

High Ground for Cancer Patients
Part 2 – Information from Patient

Please fax both Part 1 and Part 2 to the Holden Comprehensive Cancer Center at
319 353 8988 - Attention "High Ground for Cancer Patients"

Patient Name: _____ Phone: _____

Address of Residence (prior to tornado/flooding) _____

City: _____ State: Iowa Zip: _____

County _____

I _____ hereby request support from the High Ground for
(name of patient or guardian)

Cancer Patients fund for myself or the patient listed above. I understand I may be contacted by a representative of the collaboration for follow-up. I certify I, or the patient listed above, am currently receiving care for cancer, live in a county declared a federal disaster area, and will use the support provided for (check all that apply):

- Housing
- Transportation
- Other _____ (must be approved by ICCCC staff)

Please give a brief summary of the impact this has caused: _____

Total amount of assistance requested (no more than \$1,000): \$ _____

Do you believe you may need further assistance in the future? Yes No

Do you have any relationship with an officer, director, key employee or substantial contributor to any of the organizations in this collaborative? Collaboration includes: *Iowa Consortium for Comprehensive Cancer Control, American Cancer Society, Holden Comprehensive Cancer Center, Iowa Department of Public Health and the Lance Armstrong Foundation.* Yes No

If yes, please explain: _____

If yes, request must be approved by collaborative.

Would you like the check sent to the above address? Yes No

If no, please send the check to: Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Patient or Legal Guardian

Date

Once eligibility is determined, you will be contacted by phone
For specific questions related to this program, please contact 319-353-8620.