



## APPLICATION

**Please email or mail the completed application to:**

Moms with Cancer  
Los Alisos Blvd Ste 102A-114  
Mission Viejo, CA 92653  
E-mail: Deanna@momswithcancer.org  
**949-315-5164**

***Please fill out all pages of this form. Print clearly. Use black or blue ink only.***

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

If less than 18 years old please provide:

Parent/Guardian First and Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work or Cell Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

### **Patient Information**

Date of Birth \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Ethnicity  African American  Asian  Caucasian  Hispanic  Native American

Other (Please Specify): \_\_\_\_\_

Married  Single Number of Children: \_\_\_\_\_

Employed  Unemployed  Independent Contractor  Full-time Student

Income: \_\_\_\_\_

Do you have health insurance?  Yes  No

Do you have a prescription drug plan?  Yes  No



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Do you have Medicare?  Yes  No

Do you have MediCal?  Yes  No

Would you like to list another person for us to contact on your behalf?

First and Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

If you are filling out this form on behalf of the patient, please tell us your relationship to them (check all that apply)

- Caregiver  Spouse/Domestic Partner  Parent  Child  Sibling
- Friend/Concerned Individual  Other (Please Specify): \_\_\_\_\_

Please tell us what type of help you need from Moms with Cancer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***By signing this form, you confirm that you are in need of these services for cancer treatment and they will be used for such treatment.***

***I understand that if I am awarded funding, payments will be made directly to the medical provider.***



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Applicant/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_



## **APPLICATION**

### **SERVICE ELIGIBILITY VERIFICATION:**

Diagnosis: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Date treatment began (or will begin): \_\_\_\_\_

Treatments you are currently undergoing: (check all that are applicable)

\_\_\_\_\_ Radiation

\_\_\_\_\_ Chemotherapy

\_\_\_\_\_ Surgery

When did/will treatments end? \_\_\_\_\_

In order for Moms with Cancer to provide services we must confirm diagnosis and treatment status with your physician. Please provide the following information.

Name of Physician(s):

a) Primary care provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b) Oncologist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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***Along with this form, please provide us with a letter from the patient's oncologist/surgeon stating that they were diagnosed with cancer OR have them complete the information in the box below.***

***Also attach or e-mail a copy of your the bill you need help with.***

<b>– To be completed by patient's doctor –</b>	
Patient Diagnosis	
Is Patient In Active Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name	Hospital/Clinic
Address	City/State/Zip
Phone	
Provider Signature	Date
Note: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker	



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### **Applicants Statement of Understanding**

I have read and understand the above and declare the information furnished by me is true and complete to the best of my knowledge. I hereby affirm that I am releasing medical information to MOMS WITH CANCER. I consent to the exchange of information between MOMS WITH CANCER, my physician(s) and other community agencies to provide needed services.

\_\_\_\_\_  
Applicant/Responsible Party

\_\_\_\_\_  
Date

*Moms with Cancer does not discriminate against any person because of their race, creed, religion, sexual orientation, gender, or age.*



## **APPLICATION**

### **AGREEMENT/RELEASE OF LIABILITY**

#### **Please Read Completely and Sign**

1. **Granting of Support and Services.** Moms with Cancer agrees to pursue the fulfillment of the support and services of the person named above ("Recipient") in accordance with the terms and conditions of this agreement. Moms with cancer reserves the right in its sole discretion, to decide which of the services, if any, will be granted.

2. **Permission to Disclose Medical Condition.** The recipient grants Moms with Cancer the right to disclose the nature of her medical condition to the extent necessary in the preparation, fulfillment and execution of the support and/or service.

Furthermore, the recipient grants Moms with Cancer permission to obtain all medical information about the recipient which Moms with Cancer may feel necessary for consideration or fulfillment of services and support, and authorize all physicians and medical care providers to provide Moms with Cancer with all medical information.

3. **Waiver.** The recipient and participants accompanying the recipient hereby waives any and all rights he or she may have or may hereafter acquire against Moms with Cancer, its officers, directors, agents, and employees arising out of any injury, harm, damages, or losses suffered by the recipient, family, friends, or any of them, arising out of or in any way related to Moms with Cancer preparation, execution or fulfillment of the support and services, regardless of whether such loss or harm is caused by the active, passive or gross negligence of Moms with Cancer or any other person.

4. **Release.** Recipient, relatives or friends, together, and each of them individually, does hereby forever release and remise Moms with Cancer, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to PR Moms with Cancer preparation, execution or fulfillment of the support and services, regardless of whether such loss or damage is caused by the active, passive or gross negligence of Moms with Cancer or any other person.

5. **Indemnity.** Recipient, relatives or friends, together and each of them individually, hereby agree to indemnify and hold harmless Moms with Cancer, its officers, directors, agents, and employees of and from any and all losses suffered by Moms with Cancer, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to Moms with Cancer's preparation, execution and fulfillment of the services and/or support, or to breach by Recipient, relatives or friends of the representations and warranties contained in Paragraph 9 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by Moms with Cancer, its officers, directors, agents,



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and employees in retaining attorneys of Moms with Cancer choice to defend any and all such claims, lawsuits, and actions.

**6. Expenses.** The expenses Moms with Cancer has agreed to pay for are those foreseeable and directly related to the fulfillment of the support and/or service. Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond Moms with Cancer's control, especially if fulfillment of the support and/or service involves travel. Moms with Cancer shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by Moms with Cancer pursuant to the Agreement, which have been caused by unforeseen events, or circumstances beyond Moms with Cancer control.

**7. Termination of support and/or service.** Moms with Cancer reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the support and/or service at any time after the signing of this Agreement, if Moms with Cancer should determine that (a) fulfillment of the support and/or service will endanger the health and safety of Recipient or of others, (b) the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the support and/or service, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the support and/or service or (d) Recipient has breached any of the representations and warranties contained in this Agreement. In the event Moms with Cancer aborts preparation, or fulfillment of the support and/or service, Recipient, relatives and friends agree that Moms with Cancer shall not be held liable or responsible for any expenses which Recipient, relatives and friends may have incurred in contemplation of LLBCF's fulfilling the support and/or service.

**8. Further Assurances.** Recipient, relatives and friends agree that they shall, at the request of Moms with Cancer, execute and deliver to Moms with Cancer all further documents that Moms with Cancer deems necessary or appropriate in order to prepare, execute and fulfill the support and/or service.

**9. Counterparts.** This Agreement may be executed in counterparts, any of which shall be deemed to the original.

**10. Amendment.** This Agreement shall not be modified, amended, or superseded, except by a writing executed by the parties.

**11. Governing Law.** This Agreement shall be governed by the laws of the State of California.

**12. Binding Effect.** This Agreement is binding on all heirs, successors, representatives, and assigns of each and all parties hereto.

**13. Severability.** If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.



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14. **Entire Agreement.** This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement, and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

15. **Captions.** The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

LIABILITY RELEASE AND PUBLICITY AUTHORIZATION prior to signing it. For any minor participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor. Each participant agrees that no modification of this Release has been made orally or in writing and this release accurately and fully expresses the understanding of Moms with Cancer, Recipient and each of the participants.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this Agreement, have received a copy and fully understand its provisions.

\_\_\_\_\_ Date

Moms with Cancer (Founder)

\_\_\_\_\_ Date

Applicant/Responsible Party