



Cancer-Related Services Program Application

INSTRUCTIONS: Please complete the entire application and sign your name.

Mountain Family Center is a 501(c)(3) non-profit organization. Programs are funded entirely through grants and donations. The grants that fund this program require documentation of the following information for statistical and reporting purposes only. Please complete all questions # 1-20. Failure to do so may result in denial of program benefits.

1. _____
Name

2. _____
Date of Application

3. _____
Total Number of People in your Household

4. _____
How Long Have You Lived in Grand County?

5. _____
Mailing Address: PO Box, City, Zip Code

6. _____
Date of Birth (Month/Day/Year)

7. _____
Physical Address: Street, City, Zip Code

8. _____
Telephone Number

9. **Do You Have Health Insurance?** Yes No
If Not, Would You Like Help Applying For Coverage? Yes No

10. (optional) **What is your cancer diagnosis?**

11. **Please List Everyone Living in Your Household**

Last Name	First Name	Date of Birth	Gender	Race *	Ethnicity *

***Race Categories:** a. American Indian/ Alaskan Native b. Asian c. Black or African American
d. Native Hawaiian / Other Pacific Islander e. White

***Ethnicity Categories:** a. Hispanic or Latino b. Not Hispanic or Latino

12. Ethnicity of Applicant (Please Complete Both Ethnicity and Race of Applicant)

Hispanic / Latino **OR** Not Hispanic / Latino

13. Race of Applicant (You May Check More Than One, if Applicable)

White African American Asian Other
 Native Hawaiian & Other Pacific Islander American Indian & Alaskan Native

14. Gender of Applicant, if Adult

Female Male

15. Are You Employed? Yes No

If So, Where*? _____

* This info helps us prove the program value to the employers in the county, which helps us get program funding and donations.

16. Applicant's Highest Grade or Level of Education

Grades 0-8 Grades 9-12 / Non-graduate High School Graduate / GED
 12+ Some College 2-4 years College Graduate Some Graduate school Graduate degree

17. Please Tell Us About Your Housing Situation

Own our home Rent our home We do not have a home / homeless Other

18. Please Tell Us About Yourself

Single Married Divorced Widowed

19. Household Financial Information (See Next Page)

20. Signature/Confidentiality Agreement

I certify (promise) that all information on this application is true and that all income is reported. I understand that officials may verify (check) the information. **I understand that if I purposely give false information, I may lose access to any of Mountain Family Center's programs and I may be prosecuted.**

Signature _____

Date _____

Household Financial Information

EXPENSES	INCOME
Rent/Mortgage	Salary/Wages
- Monthly Rent/Mortgage:	- Household Member #1:
- Renter's/Homeowner's Ins.:	- Household Member #2:
- Property Taxes:	- Other:
- Property Repair/Maint.:	- Other:
Utilities	Worker's Compensation:
- Gas:	Disability Pay:
- Electric:	Unemployment:
- Firewood:	Alimony/Child Support:
- Water:	Social Security
- Trash:	- SSI:
- Sewer:	- SSDI:
Telephone:	- SS (Survivor's Benefits):
- Internet/Cable/Satellite TV:	
- Food:	TOTAL MONTHLY INCOME:
- Clothing:	TOTAL MONTHLY EXPENSES:
Auto	MONTHLY EXCESS/SHORTFALL:
- Car Payment:	
- Insurance:	
- Repairs/Maintenance:	
- Gasoline:	
- License/Registration:	
Medical	
- Insurance:	
- Co-Pays/RX:	
- Bills:	
Child-Related	
- Child Care:	
- Tuition:	
- Uniforms:	
- Books/School Fees:	
- Child Support:	
Credit Cards	
- CC #1:	
- CC #2:	
- CC #3:	
Other Expenses	
- Expense #1:	
- Expense #2:	



Cancer-Related Services Program Confidentiality Agreement

The following is a confidentiality agreement to allow the MOUNTAIN FAMILY CENTER staff to share with each other and other agencies whatever essential information about your case that might be helpful in getting resources to meet your personal needs. Any information given will be given without discrimination and with discretion of your rights.

PERSONAL IDENTIFYING INFORMATION (such as Social Security Number) WILL NOT BE COLLECTED OR DISSEMINATED to any agency.

I hereby give my permission to any duly authorized representative of MOUNTAIN FAMILY CENTER to supply information or to request information from other persons, agencies, or institutions pertaining to me or my family.

I release the MOUNTAIN FAMILY CENTER of any and all liability for supplying or requesting such information. This shall be in effect until I state in writing that it is no longer valid.

Client Name

Mountain Family Center Staff

Signature of Client

File Number

Date

Date