

OVARIAN CANCER CONNECTION

2020 FINANCIAL ASSISTANCE FOR GYNECOLOGIC CANCER

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SINGLE MARRIED DIVORCED WIDOWED

NUMBER OF CHILDREN LIVING WITH YOU: _____ ARE YOU EMPLOYED?: YES NO

WORKING: PART-TIME FULL-TIME RETIRED DISABLED

DIAGNOSIS OF: Ovaries Cervical Endo/Uterine Vulva Vaginal Fallopian Tube

DATE DIAGNOSED: _____ STAGE: _____ RECURRENCE?: YES NO

PHYSICIAN/ONCOLOGIST: _____ DOB: ____/____/____

ARE YOU CURRENTLY RECEIVING TREATMENTS? YES NO

CAN THE OCC CONTACT YOUR PHYSICIAN TO VERIFY DIAGNOSIS. YES NO INITIAL _____

I'M SEEKING FINANCIAL ASSISTANCE FOR: (mark all that apply)

GAS CARD ASSISTANCE WITH GROCERIES/CLEANING ITEMS

I WOULD LIKE OCC TO CONTACT OTHER AGENCIES ON MY BEHALF YES NO

TREATMENT DATES: _____

NOTES: _____

SIGNATURE: _____ DATE: _____

Your application will remain confidential and acceptance is based on need. **The OCC will provide up to \$500.00 each year per person while in treatment.** Questions can be directed to 419-866-6622. **Please mail/fax your application to OCC 5577 Airport Hwy. Ste. 206 Toledo, Ohio 43615. Fax: 888-462-6817**

We're sorry but until all women throughout NW Ohio and SE Michigan fighting ovarian and other gynecological cancers have their financial needs met, we are unable to assist those outside of our designated area.