



Cancer Patient Service Request Form

Please Fax to 816.471.4998 Attention Matt Martinek

ACS Days Facility (Circle your location): Kansas City Cancer Center – North South East West SW SMMC Liberty

Patient Name: _____ **Date of Birth:** ____ / ____ / ____

Home Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone # (____) _____ Home Cell Other

Secondary Phone # (____) _____ Home Cell Other

Best time to call: _____ **OK to leave message:** Y N

Primary Language English Spanish Japanese Philippine Other: _____

Most Recent Date of Diagnosis: ____ / ____ / ____ **Type of cancer:** _____

Insurance Private Medicare Military Medicaid Uninsured

Race African-American/Black American Indian/Alaska Native Asian Caucasian/White
 Hispanic/Latino Pacific Islander Multiracial Other _____

The American Cancer Society takes your concerns about privacy seriously, and we make every reasonable effort to protect your privacy when we receive and use your information. When you complete this form, your information helps us better understand your needs. We may use this information to provide services to you or to arrange services with other organizations. We may also use your information to invite you to an event in your community and to inform you of volunteer or giving opportunities.

The American Cancer Society keeps your information private and protected; please call us at 800-227-2345 or visit our website at www.cancer.org if you have questions about our privacy standards or would like a full description of our privacy policy.

By signing below, you give permission to the American Cancer Society to use and share your information as described above.

Patient's Signature: _____ **Date:** ____ / ____ / ____

Requested Programs:

- Transportation** – Transportation assistance to cancer-related appointments available in some areas. 3 business days advance notice requested. A \$50 gas credit card may also be available to assist with the expense of transportation for patients to and from cancer treatment(s).
 Dates/times requested: _____
- Lodging** – Medical rate or free hotel stays for out-of-town patients available in some areas, based on hotel availability. Requests must be received 2 Fridays prior to dates needed.
 Dates requested: _____
- Gift Items** – Free gift items available in some areas.
 Wigs Breast Prostheses
- Reach to Recovery** – One on one support for breast cancer patients by breast cancer survivors. Gift items include: comfort pillow, comfort bra, and information packet.
- Look Good...Feel Better** – Through LGFB, women in active treatment learn techniques that help with appearance-related side effects. Patients learn about makeup, skin and nail care, and head coverings.
- Cancer Support Groups** – Groups vary by community.
- Cancer Information** – Materials to help patients understand their cancer diagnosis and treatment
- Resource Referral & Navigation** – Patient Service Center staff help patients navigate health care systems, help identify community resources and services, and advocate on behalf of cancer patients.

Additional Comments: