

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.