

Your Details

Local Can Assist Branch: _____
 First Name: _____ Surname: _____
 Male/Female: _____ Are you of Aboriginal or Torres Strait Islander Origin? Yes No
 Date of birth: _____ Phone: _____ Email: _____
 Address: _____ Post code: _____

Treatment Details

Type of cancer: _____ Current treatment: _____
 Health Professional Name: _____
 Phone: _____ Email: _____
 Treatment facility: _____ Post code: _____
 Do you have to travel more than 100kms one way for treatment? Yes No

Financial Assistance

Your local Can Assist Branch may elect to support you with contributions towards one or more of the following areas: medical, utilities, travel, accommodation, other. Please indicate the support you require:

- Contribution towards costs associated with cancer treatment* Direct payment of unpaid bill*
 Voucher request (food or fuel) Other: _____ *Please attach invoices to this form

Bank details for contribution towards a bill:

Account name: _____ BSB: _____ Account No: _____

Attach: I have attached a referral confirming cancer diagnosis or cancer treatment within last 12 months

Signed:

Date: _____

For all requests for financial assistance this form must be completed, signed by the patient and attached with a referral confirming a cancer diagnosis or cancer treatment within the last 12 months. This form will be kept confidential and retained as required by law. By signing this form you acknowledge that your personal details may be made available on a strictly confidential basis within Can Assist and/or treatment organisations, in order for financial assistance to be authorised. Please note that the types of assistance provided are made at the sole discretion of each Branch and may not include all services listed. You can view our Privacy Policy at www.canassist.org.au.

FOR BRANCH USE ONLY - CONFIRMATION OF FINANCIAL ASSISTANCE

Client Number: _____

Approved: Yes No

Financial Payment Approved:

- Branch paid invoice directly
 Branch has provided a reimbursement
 Branch has issued vouchers

\$ _____
 \$ _____
 \$ _____
 \$ _____

Total of all Assistance Provided

Payment Confirmed: _____

Date Assistance Provided: _____

Signed:

Approving Branch Executive

Approving Branch Executive

Print Name: _____

Print Name: _____

Date: _____

Date: _____