



APPLICATION FOR FINANCIAL ASSISTANCE FOR OVARIAN CANCER

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SPOUSES NAME: _____ NUMBER OF CHILDREN LIVING WITH YOU: _____

DATE DIAGNOSED WITH OVARIAN CANCER: _____ STAGE: _____

PHYSICIAN/ONCOLOGIST: _____ DOB: _____

ARE YOU CURRENTLY RECEIVING TREATMENTS? _____

IF NEEDED, YOU HAVE MY PERMISSION TO CONTACT MY PHYSICIAN TO VERIFY DIAGNOSIS - PLEASE INITIAL _____

SEEKING FINANCIAL ASSISTANCE FOR: (mark all that applies)

RENT/MORTGAGE: _____ I WOULD LIKE OCC TO CONTACT OTHER AGENCIES ON MY BEHALF: _____

GAS CARD: _____ I NEED TRANSPORTATION TO DOCTOR APPOINTMENTS: _____

PRESCRIPTION DRUGS: _____ I NEED ASSISTANCE BUYING OR STYLING A WIG: _____

INSURANCE CO PAYS: _____ I NEED ASSISTANCE WITH GROCERIES/ CLEANING ITEMS: _____

UTILITIES BILLS: _____ OTHER: _____

SIGNATURE: _____ DATE: _____

Your application will remain confidential and acceptance will be based on need and proof of assistance (utility bill, rent/mortgage, co pays etc.) **Also, a note from your physician stating you are currently in treatment for ovarian cancer is required.** The OCC is will provide assistance up to \$500.00 each year per person. Checks will be made payable to the business and gift cards for gas will be issued in \$25.00 increments. Questions can be directed to 419-866-6622. Please mail your application and copies of utility, medical bills etc. to OCC 5577 Airport Hwy. Ste. 206 Toledo, Ohio 43615

OCC contact information: 419-866-6622 ~ ovariancancerconnection@yahoo.com ~ ovarianconnection.org

We're sorry but until all women in NW Ohio & SE Michigan fighting ovarian cancer have their financial needs met, we are unable to assist those outside of our area.