



The Stephanie Serrano-Osorio Cancer Aid Fund Providing Hope for San Benito, Santa Cruz and Monterey Counties

Application for Financial Aid

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City County State ZIP Code

Phone: _____ Email: _____

Marital Status: _____ Date of Birth: _____

Household Information

Are you currently employed? YES NO Is your Spouse / Domestic Partner currently employed? N/A YES NO

Spouse / Domestic Partner Name: _____

Spouse / Domestic Partner Phone: _____

How many members are in your household, including yourself? _____

How many are under the age of eighteen (18)? _____ How many are employed? _____

Treatment Information

Type of Cancer: _____ Date Diagnosed: _____

How often do you receive treatment? _____

Treatment Facility: _____

Address: _____
Street Address City State Zip Code

Physician: _____ Phone: _____
Name

Patient Release of Medical Information

Team Steph, Inc. provides financial assistance to cancer patients and their families who have a demonstrated need and who reside within the San Benito, Santa Cruz or Monterey Counties of Northern California. In order to confirm that you qualify for aid we need to contact your physician / treatment facility. We will not ask for any personal information or details regarding your diagnosis or treatment plan, we will solely request confirmation that you are facing, fighting or recovering from a diagnosis of cancer. All information and communication is kept strictly confidential and will not be shared with any other person or entity without your consent.

I, _____ request and give my permission to release
Patient's Name

my medical information as set forth above from the physician / treatment facility I named in this application.

Internal Use Only

Date: _____	Physician's Initials (if applicable): _____
Name: _____	
Confirmed: YES <input type="checkbox"/>	NO <input type="checkbox"/>
Notes: _____	

Financial Aid Selection

Please select up to two (2) gift cards that would be most helpful to you, and let us know if you have a preference for a specific establishment. We cannot send cash.

Gasoline Groceries Wal-Mart® Drug Store (CVS®, etc.) Target®

Preference(s): _____

Terms, Certification and Signature

Team Steph Inc. is a 501(c)(3) Non-Profit Public Benefit California Corporation formed for the purpose of providing financial assistance to those affected by cancer in our local communities.

Aid is at the discretion of Team Steph, Inc. and disbursed on a first-come first-served basis. Only one application per household per calendar quarter can be accepted for review. Please note that we will do our best to accommodate your request, but resources may be limited. If we are unable to provide financial assistance at the time of your application we will place you on a waitlist, unless you request otherwise. These terms are subject to change without notice.

If you have questions about this application or any of the statements made herein please write to us at: info@teamsteph.org or Team Steph, Inc., P.O. Box 857, Freedom, CA 95019.

I certify that the information I have provided herein is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____