

# Nemaha County Giving Hope Cancer Fund

## Application for Disbursement

Please complete the below form in blue or black ink. Forms must be completed in its entirety and requires verification by medical personnel (nurse or doctor with direct knowledge of your diagnosis).

Completed forms should be sent to:

For Question call:

Giving Hope Cancer Fund  
c/o Casie Allen  
PO Box 174  
Auburn, NE 68414

Casie Allen 402-730-4667  
Pam Adams 402-274-9240  
Kathryn Keithley 402-274-9139

Date: \_\_\_\_\_ County \_\_\_\_\_

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone- Home \_\_\_\_\_ Cell \_\_\_\_\_

Patient's Treatment Location \_\_\_\_\_

Type of Cancer \_\_\_\_\_

Doctors Name \_\_\_\_\_

Doctors Phone Number \_\_\_\_\_

Purpose of trip \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Medical Signature \_\_\_\_\_

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FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_