



# UNITED CANCER SUPPORT FOUNDATION

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

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## **“Support for your Journey of Hope” Program Application Information**

Dear Cancer Patient,

United Cancer Support Foundation is a 501 (c) 3 nonprofit organization. **“Support for your Journey of Hope” 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](mailto: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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## “Support for your Journey of Hope” 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		
<b>THIS PORTION <u>MUST</u> BE COMPLETED BY A <u>MEDICAL PROFESSIONAL ONLY</u></b>		
Medical Professional:	Title:	
Office address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
<b>Year diagnosed?</b>	<b>Cancer type and stage:</b>	<b>Is cancer in remission?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current treatment status:</b> <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Surgery <input type="checkbox"/> Radiation <input type="checkbox"/> Other(specify):		
<b>Comments:</b>		
<b>X</b> _____ <b>Medical Professional's Signature*</b>		_____ <b>Date (mm/dd/yyyy)</b>
*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?

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### 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 understand that all information submitted will be kept strictly confidential and to be used for statistical analysis and education purposes only.
4. I understand that UCSF will reserve the right for final decision of the application and to decline application without providing any explanation.
5. I understand that this program is provided based on availability and eligibility.

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

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



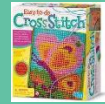
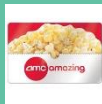
## "Support for your Journey of Hope"

"Select up to 3 items below"

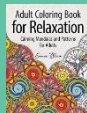
"1 gift card per application"



| Amazon Fire 8 HD Tablet | | \$50 AMEX Gift Card | | \$25 Regal Cinema Gift Card | | Uno Cards



| \$25 AMC Gift Card | | \$25 Amazon Gift Card | | Adult Puzzle Book | | Adult Cross Stitch Kit



| Adult Jigsaw Puzzle | | Adult Coloring Book | | Magnetic Chess | | Adult Journal



| Comic Book | | Children Coloring Book | | Children Journal |

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