



**LAURENS COUNTY  
CANCER ASSOCIATION**  
*Hope in Comfort*

Office Location  
1337 Medical Ridge Road  
Clinton, SC 29325  
Office: 864-358-7376  
Fax: 864-833-3997

Mailing Address  
P.O. Box 6  
Clinton, SC 29325  
Email:  
lccancerassoc@gmail.com

**INDIVIDUAL ASSISTANCE APPLICATION**

- **Financial support is available to cancer patients who meet the LCCA guidelines. Financial support is limited to assistance with cancer-related prescription medications and transportation to treatments.**
- **Assistance begins at application approval. Billing acquired prior to approval will not be paid by the LCCA.**
- **Patient information is not shared by LCCA without patient's written permission.**
- **Decision of patient assistance is made by the LCCA. You may request a review & explanation of assistance.**

County:  Laurens  Other \_\_\_\_\_ Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_ OR Most recent employer \_\_\_\_\_

Race:  Caucasian (White)  African American (Black)  Hispanic/Latino  Other \_\_\_\_\_

**RELATIONSHIP INFORMATION**

Spouse/Caregiver/Significant Other: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**OR**

Family/Friend Name (not living with you) \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Oncologist's (Cancer Dr.) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cancer Diagnosis 1: \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Cancer Diagnosis 2: \_\_\_\_\_ date diagnosed: \_\_\_\_\_

Treatment: Chemo (*start date*): \_\_\_\_\_ Radiation (*start date*): \_\_\_\_\_

Are you a Smoker?     YES     NO    If yes, how long? \_\_\_\_\_ If quit, for how long? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

---

**IN ORDER TO BETTER SERVE YOU, THE FOLLOWING INFORMATION MUST BE COMPLETED:**

**Estimated Total Household Income**     \$0-22,000     \$22,000-30,000     \$30,000-40,000  
 \$40,000-50,000     \$50,000 and up

**Number Living in your Household:** \_\_\_\_\_

**Insurance Type**     Private Insurance     Medicare     Medicaid     None

**Employment:**  Full-Time     Part-Time     Unemployed     Disabled     Retired

I affirm that the above information is true and complete to the best of my knowledge. I also understand that all information may be verified independently at the sole discretion of the Laurens County Cancer Association (LCCA), and I expressly give my permission for such inquiry and verification. If benefits are extended to me (the prospective client), LCCA has the right to terminate any or all assistance to me (the prospective client) upon periodic review of my case. I further understand that this aid is limited depending on the availability of funds. The LCCA elects in its sole discretion to provide financial assistance to me (the prospective client), I further understand that the LCCA is neither recommending nor discouraging any treatment, and that the LCCA will be held harmless from any claim arising from treatment provided or withheld, and that no promise or inducement of any kind has been made by the LCCA.

I hereby authorize the release of my medical records and medical information concerning my cancer diagnosis, its treatment and the diagnosis and treatment of my cancer-related conditions by my medical providers, including my physicians and my pharmacies, to LCCA so that the LCCA may confirm my diagnosis and treatment and receive updates of my conditions and treatments with such authorization to be effective until the earlier of (1) the revocation of this authorization by me or (2) the date LCCA terminates its relationship to me.

I hereby authorize the release of my photo taken by LCCA staff to be used for publicity purposes including PowerPoint or other video presentations, flyers, letters or other printed materials.

---

Signature

---

Date