



2022 Financial Assistance Application

Personal Information:

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number of children in the home: _____ Are you: Single: _____ Married: _____ Employed: _____

Cancer Diagnosis: **Please Circle**

Ovary: Cervical: Endometrial: Uterine: Vulva: Vaginal: Fallopian Tube:

Diagnosis Date: _____ Stage: _____ Recurrence: Yes: _____ No: _____

Physician/Oncologist: _____

Are you currently receiving treatment: Yes: _____ No: _____

Upcoming Treatment Dates (If Available): _____

You have my permission to contact my oncologist to verify diagnosis & treatment dates. Please initial: _____

I would like assistance with: Transportation Gas Cards: _____ Groceries : _____

Signature: _____ Date: _____

Your application will remain strictly confidential. Questions, please call 419-866-6622.

Ovarian Cancer Connection
5577 Airport Hwy. Ste. 206
Toledo, Ohio 43615
Fax: 888-462-6817