# Patient Financial Aid Form

The only people allowed to fill out this form are patients, spouse/child, P.O.A., patient navigator or social worker at treatment center. Applications will *not* be accepted if other parties fill out and/or submit this form. If you have any questions or need clarification on anything, contact Marci White at Marci@projectpurple.org. We ask that all documents be in pdf.

**Please circle one: I am seeking aid for myself. I am seeking aid on the patient's behalf.**

**Patient Name:**

**Patient Address (street, city, state, zip code):**

**Patient Date of Birth (month/date/year):**

**Best Contact Number for Patient:**

**Best Email Address for Patient:**

**IF YOU ARE *NOT* THE PATIENT YOU MUST FILL OUT YOUR INFORMATION HERE...**

**Full Name:**

**Title or Relationship to Patient** (if P.O.A. please submit proof)**:**

**Best Contact Number:**

**Best Email Address:**

**Along with this form, YOU MUST ALSO INCLUDE ALL OF THE FOLLOWING INFORMATION in order for your application to be processed and reviewed...**

**Doctor's Note:** Must state diagnosis, stage, treatment(s) and most recent progress

**Only used for determining eligibility... see consent at bottom of form.*

**Type of aid are you seeking:** (please check)

**Must attach copy of actual bills before the patient's application will be reviewed.*

*Please note: We pay the lenders directly. Bills must be in patient's name. No reimbursements. Any amounts approved will be a one-time grant. Patients should never assume a bill will be covered and are still responsible for their monthly payments.*

- ❑ Housing Expenses (rent/mortgage)
- ❑ Living Expenses (utilities)
- ❑ Medical Expenses - strictly pertaining to pancreatic cancer (co-pays, medications)

**Total Household Income?**

**Must attached copy of tax returns/social security before the patient's application will be reviewed. Only used for determining eligibility... see consent at bottom of form.*

**Please list all members residing in the household along with their age:**

**Proof of Medical Insurance?** Yes No

**Must attach copy of patient's insurance card before the patient's application will be reviewed - unless the patient DOES NOT have medical insurance.*

**Have you received financial aid from any other group or organization?** Yes No

**If yes, please identify from whom and how much?**

**How did you find the Project Purple Patient Financial Aid program?**

**Are you interested in any clinical trials?** Yes No

**Additional Information:**

If there is anything further that you would like to share, please do so here. (3*00 words max)*

**_____** I give permission for Project Purple to obtain information from my application to go towards their overall statistic findings.

**_____** I DO NOT give permission for Project Purple to obtain information from my application to go towards their overall statistic findings.

**I hereby certify that the above information and all other contents provided with this application are true and accurate. I understand that any false information may lead to the denial of any grants.**

_____ _____

Signature of Patient Date

_____ _____

Signature of Person Filling Out Form Date

**QUESTIONAIRE FORM** *(not required and will have absolutely no effect on awards granted)*
We take the answers from this survey and enter it into a data base that will provide us with statistics in hope to provide helpful information to scientists as well as knowledge and awareness to the public.

Gender at Birth: M F

Age at time of diagnosis with pancreatic cancer?

Ethnicity?

Religion?

State/Region/Country where you've lived the most of your life?

How many times a week do you exercise for 20min. Or more?

Are you a social smoker or Do you smoke on a regular basis?
If so, either way, how many *packs* would you say you smoke in 1 months' time?

Do you drink alcohol? If so, how many glasses/beers on average per month?

Do you partake in recreational drugs?
If so, what is your drug of choice and how frequent do you engage?

Has anyone else in your family blood-line had pancreatic cancer?
If so, what is their relationship to you (aunt, cousin, grandpa)?
Which side of the family (maternal, paternal)?

Have you ever had any genetic testing done for pancreatic cancer?
If so, what was the outcome?