Not Today Cancer

Patient Assistance Request

You don't have to navigate cancer alone. 💙

Not Today Cancer provides practical assistance to local individuals and families affected by colon and colorectal cancer. We understand that treatment can bring unexpected expenses and challenges. Our goal is to help ease some of those burdens so you can focus on your health and the people who matter most.

Please complete the form below to tell us a little about yourself and the assistance you need.

Submitting a request does not guarantee assistance. All requests are reviewed based on available funding, eligibility, urgency, and individual circumstances.

About You

Full Name
Required

[Text Box]

Date of Birth
Required

[Date]

Address
Required

[Address]

City
Required

[Text Box]

State
Required

[Dropdown]

ZIP Code
Required

[Text Box]

Phone Number
Required

[Phone]

Email Address
Required

[Email]

How would you prefer we contact you?

[ ] Phone
[ ] Email
[ ] Text

Best time to contact you

[Text Box]

Your Cancer Journey

What type of cancer have you been diagnosed with?

Select all that apply.

[ ] Colon cancer
[ ] Rectal cancer
[ ] Colorectal cancer
[ ] Other

If other, please specify:
[Text Box]

Date of diagnosis

[Date]

Are you currently receiving treatment?

[ ] Yes
[ ] No
[ ] Treatment has been completed
[ ] Treatment is scheduled to begin

What type of treatment are you receiving?

Select all that apply.

[ ] Chemotherapy
[ ] Radiation
[ ] Surgery
[ ] Immunotherapy
[ ] Oral cancer medication
[ ] Other

If other, please specify:
[Text Box]

Where are you receiving treatment?

Treatment facility/provider:
[Text Box]

City:
[Text Box]

Your Household

How many people live in your household?

[Number]

How many dependent children are in your household?

[Number]

Has your cancer diagnosis or treatment affected your household income?

[ ] Yes
[ ] No

Have you experienced a loss of income because of your cancer treatment?

[ ] Yes
[ ] No
[ ] Prefer not to answer

How Can We Help?

What type of assistance are you requesting?

Please select all that apply.

[ ] Groceries / Food assistance
[ ] Utility assistance
[ ] Rent / Mortgage assistance
[ ] Transportation / Fuel
[ ] Medical expenses
[ ] Prescription / Medication expenses
[ ] Treatment-related expenses
[ ] Household necessities
[ ] Childcare
[ ] Assistance for a special occasion
[ ] Other

If other, please tell us what you need:
[Text Box]

Tell us a little more about what you need.

Please describe the situation and how assistance from Not Today Cancer would help you and your family.

[Large Text Box]

Approximately how much assistance are you requesting?

$ [Amount]

If you are unsure, that's okay. Please provide your best estimate.

When is the assistance needed?

[Date]

Is this request urgent?

[ ] Yes
[ ] No

If yes, please tell us why:

[Large Text Box]

Supporting Information

Do you have documentation related to your request?

Examples may include a bill, statement, treatment verification, or other documentation showing the need.

[ ] Yes
[ ] No

If requested, are you able to provide supporting documentation?

[ ] Yes
[ ] No

Upload supporting documentation, if available:
[Upload File]

Please do not upload Social Security cards, bank account information, passwords, or other unnecessary sensitive information.

Other Ways We May Be Able to Help

Sometimes financial assistance isn't the only support a family needs.

Would you like information about any of the following?

Select all that apply.

[ ] Food resources
[ ] Transportation resources
[ ] Cancer support resources
[ ] Financial assistance programs
[ ] Community resources

[ ] Additional cancer-related resources
[ ] Emotional/support resources
[ ] Other

Is there anything else you or your family need right now?

[Large Text Box]

Your Story

Is there anything else you'd like us to know?

This can be anything you feel would help us understand your situation. You do not have to share anything you're uncomfortable sharing.

[Large Text Box]

Certification & Consent

By submitting this application, I certify that the information I have provided is true and accurate to the best of my knowledge.

I understand that:

- Submission of this application does not guarantee financial assistance.
- Assistance is based on available funding and Not Today Cancer program guidelines.
- Not Today Cancer may request additional information or documentation to evaluate my request.
- Assistance may be provided directly to a vendor, organization, or service provider rather than directly to me.
- Not Today Cancer may contact me regarding my application.
- Providing false or misleading information may result in denial of assistance.

Communication Authorization

I authorize Not Today Cancer to contact me regarding my application and to request reasonable documentation necessary to evaluate my request.

[ ] **I agree**

Required

Optional Release of Information

If needed to evaluate or coordinate assistance, I authorize Not Today Cancer to communicate with my healthcare provider, treatment facility, social worker, or another community organization for the limited purpose of verifying my treatment status or coordinating assistance related to this request.

[ ] I authorize this communication.

[ ] I do not authorize this communication.

Electronic Signature

Please type your full legal name below as your electronic signature.

[Text Box]

Date

[Date]

Submit Your Request

Thank you for trusting Not Today Cancer. 💙

We know that asking for help isn't always easy. We are honored to hear your story and will review your request as soon as possible.

Our goal is to help ease some of the practical burdens that can come with a cancer diagnosis so you can focus your energy where it belongs—on yourself, your treatment, and your loved ones.

Not Today Cancer
Supporting local families affected by colon and colorectal cancer.

[**SUBMIT ASSISTANCE REQUEST**]

After Submission

Thank you. Your request has been received.

A member of the Not Today Cancer team will review your application and contact you using your preferred method of communication.

Please understand that response times may vary depending on the number of requests we are receiving and available resources.

If your situation changes or becomes urgent, please let us know when we contact you.