



Cancer Association of Auglaize County
506 Jackson St, St Marys, OH 45885
419-300-3556 (phone) 419-300-7239 (fax)
auglaizecancer@bright.net
A Proud Member of the United Way of Auglaize County

CLIENT APPLICATION

Name: _____

Address: _____ PO Box: _____

City: _____ Zip: _____

Preferred phone number: _____ Birthdate: _____

Spouse's name: _____ Phone number: _____

How did you hear about us? _____

Type of cancer: _____ Diagnosis date: _____

Oncologist signature: _____

Oncologist printed name: _____

Address: _____ Phone number: _____

City: _____ Zip: _____

Client signature: _____

Benefits do not start until this form has been received at the CAAC office

Date application received: _____

The CAAC does call treatment centers periodically to confirm dates. A Physician's signature must be on the application as well as the clients to receive benefits. This form can be mailed, e-mailed, faxed, dropped off in mail slot or in office.