



CANCER RESOURCE ALLIANCE

of Montezuma and Dolores Counties

P O Box 569 Cortez, CO 81321

Application for Financial Assistance (revised 6/22)

Name: _____ DOB _____

Mailing address: _____

Physical address: _____

Email address: _____

Home Phone: _____ Cell Phone: _____

Who referred you to our group? _____

Cancer type: _____

Date treatment / testing began or will start _____

Do you have insurance coverage and what type? Private _____

Medicare _____ Medicaid _____ None _____

Have you received funds from the Cancer Resource Alliance in the past? Yes / No

_____ This application is for MEDICAL expenses.

_____ This application is for NON-MEDICAL expenses.

In order to receive financial assistance, please attach a physician's statement of cancer diagnosis or testing.

- Please mail this application to: Cancer Resource Alliance, P. O. Box 569, Cortez, CO 81321
- For questions, please call Sue at 970-759-9623
- Funds are available up to \$750 per person per calendar year.

Signature _____ Date _____

