GRAND FORKS COUNTY EMPLOYEE ASSOCIATION

employeeassociation@gfcounty.org

Our Mission *is to assist those in need during their treatment of cancer. We believe most people are not fully prepared for the out of pocket expenses that treatment requires. Our association is dedicated to its members and the success of this program through ongoing fundraising efforts.*

WELLNESS APPLICATION

(Subject to Available Funds)

*******REQUIRED INFORMATION*******

*(Completion of **all** line items within the "Required Information" area is necessary for you to be considered for funds)*

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF ATTENDING PHYSICIAN (PLEASE PRINT): _____

SIGNATURE OF ATTENDING PHYSICIAN: _____ DATE: _____

NAME OF HOSPITAL/CARE CENTER WHERE MEDICAL CARE IS RECEIVED: _____

WHAT TYPE OF CARE ARE YOU RECEIVING? (check all that apply)

- ☐ Surgery
- ☐ Chemotherapy
- ☐ Radiation Therapy
- ☐ Hormone Therapy
- ☐ Immuno Therapy
- ☐ Targeted Therapy
- ☐ Other: _____

ARE YOU A MEMBER OF THE GF COUNTY EMPLOYEES ASSOCIATION? _____

HAVE YOU EVER PARTICIPATED IN THE EMPLOYEES ASSOCIATION FUNDRAISING FOR THIS PROGRAM? _____

By signing below, you are stating that all the above information is accurate.

APPLICANT'S SIGNATURE: _____ DATE: _____

NOTE: To qualify for the program, the applicant must currently be receiving medical care for cancer. Members may apply annually for funds, if still receiving medical care for cancer. The funds are prioritized and intended for members of the Grand Forks County Employees Association.

ADDITIONAL INFORMATION (OPTIONAL)

HOW WILL THESE FUNDS ASSIST YOU: _____

ADDITIONAL COMMENTS: _____

_____

Thank you for taking the time to apply. All information will be kept confidential.

RETURN APPLICATION TO:

EA President Chris Hutton
c/o GF County Sheriff's Office
122 So 5th St STE 210c
Grand Forks, ND 58201
Or email to: employeeassociation@gfcounty.org

For Office Use Only
Date Received:
Case#
Points:
Check#
Amount: