

NEW MEXICO CANCER CENTER FOUNDATION  
At the New Mexico Cancer Center  
New Mexico Oncology Hematology Consultants  
4901 Lang Ave, NE  
Albuquerque, NM 87109

ADULT PATIENT GRANT APPLICATION (I)



Date of application: \_\_\_\_\_  
NMOHC Physician \_\_\_\_\_ MR # \_\_\_\_\_  
Are you receiving assistance with chemotherapy drugs? ( ) Yes ( ) No  
Is this your first application for patient grant? ( ) Yes ( ) No

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Name: \_\_\_\_\_ Sex: M F Marital status: \_\_\_ Age \_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Financial Information  
Number of Persons in Household: \_\_\_\_\_ Ages of dependent children \_\_\_\_\_

**Please list all sources of income per month in your household:**  
Salary: \_\_\_\_\_ Work: PT FT On disability from work \_\_\_\_\_  
Pension or retirement:  
Social Security Retirement or disability:  
Unemployment or general assistance:  
Child support or alimony:  
Other:

**TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

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**Savings and Other Financial Resources:**

Checking account:  
Savings account:  
Stocks or bonds:  
401 K or IRA accounts:  
Property other than home:  
Other assets:

**TOTAL RESOURCES: \$** \_\_\_\_\_

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**Primary Insurance:** \_\_\_\_\_

**Secondary Insurance:** \_\_\_\_\_

**DESCRIPTION OF FINANCIAL NEED**

Why are you requesting a grant from the NM Cancer Center Foundation?

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Please list your three most urgent **non-medical** financial needs (for example: PNM bill - \$203.00) and attach the corresponding bills to this application.

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT OF REQUEST:** \$ \_\_\_\_\_

*I attest that the above financial information is correct and complete to the best of my knowledge. I further understand that if there are any significant changes to the information provided on this application form I have a responsibility to notify New Mexico Cancer Center Foundation Patient Grant Program.*

*Release of information: I authorize NMCCF to use and disclose my confidential medical records and financial information to the NM Cancer Center Foundation grant review committee for the sole purpose of reviewing, finalizing, and carrying out the disbursement of patient grants. This confidential information will not be released to any other parties.*

**Patient or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE NOTE: To complete the application process, call the oncology social worker at 796-3061 to set up an interview. Bring the completed application with all pertinent non-medical bills and income verification. Grant requests are routinely reviewed once a month. The NMCCF grant committee has the discretion to prioritize and award grants based on patient need and available funding. Patients are limited to one grant per year. **Patients are limited to one grant per year. We fund applicants who are adult cancer/and or serious hematologic disorder patients.**