



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.

For Grant Purposes Only:

No name, address, or phone number will be given out.

- Do you have insurance? _____ Yes _____ No
- Are you employed? _____ Yes _____ No
- Were you unemployed before diagnosis? _____ Yes _____ No
- Were you unemployed after the diagnosis? _____ Yes _____ No
- Your age range as of today? 0-19 20-39 40-59 60 & up
- What range of income do you fall in:
Poverty Low-Income Mid-Income High Income
- Male _____ Female _____
- _____ Non-Binary (not solely male or female)
- _____ Transgender (identify with different body)
- _____ Cisgender (you identify with body born in)
- _____ Bisexual (sexually attracted to both genders)
- _____ Gay (men sexually attracted to other men)
- _____ Heterosexual (sexually attracted to the opposite sex)
- _____ Lesbian (women sexually attracted to other women)
- _____ Decline to state
- _____ Unknow

- _____ Asian /Asian American/ Pacific Islander
- _____ Black/Black American/ African
- _____ Hispanic/ Latin/Latino
- _____ Native American/American Indian/ Indigenous
- _____ Whit/Caucasian/ European Multi-Racial
- _____ Decline to state
- _____ Unknown

- _____ English Language
- _____ Spanish Language
- _____ Other/ What type of Language spoken? _____
- _____ Decline to state
- _____ Unknown