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### Cancer Services Client Intake Form

Please *print* clearly or type and complete both sides of this form. Your personal and household information is kept confidential. Services are provided free of charge for qualifying cancer patients residing in Erie, Huron, and Ottawa counties and are made possible by the generosity of local donors and foundation grant funding. For more information, please visit our website or Facebook page.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County:  Erie  Huron  Ottawa

Phone: \_\_\_\_\_ Can messages be left at this phone number?  Yes  No

What is the best time to contact you?  Anytime  Morning  Afternoon  Evening

Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed

Race:  White or Caucasian  Black or African American  Native Hawaiian or Pacific Islander  
 American Indian or Alaskan Native  Asian  Middle Eastern or North African  
 Prefer Not to Disclose

#### Caregiver/Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*  
Name of Oncologist: \_\_\_\_\_

Treatment Hospital: \_\_\_\_\_ City: \_\_\_\_\_

Type of Cancer: \_\_\_\_\_ Stage: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Are you receiving?  Chemotherapy  Radiation  
 Immunotherapy  Other \_\_\_\_\_ Therapy Start Date: \_\_\_\_\_

Will you be transporting yourself to treatment?  Yes  No

If no, who will be transporting you? \_\_\_\_\_

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How were you referred to or heard about Cancer Services?

- Physician Office/Name: \_\_\_\_\_
- Hospital/Name: \_\_\_\_\_
- Nurse Name/Office: \_\_\_\_\_
- Social Worker Name/Office: \_\_\_\_\_
- Friend/Family: \_\_\_\_\_
- Facebook  STS Bus/Billboard  Online  Other \_\_\_\_\_

**Are you currently working?**  Yes - Where are you currently employed? \_\_\_\_\_  
 Full Time  Part Time  
 No  Disabled  Laid Off  Unemployed  Retired  Student  Other

**Current Total of Annual Household Income** (Information has no effect on eligibility for Cancer Services, but it is needed for grant reporting purposes.)

- \$0-\$20,000  \$20,000-\$25,000  \$25,000-\$30,000  \$30,000-\$35,000  \$35,000-\$40,000  
 \$40,000-\$50,000  \$50,000-\$60,000  \$60,000-\$70,000  \$70,000-\$80,000  Over \$80,000

**Family Income Sources:** (Please check all that apply)

- Salary  Social Security  Pension  Retirement Savings  
 SSD (Disability)  Short or Long-Term Disability  Unemployment  Family or Friend Support  
 Other: \_\_\_\_\_

**Number of people in the household:** \_\_\_\_\_ **Do you have health insurance?**  Yes  No

**If you have health insurance, is it?**  Medicare  Medicaid  Private Insurance \_\_\_\_\_  
 Other \_\_\_\_\_ **Annual Deductible:** \$ \_\_\_\_\_

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**Are you a veteran?**  Yes  No

**Please check all benefits that you are currently receiving:**

- WIC  Veterans' Administration (VA)  Job & Family Services  Other \_\_\_\_\_

**What other agencies are you currently working with?** (For example, Serving Our Seniors, Hospice, Community Action Commission, Care & Share, Cancer Tees Me Off, When Pigs Fly)

Agency Name: \_\_\_\_\_

What services are they providing you with? \_\_\_\_\_

**Programs Requested** (Please check all that apply)

- Nutritional Supplements  Transportation  Mileage Reimbursement  Prescription Assistance  
 Medical Supplies  Medical Equipment  Wigs & Mastectomy Items  Educational Resources

**How do you feel Cancer Services can help you best?** \_\_\_\_\_

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**I give Cancer Services permission to speak to my medical provider, social worker, or other support staff.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is unavailable to sign  
Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Equipment Loan Agreement** - I agree to return the equipment/materials that I have borrowed from Cancer Services in good condition. I will not hold Cancer Services liable for any injury that I may sustain while using the equipment that they have provided to me.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is unavailable to sign  
Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_