

FRANKLIN COUNTY CANCER FOUNDATION, INC

Fax Number: 785-893-8020 or email to fccf@att.net

Phone: 785-242-6703

Date		6 Month Update Due	
Patient's Name		Date of Birth	
Address			
Phone			
Treating Physician			
Diagnosis			
		Palliative <input type="checkbox"/>	Curative <input type="checkbox"/>
Does the patient currently have active cancer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient in remission?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the patient currently in immunotherapy or hormonal therapy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check if not receiving treatment <input type="checkbox"/>			
Comments:			
Name of Medical Facility			
Phone		Fax	
Physician or Nurse Signature			

As part of the Franklin County Cancer Foundation (FCCF) Assistance Program, Patients must return this form, completed and signed, to receive assistance. An update is needed every 6 months.

REV 7/27/23