

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

United We Share Program Application Information and Instructions

Dear Cancer Patient,

United Cancer Support Foundation is a dedicated cancer nonprofit organization. One of our programs, **United We Share**, is designed to support cancer patients with gift cards that allow patients to purchase whatever they may need to help with relaxation, comfort and stress relief 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 on 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 volunteer will assemble and send you the personal support package.

God Bless,

Patient Support Department

United Cancer Support Foundation



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"United We Share" PROGRAM APPLICATION

	PATIENT INFORMATI	ON
Patient's First name:	Middle:	Last name:
Birth date:/	Age:	Gender: ☐ Male ☐ Female
Race: Caucasian	☐ African American	☐ Native American
🗆 Latin American	☐ Asian	☐ Other
Home address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
How did you hear about ou	ır program?	
	Online Research Callet	rs
Household size:	Household income: ☐ under 20k	c □ 20k to 49,999 □ 50k to 74,999 .999 □ over 100k
	MEDICAL VERIFICATION	
	N <u>MUST</u> BE COMPLETED BY A <u>MEI</u>	
Medical Professional:		Title:
Office address:		
City:	State:	ZIP code:
Phone No.:	E-mail:	
Year diagnosed?	Cancer type and stage:	Is cancer in remission?
		☐ Yes ☐ No
Current treatment status:	Company Dedication	Charlens if it
☐ Chemotherapy Comments:	Surgery Radiation	n
x		
Medical Professional's Signature*		Date (mm/dd/yyyy)
	eclare that I have examined this form	, including any accompanying statements and



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EMERGENCY CON	NTACT PERSON OR GUARDIAN (OPTIONAL)
Contact Name (first, last):	Relationship to patient:
Home phone:	Work phone:
Please describe why you are applying t	for this program and how it will help you?
	Terms of Agreement
L. I hereby declare that the inform	ation provided in this form is true and correct.
2. I understand that this program indergoing treatment.	is only supporting the cancer patients who are currently
3. I understand that all information or statistical analysis and education	n submitted will be kept strictly confidential and to be used n purposes only.
I. I understand that UCSF will reser decline application without providing	rve the right for final decision of the application and to ng any explanation.
5. I understand that this program is	s provided based on availability and eligibility.
*By Signing my name below, I ac	knowledge that I have read, understand, and agree to the policies listed above
Patient's Signature:	Date:



MEMORANDUM OF UNDERSTANDING

Naı	meLast name		
wh	ose address is		
	<u>PARTIES</u>		
1.	UCSF is a nonprofit tax exempt organization described in Section 501(c) (3) of the Internal Revenue Code. The primary purposes for which UCSF was formed is to support cancer patients and their families through its distribution program to distribute assistance funds and commodities; to advocate healthy eating and provide educational initiatives for cancer awareness and prevention.		
2.	PATIENT: name		
	TERMS OF AGREEMENT		
	In consideration of the foregoing and mutual promises, the parties agree as follows:		
3.	UCSF, at its discretion, agrees to provide PATIENT with assistance for the purposes of supporting cancer patients and their families. UCSF agrees to provide the PATIENT with supplies or services and PATIENT agrees to use these supplies or services specifically to support the cancer patient and/or his/her family.		
4.	PATIENT agrees to provide to UCSF a narrative description, if needed; of how this contribution, as well as a additional assistance provided by UCSF, was used.		
5.	PATIENT agrees to provide UCSF permission to use his/her information, including pictures and testimonials, for verification or any other purposes at UCSF's discretion.		
6.	PATIENT understand that when cancer is in remission this means the end of the services.		
	<u>VERIFICATION</u>		
pro	I declare that I have carefully reviewed the MEMO OF UNDERSTANDING and verified that all the information ovided is true and correct to the best of my knowledge.		
	x		

Date (MM/DD/YYYY)

Patient/Guardian Signature



"UNITED WE SHARE" PROGRAM

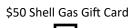


Please select one (1) Of the following gift cards





\$50 AMC Theatre Gift Card





\$50 Regal Movie Gift Card



\$50 American Express Gift Card





\$50 Gamestop Card



\$50 Regal Theaters Card

