

# 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

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Please contact [info@mitchellheartandsole.com](mailto: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. 35 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](http://www.mitchellheartandsole.com)

