praise God through helping others whose lives have been impacted by a cancer diagnosis. Assistance will not be refused based on religious beliefs. Please complete this application in order to be considered for financial consideration from GCS.

NOTE: *Blank spaces or slashes are not acceptable.*

What type of assistance are you applying for today?

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ County of Residence: _____

Do you have Medical Insurance? Yes ___ No ___ If yes, Type: _____

Are you a Christian? Yes: ___ No: ___

If so, are you currently a church member? If so, what Church? _____

Address: _____

Pastor's Name/ Phone Number: _____

List all sources/ amount of household income: _____

Social Security and /or Disability: _____ Food Stamps/ SNAP: _____

Other Retirement: _____ Child Support: _____

Monthly Net Income: _____ Do you rent or own home? Rent: _____ Own: _____

Amount of monthly utilities: Electricity: _____ GA Power or EMC? _____

Water: _____ Gas: _____

Do you have a source of transportation? Own Car: _____ Friend/ Family:

Are you receiving assistance from other organizations? Yes: _____ No: _____

Are you currently receiving assistance from other organizations? Yes: ___ No: ___

If yes, please list name of organization and amount receiving: _____

What is your cancer diagnosis? _____ Stage: _____

Where are you receiving treatment? _____

Date diagnosed: _____

Physician Name/ Phone Number: _____

Please review and sign attached HIPAA documents. The information from these documents is only used as is reasonably necessary to process your application for assistance and to provide you with financial services which may require communications between GCS and health care providers, personal references necessary to verify the accuracy of your information and to determine eligibility of support based upon the determination of GCS guidelines.

Signature of Applicant: _____

Applicant's Printed Name: _____

Date: _____

Instructions: Please print application, complete in ink, sign and mail to

**Georgia Cancer Support
PO Box 1938
Milledgeville, GA 31059-1938**

GEORGIA CANCER SUPPORT HIPAA FORM

Name: _____ Home/Contact Address: _____

City: _____ State: _____ Zip: _____

How We Collect Information About You: Georgia Cancer Support) and its volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law, or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your personal/medical/ financial situation that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants who apply for or actually receive GCS services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application for assistance or to provide you with health or financial services which may require communication between GCS and health care providers, medical product or service providers, pharmacies, insurance companies, personal references and other providers necessary to verify your information is accurate and to determine the eligibility of medical support or financial services you need based upon the determination of GCS guidelines.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual [crime of fraud](#) for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.yourwebpage.org) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic data through our site.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank

you notes sent to us become the exclusive property of GCS. We reserve the right to use non-identifying information about applicants for fundraising and promotional purposes that are directly related to our mission.

Applicants will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without applicants' express advance permission.

We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

Signature of Applicant: _____

Printed Legal Name: _____

Date: _____