

# LIVE.LOVE.LOCAL



## Carbon & Emery County Cancer Assistance Program

**UNITED WAY  
LIVE. LOVE. LOCAL**  
Application for Financial Assistance

### APPLICANT INFORMATION

Name:		Referred by:
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Have you received or planning to receive assistance from another entity? If so, whom?		

### EMPLOYMENT INFORMATION

Current Employer:		How long?
Phone:	E-mail:	Fax:
City:	State:	Position:

### EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

### MEDICAL (PLEASE PROVIDE LETTER FROM DR.)

Diagnoses:		Insurance Provider:
Date Diagnosed:	Physician:	Physicians Phone:

**Please briefly tell us about yourself, and the reason you are requesting assistance.**

### SIGNATURES

By signing below, I am stating that the information I have given is correct. If this information is false, I understand that I could be denied assistance and prosecuted for fraud. I give permission to United Way Cancer Assistance committee to verify this information as well as share and gather any additional information that may be deemed necessary or helpful to complete the applicant review process.

Signature of Applicant:	Date:
Approval Signature:	Date: