

### Eligibility Criteria

Kickin' Cancer Support program (KCS) is for people who are currently receiving care for cancer. No exceptions can be made to this guideline. Active treatment includes chemotherapy, radiation, bone marrow transplant, surgery, lymphedema, cording, hospice, or palliative care. You must live in or near Redwood County.

If you have questions regarding completing the application, please reach out to Rhonda @ 507.828.5085 or Miki @ 507.227.8229. The Application can also be entered online at <https://kickin-cancer.org/financial-assistance-program/>

### Checklist for KCS Application

Before submitting your application, please be sure that you have included all of the following information. Failure to include the information will result in delays.

- o Signed application
- o Information completed by oncologist or oncology nurse (see other side)
- o Copies of bills: **KCS can pay or prepay Medical, Utilities, Phone, Mortgage, Lease, Insurance Premiums, Real Estate Taxes, etc. up to \$1,500.00**

KCS Funds **cannot** be used to make credit card payments or give cash to the patient.

**Example** You may request all funds to be paid to one company. You may also request the funds be split. For example: \$500 for utility, \$700 for heating & \$300 for phone. KCS will send payments directly to each location on your behalf. If there is credit, the company will apply the extra for next month's bill.

Company Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Bill attached? \_\_\_\_

Company Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Bill attached? \_\_\_\_

Company Name: \_\_\_\_\_ Amount: \_\_\_\_\_ Bill attached? \_\_\_\_

I have read and understand the KCS guidelines. I declare that the information on this form is true and correct to the best of my knowledge. I understand that all applications will be reviewed individually, and that final determination will be made by the KCS committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*If you have any additional comments about your situation to share with us, please provide notes on a separate sheet of paper. This may help us when reviewing your application.*

\*Please read the eligibility criteria and entire application before completing this form.

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

### Patient Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please provide a secondary Contact Person:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Oncologist or Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

Main medical facility where you are receiving care:

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

### Send or drop off Application:



Redwood Area Communities Foundation  
KCS / Kickin' Cancer Support  
200 South Mill Street, PO Box 481  
Redwood Falls, MN 56283  
- OR -

email: [president@kickin-cancer.org](mailto:president@kickin-cancer.org) or  
[programs@RADC.org](mailto:programs@RADC.org)

Diagnosis:

Date of Diagnosis:

Stage:

Current Treatment (check all that apply:)

☐ Bone Marrow Transplant      Date of transplant:

☐ Chemotherapy      Date of most recent treatment:

☐ Cording      Date of most recent treatment:

☐ Hospice      Date entered:

☐ Immunotherapy      Date of most recent treatment:

☐ Lymphedema      Date of most recent treatment:

☐ Palliative Care      Date entered:

☐ Radiation      Date of last treatment:

☐ Surgery      Date of surgery:

What is the anticipated course of treatment (including dates): \_\_\_\_\_

Oncologist or Oncology Nurse Name \_\_\_\_\_

**\*All gifts will be paid directly to the company/business on behalf of the patient or the patient's parents when the patient is a minor.**

- |  |                                   |
|--|-----------------------------------|
| • Mortgage Payment (or partial payment)                            | • Out of Pocket Medical Expenses  |
| • Utility bills; heat, electricity, water/ sewer, waste management | • Wigs or head pieces             |
|  | • Fitness Membership              |
|  | • Individual or Family Counseling |

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Kickin' Cancer Support (KCS) is a non-profit program used to provide assistance to Cancer Patients in Redwood County.

KCS is a subsidiary account under the Redwood Area Communities Foundation (RACF), which is an IRS 501(c)(3) non-profit entity.

Their board of directors is composed of member area communities.

You can find more information on our website [www.radc.org](http://www.radc.org) and clicking on the RACF tab.

Email: [programs@radc.org](mailto:programs@radc.org)

All applications are strictly confidential and only the Kickin' Cancer Support Committee will have access to the name of the applicant.

How did you learn about the Kickin' Cancer Support Program?

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