

Heart & Sole Cancer Assistance

APPLICATION FOR ASSISTANCE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CONTACT PERSON (If you are unavailable): _____ PHONE NUMBER: _____

DIAGNOSIS: _____ START DATE _____ END DATE _____

DATE OF DIAGNOSIS: _____ ARE YOU CURRENTLY IN TREATMENT? YES _____ NO _____

TYPE OF TREATMENT: CHEMO RADIATION IMMUNOTHERAPY OTHER _____

DESCRIPTION OF TREATMENT: _____

FREQUENCY OF TREATMENT: _____

AMOUNT OF ASSISTANCE REQUESTED: \$ _____

List all expenses you are requesting for including travel, lodging, medications, meals & medical supplies:

How did you receive this form? _____

Have you participated in the Heart & Sole Cancer Walk/Run? YES NO

If yes, please provide the team name and/or team captain: _____

SIGNATURE: _____ DATE: _____

**HSCA meets on a monthly basis. Applications will be reviewed at the next scheduled meeting.*

HEART AND SOLE CANCER ASSISTANCE – BOARD OF DIRECTORS

PAT ESSIG

SHAWNA HULS

SHORT LARSON

BRANDON MANCHESTER

TERRY TORGERSON

MARY ALEXANDER

TAMI MORGAN

Please contact info@mitchellheartandsole.com with any questions.

Heart & Sole Cancer Assistance
PO Box 1412
Mitchell, SD 57301



HSCA has implemented prerequisites, which must be met to establish eligibility for assistance.

Criteria for Heart & Sole Assistance are as follows:

- Have a diagnosis of cancer and currently be in cancer treatment
- Live in the designated Mitchell area (see map on reverse side, approx. 50 mile radius of Mitchell)
 - **Treatment does not have to be done in Mitchell, applicant just has to live in the coverage area
- Not received assistance from HSCA within the past 12 months
 - **Final approval for assistance is still determined by the HSCA Board of Directors**

- Assistance is provided directly from Heart & Sole to the applicant, and can be used by the applicant however he/she deems appropriate.
- Assistance will be offered without regard to national origin, race, color, religion, sex, marital status or age. Fill out the enclosed application and mail to the above address if you need assistance with cancer expenses.

100% of the profit from the Heart & Sole Cancer Walk/Run stays locally to assist families dealing with cancer.

For more information visit our website at www.mitchellheartandsole.com

