



UNITED CANCER SUPPORT FOUNDATION

6700 Baum Drive Suite 8 Knoxville, TN 37919 www.UnitedCSF.org P. (865)-474-1551 E. info@unitedcsf.org

“Just 4 U” Support Package Application Information

Dear Cancer Patient,

United Cancer Support Foundation is a 501 (c) 3 nonprofit organization. The **“Just 4 U” Support Package** is designed to support cancer patients with gifts that provide relaxation and distraction during cancer treatment. Cancer is a dreadful disease that affects those suffering from it physically and emotionally. The goal of this program is to help the cancer patient reduce stress, which will have a positive impact during treatment.

To complete the application process:

- Fill out our **Application Form** and **Memorandum of Understanding**.
- Mail the form to: **Patient Support Department, 6700 Baum Drive Suite 8 Knoxville, TN 37919** or send email attachment to: info@UnitedCSF.org.
- Once we have received the completed forms, we will process and verify the information in the forms.
- Our staff and volunteers will assemble and send you the personal support package.

Sincerely,

Patient Support Department

United Cancer Support Foundation



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6700 Baum Drive Suite 8 • Knoxville, TN 37919 Phone: 865-474-1551 E-mail: info@UnitedCSF.org

“JUST 4 U” SUPPORT PACKAGE PROGRAM APPLICATION

PATIENT INFORMATION		
Patient's First name:	Middle:	Last name:
Birth date: ____/____/____	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Latin American	<input type="checkbox"/> African American <input type="checkbox"/> Asian	<input type="checkbox"/> Native American <input type="checkbox"/> Other
Home address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
How did you hear about our program? <input type="checkbox"/> Family / Friend <input type="checkbox"/> Online Research <input type="checkbox"/> Callers <input type="checkbox"/> Other (specify):		
Household size:	Household income: <input type="checkbox"/> under 20k <input type="checkbox"/> 20k to 49,999 <input type="checkbox"/> 50k to 74,999 <input type="checkbox"/> 75k to 99,999 <input type="checkbox"/> over 100k	

MEDICAL VERIFICATION		
THIS PORTION <u>MUST</u> BE COMPLETED BY A <u>MEDICAL PROFESSIONAL ONLY</u>		
Medical Professional:	Title:	
Office address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
Year diagnosed?	Cancer type and stage:	Is cancer in remission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current treatment status: <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Surgery <input type="checkbox"/> Radiation <input type="checkbox"/> Other(specify):		
Comments:		
X _____ Medical Professional's Signature*		_____ Date (mm/dd/yyyy)
*Under penalty of perjury, I declare that I have examined this form, including any accompanying statements and schedules, to the best of my knowledge; it is true, correct, and complete.		



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EMERGENCY CONTACT PERSON OR GUARDIAN (OPTIONAL)	
Contact Name (first, last):	Relationship to patient:
Home phone:	Work phone:

Please describe why you are applying for this program and how it will help you?

Terms of Agreement

1. I hereby declare that the information provided in this form is true and correct.
- 2. I understand that this program is only supporting the cancer patients who are currently undergoing treatment.**
3. I permit United Cancer Support Foundation to use my submitted personal information for statistical analysis. I understand that all information submitted will be kept strictly confidential and will solely be used for statistical analysis and education.
4. I understand that UCSF will reserve the right for final decision of the application and to decline application without providing any explanation.

*By Signing my name below, I acknowledge that I have read, understand, and agree to the policies listed above

Patient's Signature: _____ Date: _____

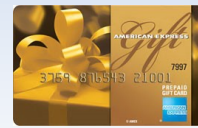


“Just 4 U” Support Package

Personalized support package that is designed to help cancer patients with gifts that provide relaxation and distraction during cancer treatment. Please choose any 3 items below as your personal gift.



Amazon Fire 8 HD Tablet



AMEX Gift Card



Puzzle Books



Cross Stitches



Jigsaw Puzzles



Coloring Books



Regal Cinemas Gift Card



Board Games

Others (books, etc. depends on availability)

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