Franklin County Cancer Foundation, Inc.
Financial Assistance Form
215 South Main
Ottawa, Kansas 66067
Ph:785-242-6703 Fax: 785-893-8020 fccf@att.net

Application Date _____

Name: _____DOB _____County_____

Street Address _____City _____Zip _____

P. O. Box _____

Spouse or Family_____

Phone # daytime _____ nighttime _____ # in household _____

List everyone living in your household:

_____

Are you homebound? Yes / No

How can we help you at this time? *If requesting financial assistance be specific.*
Who to, what for, how much. (Example: City of Ottawa, Electric Bill, $125.43.)
1. _____
2. _____
3. _____

Do you need Durable Equipment or Medical Supplies? Yes or No
Circle any that apply: Hospital Bed Bandages Commode Adult Diapers Wheelchair Lift Chair Nutritional Drinks Cancer Patient Support

List any other items that you need not listed.

_____

The Franklin County Cancer Foundation offers its services and assistance FREE of charge to Cancer patients in Franklin County. We **LOAN EQUIPMENT**, provide medical supplies, and pay personal living bills. **Franklin County Cancer Foundation Inc**. **is not responsible for any bodily injury or property damage arising out of the use of this equipment**. Because of the cost of medical bills, we **CAN NOT** pay for treatment or doctor bills.

By signing this financial assistance form, I agree that all information is current and correct. Also, I understand that FCCF, Inc. services are for my personal use only and that if I misuse the services, FCCF, Inc. maintains the right to discontinue service to me.
My signature also gives FCCF, Inc. permission to verify my medical information with my physician (s).

Sign: **_____** *Date:* **_____**

4/6/2022