



## Request for Financial Assistance

*This form is to be completed for all requests for financial assistance. Please staple additional pages if required. Your request will be kept confidential. This form will be retained by the branch or Sydney office for three years after the assistance.*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Male       Female

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

Home telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Name and ages of carer and dependants: \_\_\_\_\_  
\_\_\_\_\_

Type of cancer: \_\_\_\_\_

Current type of cancer treatment: \_\_\_\_\_

Have you had treatment in the last 12 months?

Yes       No

Have you had decreased income due to your cancer diagnosis?

Yes       No

If yes, please give details: \_\_\_\_\_

Have you had increased costs due to cancer diagnosis?

Yes       No

If yes, please give details: \_\_\_\_\_

Are you from an Aboriginal/Torres Strait Islander background?

Yes       No

Are you from a culturally or linguistically diverse background?

Yes       No

Items and amounts requested: \_\_\_\_\_  
\_\_\_\_\_

I acknowledge that my personal details may be made available on a strictly confidential basis within Can Assist and/or my treatment organisation/s (list) \_\_\_\_\_ in order for financial assistance to be given.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

To amend or withdraw these details please contact the local Branch Contact Assist or Sydney office.