



## Rock County Cancer Coalition Application Instructions

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

ALL 5 PAGES MUST BE COMPLETED AND INCLUDED TO BE CONSIDERED FOR A GRANT

**Reminder: you must be in active treatment for your application to be considered.**

1. \_\_\_\_\_ **COPY OF CURRENT DRIVER'S LICENSE OR STATE ID:** Provide a copy of your current driver's license or state identification card for proof of residency

2. \_\_\_\_\_ **COPIES OF BILLS/EXPENSES:** You must include a copy of each bill you are asking for assistance with. The address on the bill must match the address on your driver's license/ID

3. \_\_\_\_\_ **REQUEST FOR ASSISTANCE FORM**

4. \_\_\_\_\_ **DIAGNOSIS VERIFICATION FORM and TREATMENT STANDARD FORM**  
Give this to your doctor to complete and sign.

5. \_\_\_\_\_ **AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION**

6. \_\_\_\_\_ **RCCC SIGNED APPLICATION**

7. \_\_\_\_\_ **ALL 5 PAGES, COPIES OF BILLS AND COPY OF DRIVER'S LICENSE**

**Rock County Cancer Coalition PO Box 2092 Janesville, WI 53547**  
For any questions, please call RCCC at 608-754-2286