

Gunnison Tough Client Assistance Application

Gunnison Tough is dedicated to providing comprehensive cancer programs to keep our community strong.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Of Birth: _____

Phone (H): _____ (M): _____

Marital Status: Single Married Divorced Widow

Emergency Contact Name and Phone Number _____

Health Insurance

Provider: _____

Deductible _____ Out of Pocket Maximum _____

Employer: _____ Occupation: _____

Please List Your Dependents:

Name	Age	Relationship	Are you currently supporting them
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Do you have a support system in place? Yes/No

Living Arrangements: ___ Own ___ Rent ___ Residing with Family/Friends

Financials

Average Monthly Income: \$ _____

Source Of Income: ___ Employment ___ Social Security ___ Retired

Other/Explain:

Average Monthly Expenses: \$ _____

Please Detail Expenses:

Mortgage/Rent: _____ Utilities: _____ Groceries: _____

Insurance: _____ Loans: _____ Medical: _____

Childcare: _____ Cell Phone: _____

Other/Explain: _____

Other Resources for Assistance:

(Check resources listed below that you have sought assistance)

___ Veterans Benefits ___ Social Security ___ Department of Social Services

___ Church ___ Living Journeys

Other/Explain: _____

Please Describe Assistance Given:

Vehicle and Lodging Support

Do you need to travel for any medical appointments or treatments for cancer? Yes/No

We have Gunnison Tough transportation vehicles for clients who need it. The vehicles can be checked out by you, a family member or we can arrange for a volunteer driver. The driver must have a valid driver's license.

Applying to use a Gunnison Tough Vehicle? Yes/No

Applying for assistance with gas? Yes/No

Do you need help covering lodging expenses while going through treatment? Yes/No

Through our Lucy's House program Gunnison Tough can cover lodging expenses up to \$150/night for individuals undergoing treatment.

Applying for Lodging Assistance? Yes/No

Medical Information

Are you in contact with the Oncology Nurse Navigator (ONN) at Gunnison Valley Health?

Yes/No

If not, can we put you in contact with the ONN for additional support and services? Yes/No

Please describe your current medical condition:

Please list the physicians involved in your care:

Please state the reason for which funds are needed:

Supporting Medical Documentation

Please have representation from your doctor's office complete the information:

Date: _____ Referral made by: _____

Phone: _____

Patient Evaluation by: _____

Recommendations:

Signature of Physician: _____

Please attach a copy of your photo ID: Driver's License or Passport

You may mail this application to Gunnison Tough P.O. Box 375, Gunnison, CO 81230 or email it to Lana Athey at program@gunnison tough.com.

Once submitted the Gunnison Tough program manager will review the application and call you to discuss our many support programs.

If you have any questions or would like to schedule a meeting prior to submitting the application please call Lana at 970.306.1688
